

CCG Constitution Appendix F3 - individual delegations Non-Pay Revenue and Capital Expenditure (excluding leases) Requisitioning/Ordering/Payment of Goods and Services

Approval: Governing Body September 2020 (all) /November 2020 changes to business case/SLA delegations only to confirm decision making authority as delegated to Finance Committee with recommendations to include ICET

Review: annual (September 2021)

Value limit	Committee or other organisation	CCG Management Directors (*4)				Relevant Associate Director or Head of (within function or where named)	Relevant Budget Manager (within function or where named)	Locality Business Support Managers	CSU – Continuing Healthcare Care Budget /Deputy Budget Manager
		AO	DAO	CFO	DCFO				

(1) Business Case, (2) Service Level Agreement (3) Specification approval prior to award of contract (with or without formal external tender)

Notes: investment decision only where there is a CCG financial implication - governance related to subsequent business case process is described within F4

CCG investment level up to 10k per annum/financial year; RISK: Low (<8).		X	X	X	X				
CCG investment level up to £25k per annum/financial year; RISK: Low (<8), Medium-High (8-25)		X	X	X	X				
CCG investment level £25k to £250k per annum/financial year smaller schemes; RISK: Medium-High (8-25)	CCG Finance Committee, with recommendation from CCG Executive Committee and/or Primary Care Commissioning Committee (PCCC) and/or CCG members of the Integrated Commissioning Executive Team subject to conflicts of interest								
CCG investment level >£100k per annum/financial year; RISK: Medium-High (8-25)	Governing Body through Finance Committee minutes (for information, unless escalated for reasons of conflicts of interest)								
CCG investment level >£250k per annum/financial year (including recurrent); RISK: Medium-High (8-25)	CCG Finance Committee (approval and ratification), with recommendation from CCG Executive Committee and/or Primary care Commissioning Committee and/or CCG members of the Integrated Commissioning Executive Team subject to conflicts of interest (unless assurance is given for alternative process for reasons of timing or related application of other decision making authorities)								
Fully funded by external body (e.g. NHS England) which the CCG is (a) mandated to deliver under direction and/or under statutory delegation or (b) has option to deliver implement but must still ensure appropriate governance for approval and ratification of Business Case,	n/a								

Discretionary Spend (whilst process deemed to be active)

Up to £1,000			X	X					
Up to £50,000				X					
Over £50,000	Finance Committee								
Over £50,000 consultancy and agency interims (Note A)	NHS England			X					

IPAs/NCAs Mental Health and Learning Disabilities (i.e. both in and out of area referrals where there is no provider contract in place)

Notes:

- (1) a Mental Health Virtual Panel, with reporting line to the Integrated Commissioning Executive Team, may be convened to discuss the clinical merits of an application.
- (2) The Virtual Panel has no formal accountability to a committee nor collective financial responsibility to agree funding requests.
- (3) Whereas its members with individual financial authority are accountable to the Deputy Accountable Officer. Those members with financial authority are the same as listed below with authority to agree funding up to £1,500 per week for placements.
- (4) This includes packages of care from out of area where necessary, subject to a proposed package meeting clinical health needs directed related to reason for section under the Mental Health Act as undertaken by other local authority Care Resource Team or equivalent commissioners and agreed with our joint commissioners (these are not specifically defined within legislation).

Packages (both new and legacy under older legislation subject to review) <u>under</u> £1,500 per week for health funding only							(1) Specialist Commissioning Manager (Mental Health), (2) Specialist Commissioning Manager (All age disability) (3) Commissioning Manager (Mental Health) (4) Commissioning Manager (All age disability) (5) Head of Service, Integrated Commissioning		
Packages (both new and legacy under older legislation subject to review) <u>over</u> £1,500 per week for health funding only		X	X						

IPAs/NCAs S.117 only (i.e. out of area referrals only where there is no provider contract in place) ADULTS ONLY

- (1) Specialist Commissioning Manager (Mental Health),
- (2) Specialist Commissioning Manager (All age disability)
- (3) Commissioning Manager (Mental Health)
- (4) Commissioning Manager (All age disability)
- (5) Head of Service Integrated Commissioning

Packages (both new and legacy under older legislation subject to review) <u>under</u> £1,500 per week for health funding only							(1) Specialist Commissioning Manager (Mental Health), (2) Specialist Commissioning Manager (All age disability) (3) Commissioning Manager (Mental Health) (4) Commissioning Manager (All age disability) (5) Head of Service, Integrated Commissioning		
Packages (both new and legacy under older legislation subject to review) <u>over</u> £1,500 per week for health funding only		X	X						

CHC IPAs Adults and Continue Care for Children

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		AO	DAO	CFO	DCFO				
Packages under £2,000 per week (Adults and Children) after use of separate and appropriate funding formula to calculate expected cost. This authority also includes patients provided with a package of care under the hospital discharge programme (discharge to assess) awaiting assessment and those who are classified as being at end of life							Buckinghamshire Council integrated commissioning service		
Packages up to £5,000 per week (Adults and Children) after use of separate and appropriate funding formula to calculate expected cost. Authority also includes hospital discharge programme as referred to above.							Head of Community Models of Care		
Packages up to £5,000 per week (Children only for health element where dual or tripartite (Education, Social Care, Health) funding anticipated based on clinical needs) after use of separate and appropriate funding formula to calculate expected cost and/or percentage split. Authority also includes hospital discharge programme as referred to above.							Head of Integrated Commissioning (as voting member of Complex Needs Panel which considers dual and tripartite referrals)		
Packages over £5,000 per week after use of separate and appropriate funding formula to calculate expected cost. Authority also includes hospital discharge programme as referred to above.			x	x					
Client (and/or representative/s) expresses wish for more than 10% above Nominal Budget for placement based on clinical need (up to £5,000 per week) - adults and children	CHC Exceptions Panel (with recommendation to relevant budget manager)						Head of Community Models of Care		
Client (and/or representative/s) expresses wish for package of care to form part of a Personal Health Budget (for which they may or may not already meet criteria) rather than as a standalone package of care/Individual Patient Agreement (up to £5,000 per week) - adults and children	CHC Exceptions Panel (with recommendation to relevant budget manager)						Head of Community Models of Care		
Client (and/or representative/s) expresses wish for more than 10% above Nominal Budget for placement based on clinical need (over £5,000 per week) - adults and children	CHC Exceptions Panel (with recommendation to CCG Deputy Accountable Officer)		x						
Client (and/or representative/s) expresses wish for package of care to form part of a Personal Health Budget (for which they may or may not already meet criteria) rather than as a standalone package of care/Individual Patient Agreement (over £5,000 per week) - adults and children	CHC Exceptions Panel (with recommendation to CCG Deputy Accountable Officer)		x						
Client (and/or representative/s) lodges appeal following assessment or re-assessment of clinical need against CHC criteria (all values) - adults and children	OHFT Local Review Panel (accountable to CHC Monitoring Meeting) (no terms of reference - covered by CHC framework)								
Client (and/or representative/s) disagrees with appeal outcome following assessment or re-assessment of clinical need against CHC criteria (all values) - adults and children	NHS England Independent Review Panel (final authority on application of criteria)								
Client (and/or representative/s) disagrees with proposed package offer and undertakes appeal (all values) - children only as part of Educational Healthcare Plan (EHCP)	Tribunal prompted by parental request								
IFRs									
Up to £20,000 per procedure/treatment per patient (estimate only)							Head of IFR, SCWCSU (reported via Case Review Panel/IFR report) or nominated deputy during absence i.e. SCWCSU Individual Funding Requests (IFR) Manager (Clinical)		
Over £20,000 per procedure/treatment per patient estimate only (i.e. additional funding precedent above threshold which is exceptional with no previous decision)	IFR Case Review Panel (with recommendation where possible considering panel timing to avoid unnecessary delay in decision)	Z	Z	Y					
Over £20,000 per procedure per patient within pre-existing pathways (estimate only)		Z	Z	Y					

Integrated Community Equipment Service (ICES)

Supporting sources covering delegated authority:

a) Section 75 with council (CCG to Council)

b) Contract between Council and NRS which includes hierarchical structure for delegation to BHT clinicians based on clinical roles

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Responsibilities as outlined in section 4.6 of section 75 agreement between CCG and Local Authority: (a) managing pooled budget, (b) authorising expenditure within budgets as set by partners (c) reporting arrangements as described within section 75 Expenditure is authorised as per service level authorisations as set within an accompanying specification (maximum value per order rather than time limited per week/per month) £100,000							Integrated Commissioning Manager aka Specialist Commissioning Manager, Housing and Equipment		
Service level authorisations as set in detail within an accompanying specification (maximum value per order rather than time limited per week/per month, with separate individual item value limits) Thresholds published here are a separate summary £20,000 £10,000 £2300 and thresholds under this value Note: Health Authorisers are not permitted to authorise social care prescriptions and the same in reverse.							Prescribers and other role holders as identified within service level authorisations (this includes local authority, acute hospital trust and service sub-contractor) Operational Managers Locality Team Managers Wheelchair Manager A range of clinical staff including assessors, nurses and case managers		
Section 96									
Up to £50,000	Primary Care Operations Group (PCOG)								
Over to £50,000	Primary Care Commissioning Committee (on recommendation from Finance Committee)								
Primary Care including Practice Payments (Direct Awards and Primary Care Development Schemes)									
Notes: this authority relates only to: (1) Approval of the arrangements for discharging the CCG's responsibilities and duties associated with its primary care commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation, obtain advice from persons who taken together have a broad range of professional expertise and acting effectively, efficiently and economically within agreed and approved budget. (2) Day to day decisions on provider performance management and risk management associated with Primary Care to provide robust assurance to the Governing Body and NHS England within agreed and approved budget. (3) Approve and ratify proposals for the procurement of primary care services under commissioning arrangements within agreed and approved budgets: a. Procurement of new practice provision; b. Discretionary payment (e.g. returner/retainer schemes); c. Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list); d. Premises Costs Directions functions.									
Up to £5,000 per annum or transaction							Primary Care Manager		
Up to £10,000 per annum or transaction							Senior Primary Care Manager		
Up to £50,000 per annum or transaction						AD Primary Care Commissioning			
Up to £100,000 per annum or transaction	(1) Primary Care Commissioning Committee (2) Primary Care Operational Group	X	X	X					
Over £100,000 per annum or transaction	Governing Body (on some decisions)								
Primary Care contracts									
Notes: this authority relates only to: Approve and ratify proposals for the procurement of primary care services under commissioning arrangements within agreed and approved budgets: The award of GMS, PMS and APMS contracts for primary care services to some or all of the CCG population									
Up to £50,000 per annum change +/-						AD Primary Care Commissioning			
Between £50,000 per annum up to £500,000 per annum change +/-	(1) Primary Care Commissioning Committee (2) Primary Care Operational Group	X	X	X					
Over £500,000	Primary Care Commissioning Committee								
Over £500,000	Governing Body (on some decisions). Reasons for escalation to Governing Body could relate to: • Conflicts of interest for member GPs, whilst noting that member GPs are standing invitees to Primary Commissioning Committee as opposed on having voting rights on decision in which they may be materially financially conflicted. • There may also be reasons of risk or reputation that might prompt escalation.								
GPIT									
Up to £50,000						AD Digitalisation and IM&T			
Over £50,000			X						
Adhoc Funding Packages of Care									
Note: 1. includes step down bed capacity on OPEL 4 2. these thresholds apply only where there is a PBR contract framework between CCG and acute provider; if contract status changes to Block at any time they become irrelevant 3. Buckinghamshire Healthcare NHS Trust is already on block contract, hence the reason the provider is not referred to within these thresholds.									
< £1,500 per week (Frimley Only where there is a PBR contract arrangement) for step down bed capacity funded from Frimley winter resilience budget						(1) Director of Urgent and Emergency Care	(1) Head of Urgent Care (2) Director on Call		

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		AO	DAO	CFO	DCFO				
> £3000 per week (Frimley Only where there is a PBR contract arrangement) for step down bed capacity funded from Frimley winter resilience budget							Director on Call (ONLY if it cannot wait until next working day)		
< £3000 per week (other local acute providers) for step down bed capacity funded from non-recurrent programme budget							(1) Head of Urgent Care & (2) Director on Call		
> £1,500 per week (Frimley Only) for step down bed capacity funded from non-recurrent programme budget							Director on Call (ONLY if it cannot wait until next working day)		
Over £10,000 per week		As per Discretionary Spend process when active- i.e. CFO. Authority to DAO when process deemed not active							

Legal Fees/solicitor engagement (CHC IPAs, other IPAs)

Note: Court of Protection/Deprivation of Liberty Standards (DoLS) cases are excluded in entirety from the discretionary spend process. This is on the basis of there being a statutory duty to meet legal costs. In relation to Continuing Healthcare and Mental Health/Section 117 applications, given a need to ensure appropriate decisions are reached based on circumstances and clinical need with no unnecessary delay in the decision making timescale, authority for agreement of legal costs post assessment up to a value per case file of

1) £1,500 for clinical decisions per case file is delegated to the Joint Commissioner (All age Mental Health) for MH IPA/Section 117 applications/placements (only after Buckinghamshire County Council legal costs route explored first)

2) £5,000 per case file is delegated to the Head of Community Models of Care for CHC IPAs

3) up to £10,000 to the Director of Commissioning and Delivery

Any application for legal advice above this threshold will be subject to the discretionary spend process whilst deemed active. If deemed not active then delegated authority above this threshold is with the Director of Commissioning and Delivery

Up to £1,500 for clinical decisions per case file (Mental Health IPA/Section 117 applications/placements only; only after Buckinghamshire County Council legal costs route explored first)							Specialist Commissioning Manager (Mental Health)		
Up to £5,000 per case file (CHC applications/placements)							Head of Community Models of Care - CHC		
Up to £10,000 per case file		X							
Over £10,000 per case file		As per Discretionary Spend process when active- i.e. CFO. Authority to DAO when process deemed not active							

e-Procurement card

Up to £300								X
Up to £500							Admin Team	
Up to £1,000							Office Manager	
Up to £5,000				X				

Expense claims

Up to £250							X	
Over £250	X	X	X	X				

Training Expenses

Any value	X	X	X	X	X			
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Agency staff timesheet

Management Staff Any value	X	X	X	X	X		X	
Clerical Staff Any value	X	X	X	X	X		X	

Healthcare Contracts / SLAs/ Contract Awards (includes rebate agreements)

All Values	Z	Z	X					
Contract Variations	Z	Z	X					

Non-Healthcare Contracts

All Values	Z	Z	X					
Contract Variations	Z	Z	X					

Health Contracts with Local Authority (including S.75 Pooled Budgets investment commitments)

Up to £50,000 per annual variation	Finance Committee							
Up to £250,000 per annual variation	Executive Committee							
Over £250,000 per annual variation	Executive Committee							
New contracts (irrespective of term)	Executive Committee							

Non Contractual Activity (i.e. unplanned care out of area, not activity that we haven't commissioned)

Up to £1,500							CSU NCA Team	
Over £1,500			X			Deputy CFO		

Medicines Optimisation

Authorisation of exceptional cases up to £50,000 per drug per year for prescribing purposes where drug request accompanying IFR request is not on formulary at the time (aka blacklisted)						AD Medicines Management (as a CCG voting member of ICS medicines related boards/groups)	Lead for Medicines Optimisation (as a CCG voting member of ICS medicines related boards/groups)	
Authorisation of New (or previous formulary) drugs up to £50,000 per drug per year for inclusion in formulary, including their place in therapy and restrictions for use.	ICS Medicines Optimisation Board (clinical decision only with financial authorisation provided in advance by named role holders)					AD Medicines Management (as a CCG voting member of ICS medicines related boards/groups)	Lead for Medicines Optimisation (as a CCG voting member of ICS medicines related boards/groups)	
Investment required in-year for compliance with NICE guidelines or technology appraisals up to £50,000 per intervention per year (technically no limit as it is statutory mandated to introduce within 3 months though local decision could be taken to overrule) Note: investment identified through horizon scanning may be incorporated within annual budget and separate financial authority, and therefore this process would not be required)						AD Medicines Management (as a CCG voting member of ICS medicines related boards/groups)	Lead for Medicines Optimisation (as a CCG voting member of ICS medicines related boards/groups)	
Authorisation of New Drugs over £50,000 per drug per year	Executive Committee (financial decision) ICS Medicines Optimisation Board (clinical decision only with financial authorisation provided by Executive Committee)							

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Investment required in-year for NICE guidelines or technology appraisal compliance over £50,000 per intervention per year (technically no limit as it is statutory mandated to introduce within 3 months though local decision could be taken to overrule) Note: investment identified through horizon scanning may be incorporated within annual budget and separate financial authority, and therefore this process would not be required)	Executive Committee ICS Medicines Optimisation Board (this could take place in either whereby the Board is aware of need for compliance and escalates, or through alternative route where Executive Committee takes financial decision first)								
Rebates and Incentives	Executive Committee where deemed by the Pharmaceutical Industry Scheme Governance Board (PISGB) to be inappropriate or not fully appropriate and only where there is no discount available and identified given the material conflict of interest Otherwise discussion on participation in rebate schemes is delegated to the CCG voting members of the ICS Medicines Optimisation Board.								
Key:									
	X								
	Z								
	Y								
	V								
	AO								
	DAO								
	CFO								
	DCFO								
Note A:									
i) Wherever possible from agencies within the Framework. Appointments from agencies not on the Framework must show value for money. ii) A day/hourly rate cap is to be set for agency staffing that must not exceed what would be paid to substantive appointments									
Note B:									
In absence of the CFO for whatever reason, his/her authority will be formally delegated as deemed appropriate at the time, to the Deputy Chief Finance Officer or Deputy Accountable Officer. Vice versa arrangement applies in respect of the absence of the Deputy Accountable Officer. Equivalent arrangements will also apply in absence of named CCG Management Directors.									