



Department  
of Health



**Member of the  
Advisory Committee on Resource Allocation  
(ACRA)**

**Information pack for applicants**

Closing date:

Midday on 17 March 2017

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# Member of Advisory Committee on Resource Allocation

## Making an application

Thank you for your interest in the appointment of member of the Advisory Committee on Resource Allocation (ACRA). The attached Annexes provide details on the person specification, the selection process, and how your data will be used.

To make an application please send a CV and supporting letter to:  
[acra.recruitment@nhs.net](mailto:acra.recruitment@nhs.net)

or post to:  
ACRA member recruitment  
c/o Sarah Rhodes, NHS England,  
8E25, Quarry House,  
Quarry Hill, Leeds LS2 7UE

Applications must be received by **midday on 17 March 2017**.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email [england.contactus@nhs.net](mailto:england.contactus@nhs.net)

In making an application please note the following:

## Supporting letter

The supporting letter is your opportunity to demonstrate how you meet each of the criteria set out in the person specification. How you choose to present the information is up to you. However, you should aim to provide specific and detailed examples that demonstrate how your knowledge and experience matches each of the criteria, and which describe what your role was in achieving a specific result. It will also benefit the selection panel if you can be clear which particular evidence you provide relates to which criteria. Providing separate paragraphs in relation to each criterion is common practice.

Please limit your letter to two pages, and type or write clearly in black ink.

## Declaration of interests and ensuring public confidence

If you have any business or personal interests that might be relevant to the work of ACRA and which could lead to a real or perceived conflict of interest were you to be appointed, please provide details in your supporting letter. Should you be successful in your application, if there is anything in your personal or professional history, that if brought into the public domain, may cause embarrassment or disrepute to the organisation, please provide further details in your supporting letter. Failure to disclose such information could result in an appointment being terminated – refer to the “Eligibility Criteria” section in Annex A.

## **CV**

Please ensure your CV includes:

- your full name, title, home address, personal contact telephone numbers (land line and mobile) and personal email address
- contact details for two referees who will support your application. One referee should be the person to whom you are/were accountable in your current/most recent appointment or position of employment. Please indicate the relationship of each referee to you. References will be requested for shortlisted candidates prior to interview
- brief details of your current or most recent post and the dates you occupied these roles. Please identify any past or present Ministerial appointments

## **Guaranteed Interview Scheme**

The Department of Health operates a Guaranteed Interview Scheme (GIS) for disabled people. The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment and the impairment has a substantial and long term adverse effect on their ability to carry out normal day to day activities. Under the GIS a disabled candidate will be selected for interview if they meet the essential criteria for the post.

If you wish to apply under the GIS please note this in your application.

All applications will be acknowledged by email after the closing date.

## **Indicative timetable**

Closing date: Midday on 17 March 2017

Shortlisting complete: March/April 2017

Interviews held: April/May 2017

## **Key facts about the post**

Location: London or Leeds (with video/tele conference facilities available)

Remuneration: There is no remuneration for this post

Time Commitment: Up to 8 days per calendar year

## **Contacts**

For further information regarding the selection process or the role of the ACRA please contact:

Anna Everton

Tel: 0113 82 54623

Email: [anna.everton@nhs.net](mailto:anna.everton@nhs.net)

If you choose to apply, we would like to thank you in advance for your time and effort in making an application.

## **Appointment of Members of the Advisory Committee on Resource Allocation**

### **Qualities required**

To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment.

ACRA members shall be appointed for their specialist expertise and the contribution they will make to the aim and objectives of ACRA.

### **Essential Criteria**

- To be able to assess technical and scientific evidence in an unbiased fashion, independent of current affiliation
- To be able to interpret and act upon complex, sometimes conflicting information, and assess and appropriately challenge recommendations
- Strong interpersonal and communication skills

### **Desirable criteria**

- Expertise in the commissioning and provision of mental health, community, and specialised services given the focus of ACRA's work programme at the current time.
- Expertise in the core issues considered in the allocations process, including population and demography, health inequalities and rurality.
- Knowledge of policies, management practice, or service delivery issues related to the distribution and deployment of financial resources in healthcare.

### **Responsibilities of ACRA members**

Responsibilities of ACRA members are set out in the ACRA Terms of Reference – see separate attachment

### **Remuneration**

There is no remuneration for this post. You may claim travel and subsistence expenses, which are properly and necessarily incurred in carrying out your role and responsibilities as a member of ACRA, in line with travel and subsistence policy and rates for the Department of Health and NHS England. A copy of the policy and rates can be obtained from the contact listed at the front of this pack.

## **Time commitment**

- Up to 8 days per year. Face to face meetings will take place in London or Leeds, and may use video conference, and last for up to 4 hours.
- Appointments are made for a period of up to five years.

## **Eligibility criteria**

There are circumstances in which an individual may not be considered for appointment. They include:

- a) persons who have received a prison sentence or suspended sentence of 3 months or more in the last 5 years
- b) persons who are the subject of a bankruptcy restrictions order or interim order, or a debt relief order or interim debt relief order under Schedule 4ZB to the Insolvency Act 1986
- c) persons who have had an earlier term of appointment with a health service body terminated on the grounds
  - i. that it was not conducive to the interests or good management of the body that the person should continue to hold office
  - ii. that the person failed to attend a meeting of the body on three consecutive occasions
  - iii. that the person failed to declare a pecuniary interest or withdraw from consideration of a matter in respect of which the person had a pecuniary interest
  - iv. of misconduct or failure to carry out the person's duties
- d) anyone who is under a disqualification order under the Company Directors Disqualification Act 1986
- e) anyone who has been removed from trusteeship of a charity.

## **Conflict of interests**

You should particularly note the requirement for you to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as a member of ACRA, including any business interests and positions of authority outside of the role in ACRA. If appointed, you will also be required to declare these interests on appointment which will be entered into a register which is available to the public.

## **Standards in public life**

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the Code of Conduct for Board Members of Public Bodies, you can access this document at:

<http://www.bl.uk/aboutus/governance/blboard/Board%20Code%20of%20Practice%202011.pdf>

## **Diversity and equality of opportunity**

The Department of Health and NHS England value and promote diversity and are committed to equality of opportunity for all. Both organisations wish to ensure that ACRA is as diverse a body as possible and will welcome expressions of interest from applicants irrespective of people's age, disability, gender, race or ethnicity, religion or belief, sexual orientation, or other personal circumstances.

We have policies and procedures in place to ensure that all applicants are treated fairly and consistently at every stage of the recruitment process, including an invitation to the first stage of the selection process and consideration of reasonable adjustments for people who have a disability.



## **The selection process**

The NHS England team will deal with your application as quickly as possible and will advise you of the likely timetable at each stage. After the closing date for applications:

- the panel will assess candidates' CVs and supporting letters to determine who it believes best meet the criteria for the role, and who will be invited to interview. The panel will rely only on the information you provide in your CV and letter to assess whether you have the skills and experience required. Please ensure that you provide evidence to support how you meet all of the essential criteria
- your application may be "long-listed", subject to the volume of applications received, before it is passed to the shortlisting panel for consideration. You should be aware that in this situation, your application might not be considered in full by all of the panel
- we anticipate that by mid-April 2017 the panel will have decided who will be invited for interview
- the panel will select for interview only the strongest applicants who it feels have demonstrated that they best meet the criteria set out in the person specification. However, if you have applied under the GIS and you meet the essential criteria, then you will also be invited for interview
- if you are invited to interview and if the interview date is not already provided in this information pack, we will aim to provide you with as much notice as we can of the interview date. If you are unable to attend on the set date then an alternative date can only be offered at the discretion of the panel
- the NHS England team will write to let you know whether or not you have been invited to be interviewed. It is our intention that interviews will take place in a central London or a central Leeds location
- candidates who the panel believe are 'appointable', will be recommended to the Secretary of State for Health and the Chief Executive of NHS England, or their representative(s). They may choose to meet with appointable candidates before making a decision. If they do, they will meet all appointable candidates and in the presence of the panel chair or their nominated representative. The time taken between interview and a final appointment decision being made can sometimes take a number of weeks. Candidates who have been interviewed will be kept informed of progress
- if you are successful, you will receive a letter appointing you as a member of ACRA, which will confirm the terms on which the appointment is offered

- if you are unsuccessful at interview, you will be notified by the NHS England team. We appreciate it takes a lot of time and effort to apply for roles and that feedback is a valuable part of the process. As a result, the letter will provide the details of who you may approach for feedback on your interview and application, if you so wish.
- for further information on how we will manage the personal information that you have provided to us through your application, see Annex C.

## Annex C

### How we will manage your personal information

Your personal information will be held in accordance with the Data Protection Act 1998. You will not receive unsolicited paper or electronic mail as a result of sending DH and NHS England any personal information. No personal information will be passed on to third parties for commercial purposes.

When we ask you for personal information, we promise we will:

- only ask for what we need, and not collect too much or irrelevant information
- ensure you know why we need it
- protect it and insofar as is possible, make sure nobody has access to it who shouldn't
- ensure you know what choice you have about giving us information
- make sure we don't keep it longer than necessary
- only use your information for the purposes you have authorised

We ask that you:

- provide us with accurate information
- inform us as soon as possible of any changes or if you notice mistakes in the information we hold about you

If you apply for a post, we will share some of the information you provide with the members of the selection panel for the post to which you are applying, so that your CV and supporting letter can be assessed.



Department  
of Health



England

# **Advisory Committee on Resource Allocation (ACRA): Terms of Reference**

**November 2016 update**

# Advisory Committee on Resource Allocation (ACRA): Terms of Reference

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## **1 Introduction**

The Advisory Committee on Resource Allocation (ACRA) makes recommendations on the preferred, relative, geographical distribution of resources for health services.

ACRA is an independent, expert committee comprising of GPs, public health experts, NHS managers and academics.

ACRA was established in September 1997<sup>1</sup> as the successor body to the Resources Allocations Working Group (RAWP) that was established in 1976.

The terms of reference, reporting arrangements and objectives of the funding formula may be subject to change. Should there be substantial changes, a new version of the terms of reference will be issued.

## **2 Role of ACRA**

The aim of ACRA is to provide recommendations and advice on the target, relative geographical distribution of funding for health services in England, given the objectives of the funding formula. This is currently:

- i. to the Secretary of State for Health for public health allocations, and
- ii. to the Chief Executive of NHS England for NHS allocations.

The objectives of the formulae are set by the Department of Health and NHS England. They are presently that the allocation formulae support equal opportunity of access for equal need and contribute to the reduction in avoidable health inequalities.

ACRA's recommendations should be based on the best available evidence, and be clear when judgements have necessarily been made where the available data are limited.

ACRA's current principles and objectives are in Annex D.

## **3 Accountability**

ACRA is an independent advisory group commissioned by the Secretary of State for Health and NHS England. Annex 1 gives a summary of the reporting arrangements.

ACRA's work programme is commissioned through a remit letter from the Secretary of State for Health for public health allocations and a remit letter from the Chief Executive of NHS England for NHS allocations. ACRA submits its recommendations in letters to the Secretary of State for Health and the Chief Executive of NHS England for public health allocations and NHS allocations respectively.

## **4 Membership**

The Chair of ACRA is appointed jointly by the Secretary of State for Health and the Chief Executive of NHS England.

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<sup>1</sup> As proposed in the 1997 White Paper *The new NHS: modern, dependable*

The Department of Health, NHS England and the Chair of ACRA shall discuss and agree the balance of expertise required for the group. The group shall broadly consist of representatives from academics, GPs, NHS managers, local government representatives and public health experts.

The membership shall be regularly reviewed to ensure the balance of expertise is adequate to achieve the aim and objectives of the group and the current work programme. The balance of expertise may therefore change over time, although the membership shall maintain expertise in the core issues considered in the allocations process, including population and demography, health inequalities and rurality.

Members shall be invited to join ACRA jointly by the Secretary of State for Health and NHS England.

Membership of ACRA is offered in a personal capacity to individual experts to ensure continuity.

The Chair of the Technical Advisory Group (TAG), which reports to ACRA, is appointed jointly by the Secretary of State for Health and the Chief Executive of NHS England.

## **5 Sub-groups**

The Chair and the members may agree to form sub-groups on a permanent or ad hoc basis for specific work areas. Terms of reference for such groups shall be agreed by ACRA.

TAG is a permanent specialist working group reporting to ACRA.

## **6 Communication and transparency**

ACRA shall strive to be as transparent and open as it can be by publishing documents on websites as and when ACRA believes is appropriate.

All external communications shall be carried out through existing Department of Health / NHS England channels.

Documents published publicly may include progress reports, papers and minutes of the ACRA meetings as appropriate. The minutes shall clearly show firm agreements and areas under discussion. Certain parts of the minutes may be withheld for a time at the discretion of the Chair, the Department of Health and NHS England due to the area being under policy development or awaiting wider ministerial or NHS England announcements.

Arrangements shall be made to draw the attention of key stakeholders when new items have been published on the website and superseded documents shall be properly archived.

## **7 Performance review**

It is important to review the relative effectiveness of ACRA and identify any performance and progress gaps on a regular basis in light of these terms of reference. Reviews will be undertaken by the Department of Health, NHS England and the ACRA Chair. The reviews may include but are not limited to:

- stakeholder feedback;
- commissioner feedback;
- sub-group feedback;
- individual feedback.

The findings of reviews shall be shared with ACRA members.

## **8 Confidentiality and information legislation**

Due to the sensitivity of the recommendations on the funding formula, ACRA members shall agree not to discuss or share any unpublished documents external to the group, nor shall any work be replicated in any form. All correspondence will only be via the secretariat and the Chair of ACRA.

Some discussion may take place with peers external to ACRA members who can provide additional expertise on issues and data, however members must make it clear that the discussion must be kept confidential.

ACRA members may be subject to “Freedom of Information” legislation and therefore under a statutory requirement to disclose certain information on request and to abide by commitments set out in the Department of Health’s and NHS England’s Freedom of Information Publication Scheme<sup>2</sup>. Those that are not subject to Freedom of Information legislation are expected to abide by the spirit of Freedom of Information legislation.

ACRA members shall abide by the Data Protection Act 1998. Data protection legislation is based around eight common sense principles as in Annex B.

## **9 Proceedings of meetings**

### **9.1 Agenda**

The Chair with support from the secretariat shall set the agenda for each meeting.

### **9.2 Management of the work programme**

The Chair and the secretariat shall have an overview of all the work being undertaken by ACRA and its sub-groups to ensure there is no duplication of work and that the work programme is successfully completed.

Agendas, minutes and all papers of ACRA and all sub-groups will be shared with all the chairs so that there is no duplication of work. The Chair of ACRA shall have a standing invitation to all ACRA sub-groups.

### **9.3 Early identification of issues and risks**

In order to ensure successful completion of this work, ACRA shall keep under review current and potential issues and opportunities, internal and external risks together with mitigation strategies. An up-to-date register of issues and risks shall be maintained by the secretariat.

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<sup>2</sup> <http://transparency.dh.gov.uk/2012/07/20/freedom-of-information-publication-scheme/>



## **9.4 Frequency of meetings**

The frequency of meetings is for ACRA to determine to achieve its objectives and work programme. Typically ACRA has met around 4-6 times per year.

## **9.5 Format of meetings**

It is for ACRA to decide the format of the meetings. Typically ACRA has held face to face meetings and most frequently in London that last for up to 4 hours. It will be for the group itself to decide if, for instance, their discussions can be effectively conducted by a telephone or video conference.

## **9.6 Quorum and decision making**

Each member shall have the right to be fully heard as equal partners. There should be genuine dialogue.

Whilst achieving consensus should be the aim, ACRA should not seek unanimity at the risk of failing to recognise different views or approaches on an issue. Once a position (or major / minor positions) is established by the group, the members shall support that decision and recognise their responsibility not to undermine the authority of the group.

The quorum for the meeting shall be 50% of ACRA members. If a quorum is not achieved the meeting may still proceed.

If ACRA does not reach a consensus members may, if they wish, call for a vote. Members are able to:

- a. call for a vote if there is a quorum;
- b. call for delay of a vote until a quorum is achieved; or
- c. proceed with voting subject to ratification by other members at the next meeting or by correspondence.

In the event of a tie, the Chair will have a casting vote.

Special attendees and the secretariat, where they are not also members of ACRA, are not eligible to vote.

## **9.7 Communication with members**

The main communication route will be via agendas, minutes of meetings and meeting papers. These will be circulated to all members and copied to various key personnel at the Department of Health and NHS England.

## **10 Responsibilities of the Chair, members and the secretariat**

### **10.1 Declaration of interest**

The Chair and members shall declare any interests<sup>3</sup> that are relevant to the overall work of ACRA and the specific agenda item under discussion. The secretariat shall review and maintain such declarations and publish details as part of routine progress updates. Members shall withdraw from discussion of matters in which they feel that they cannot act impartially. Where this occurs, it shall be recorded in the minutes of the meeting.

### **10.2 Responsibilities of the Chair**

The Chair shall be responsible for:

- i. Reporting ACRA's recommendations to the Secretary of State for Health and the Chief Executive of NHS England.
- ii. Effectively chairing meetings.
- iii. Ensuring ACRA operates effectively.
- iv. The management and output of ACRA.
- v. Ensuring every member has a fair opportunity to be heard and that no views are ignored or overlooked.
- vi. Allowing genuine dialogue to take place and diversity fully explored and discussed.
- vii. Endeavouring to achieve a consensus of opinion.
- viii. Ensuring voting is carried out fairly, should it be necessary to vote on an issue.
- ix. Ensuring the secretariat accurately documents the proceedings and there is a clear audit trail showing how decisions were made.
- x. Ensuring there is the right balance of expertise to fulfil the aims of ACRA.
- xi. Ensuring all members have a good grasp of the underlying subject matter, expertise and if necessary arranging training to enable them to fulfil their roles and ensuring records are kept of member's performance as necessary.
- xii. Ensuring good knowledge management principles are adhered to.

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<sup>3</sup> <http://www.civilservice.gov.uk/about/resources/public-appointments>

## 10.3 Members' roles and responsibilities

Members will be expected to abide by the "Seven Principles of Public Life" (sometimes referred to as the Nolan Principles, which are in Annex C)<sup>4</sup>.

Members of ACRA shall ensure they understand why they have been appointed and in what capacity, and the role they are expected to play in the group. Members shall understand the nature of any expertise that they are asked to contribute. Members with a particular expertise have a responsibility to make the group aware of the full range of opinion within the discipline.

Members shall confirm before accepting an invitation to serve on ACRA that they are clear about the period of appointment and that they can fulfil the commitment required in terms of continuity, meeting attendance, the group's business and preparation for meetings.

A member's role on ACRA shall not be constrained by the expertise or perspective they were asked to bring to the group. Members shall regard themselves as free to question and comment on the information provided or the views expressed by any of the other members, notwithstanding that the views or information do not relate to their own area of expertise.

If members believe the group's method of working is not rigorous or thorough enough they shall raise this initially with the Chair and subsequently the Senior Responsible Officer at the Department of Health and NHS England. They have the right to ask that any remaining concerns be put on the record.

Members will be expected to attend at least 75% of the meetings and missing three consecutive meetings will be brought to the attention of the Chair.

Substitutes during meetings will only be allowed at the discretion of the Chair. Members shall advise the Chair / secretariat if they are not able to attend a meeting. Members are encouraged to submit written views / comments on agenda items when they are not able to attend a meeting.

Members will be expected to read papers and other material in advance to enable full participation. Some email communication will also be required.

Members joining ACRA for the first time shall undergo an induction process. This shall cover the following:

- i. Explanation of the group's aims and objective.
- ii. The role of the group.
- iii. Basis of decision-making.
- iv. The group's work plan.
- v. The role of the Secretariat and other officials.
- vi. Roles and responsibilities of members.

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<sup>4</sup> <http://www.public-standards.org.uk/>

- vii. Conflicts of interest.
- viii. The commitment required for meeting attendance, group business and preparation for meetings.
- ix. Confidentiality of proceedings and papers.
- x. How members shall deal with media enquiries.
- xi. Disclosure of members' personal details to the public, bearing in mind personal security and other considerations.
- xii. The rules governing declarations of outside interests, potential conflicts of interest, and gifts and hospitality.
- xiii. How conflicts of opinion are resolved.
- xiv. Terms of appointment of the Chair and members,
- xv. Remuneration of expenses, and
- xvi. Personal liability.

## **11 Role of the secretariat**

The secretariat shall:

- i. Support the ACRA members by assembling and analysing information and recording conclusions of meetings.
- ii. Advise members on relevant process and procedure.
- iii. Bring to the attention of the ACRA Chair and members, emerging issues of concern to the Department of Health and NHS England so as to inform the group's deliberations.
- iv. Arrange regular briefing meetings with the Chair.
- v. Be an impartial facilitator and guard against introducing bias during the preparation of papers, during meetings, or in the reporting of the group's deliberations.
- vi. Ensure that the proceedings of the ACRA meetings are documented in sufficient detail and within a reasonable period after a meeting so that there is a clear audit trail showing how the group reached its decisions.
- vii. Project manage the work to ensure successful completion.
- viii. Maintain an updated register of issues and risks.

## **12 Liabilities and indemnities of members**

Legal proceedings by a third party against individual members of advisory groups are very exceptional. An advisory group member may be personally liable if he or she makes a fraudulent or negligent statement which results in a loss to a third party; or may commit a breach of confidence under common law or criminal offence under

insider dealing legislation, if he or she misuses information gained through their position.

If legal proceedings are brought against any ACRA member by a third party, the Department of Health and NHS England will meet any personal civil liability that is incurred in the execution of their functions, unless they acted recklessly and provided that they have acted honestly, in good faith and without negligence<sup>5</sup>.

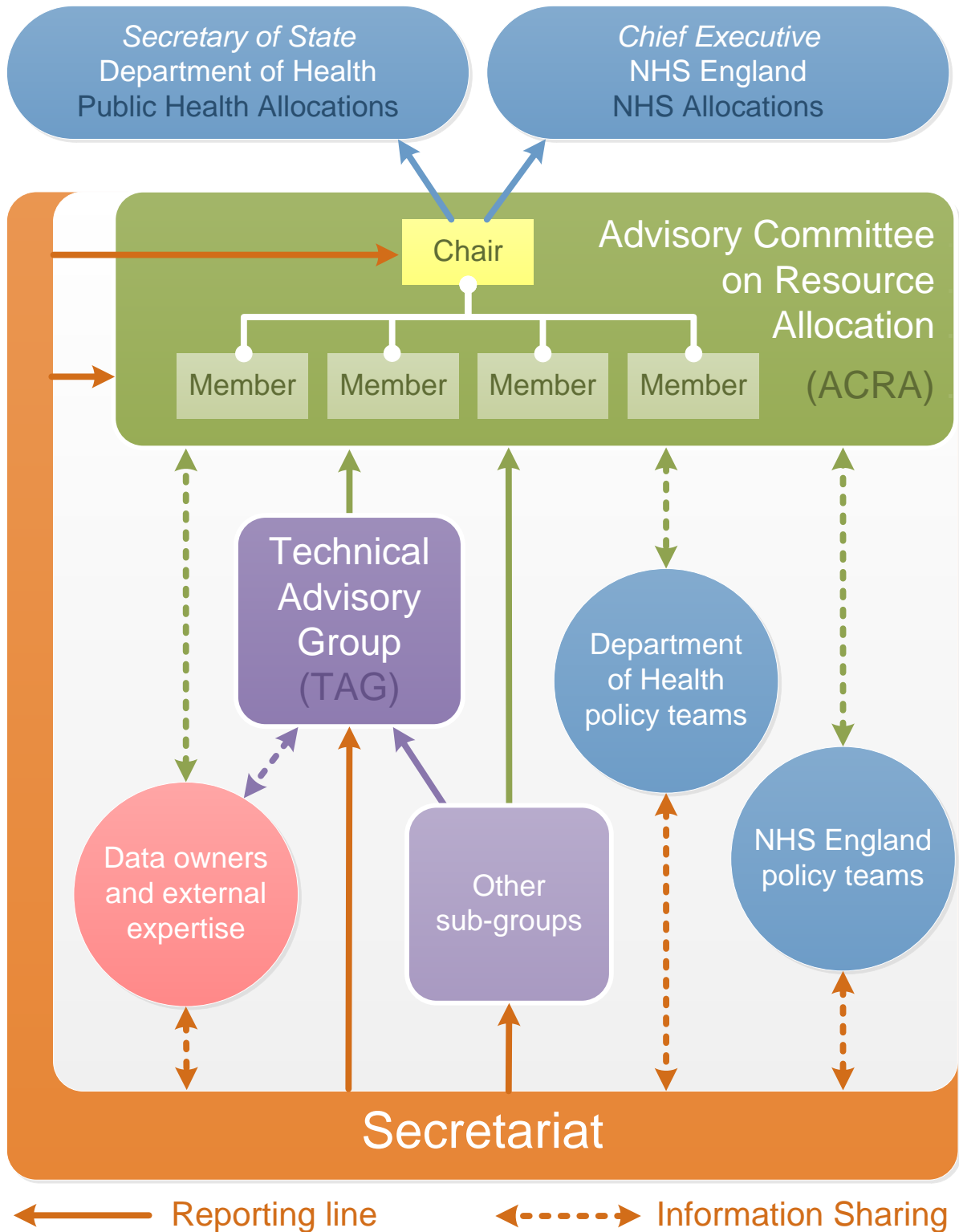
### **13 Remuneration of expenses**

ACRA members will be eligible to claim the cost of travel and subsistence expenses in line with the Department of Health's and NHS England's policies. Members are entitled to fair and prompt repayment provided they follow the rules governing the submission of claims and their timing.

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<sup>5</sup> [http://www.civilservice.gov.uk/wp-content/uploads/2011/09/public\\_appt\\_guide-pdf\\_tcm6-3392.pdf](http://www.civilservice.gov.uk/wp-content/uploads/2011/09/public_appt_guide-pdf_tcm6-3392.pdf)  
Para 11.6

## Annex A: Reporting arrangements



## **Annex B: Data Protection**

### **The Data Protection Act (1998)**

This controls how your personal information is used by organisations, businesses or the government.

Everyone responsible for using data has to follow strict rules called 'data protection principles'. They must make sure the information is:

- a) used fairly and lawfully
- b) used for limited, specifically stated purposes
- c) used in a way that is adequate, relevant and not excessive
- d) accurate
- e) kept for no longer than is absolutely necessary
- f) handled according to people's data protection rights
- g) kept safe and secure
- h) not transferred outside the European Economic Area without adequate protection

### **More sensitive information**

There is stronger legal protection for more sensitive information, such as:

- a) ethnic background
- b) political opinions
- c) religious beliefs
- d) health
- e) sexual health
- f) criminal records

Downloaded 19 April 2016 from: [www.gov.uk/data-protection/the-data-protection-act](http://www.gov.uk/data-protection/the-data-protection-act)

## **Annex C: “Seven Principles of Public Life”**

(Sometimes referred to as the Nolan Principles)

### **Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

### **Integrity**

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

### **Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### **Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **Openness**

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

### **Honesty**

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

### **Leadership**

Holders of public office should promote and support these principles by leadership and example.



## **Annex D: ACRA's current objectives and principles**

ACRA is an independent, expert advisory committee on resource allocation. We make recommendations to NHS England on the distribution of financial resources for NHS services and to the Department of Health on the distribution of financial resources for public health services. Our remit covers allocations within England.

Our terms of reference are set by the Department of Health and NHS England. The Department of Health sets out the priorities for our work programme on public health allocations and NHS England for NHS allocations.

The first advisory committee on NHS allocations was the Resource Allocation Working Group (RAWP) set up in 1976. ACRA is a successor to RAWP, and was established in 1997.

### **Weighted capitation formulae**

We make recommendation on the weighted capitation formulae which set target shares of the national budgets for local areas. The local areas for allocations have changed over time with changes in commissioning responsibilities. They have included health authorities, primary care trusts, clinical commissioning groups and local authorities.

The objectives of the formulae are:

To support equal opportunity of access to services for equal need and to contribute to the reduction in avoidable health inequalities.

To meet these objectives, ACRA makes recommendations on the relative weights per head of each area's population. The weights reflect the best estimates of:

- the relative need for health services; and
- relative unavoidable differences in the costs of providing services.

In estimating the relative need for health services, we seek to remove from the estimates of the target shares use of services which is not related to need, such as higher use due to the greater availability of services. We also seek wherever feasible to adjust the estimates to account for need that is not currently being met or not appropriately being met.

### **Evidence base**

ACRA makes its recommendations based on the best evidence available. We review and analyse the evidence available and commission research from academics.

We develop statistical models of need for health care. Variables in the models typically include age, sex, morbidity and indicators of morbidity such as deprivation. Wherever data allow, we undertake the modelling at the person level to best capture differences in need between different populations.

Our criteria for assessing formulae are in the table below.

<b>Criteria</b>	<b>Definition</b>
Transparency and simplicity	The construction and application of the formula should aim for simplicity, be well documented and be open to scrutiny.
Comprehensibility	The formula and its derivation should be explainable to non-specialists in plain English and be capable of common sense justification, even if the detail is understood only by specialists.
Evidence base	The formulae are based on the best evidence available.
Technical robustness	The techniques used must be consistent with best practice methods for statistical and econometric modelling and be applied appropriately.
Objectivity	Formula should be based on plausible relationships and there should be tests of bias, robustness, statistical significance and explanatory power.
Flexibility	The recommendations can respond to changes of commissioning responsibilities (e.g. coverage of services) and size.
Parsimony	The formula should not include relationships of low materiality. All other things being equal fewer rather than more variables are preferred.
Plausibility	The measures & relationships in the formula should be plausible and have face validity.
Clarity of contribution of indicators	The contribution made by individual components in the formula should avoid ambiguity. Where multiple indicators are used the purpose, weighting and selection must be clear.
Reliability of data	The data are available and consistent for all local areas(units of allocation) where possible and not subject to local variations in reporting.
Freedom from perverse incentives	The methods and data sources used to calculate the formula should not create perverse incentives either for manipulating data or other negative behaviours.
Durability and stability	The relationships used to drive the formula should be durable and the data used to derive the formula should be stable.
Updateable	The scale of the work required to update the formula is manageable within the time constraints of the allocation cycle.

Where judgements have necessarily been made in the absence of adequate evidence, we clearly set out these judgements.

### **Actual allocations**

Actual allocations also depend on the national budgets available and how far each year local areas moved closer to their target allocations through differential growth. The latter is known as pace of change policy. ACRA's remit does not cover pace of change policy or advice on the size of the national budgets. These are the responsibility of NHS England for NHS allocations and the Department of Health for public health allocations.