NHS Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

Meeting title:	[Choose a meeting]
Meeting date:	20/11/2025
Paper title:	**[Insert paper title]**
Paper reference:	[To be inserted by Corporate Governance Team]
Paper author:	[Insert name and job title]
Paper sponsor:	[Insert name and job title]
Presenter:	[Insert name and job title]

Paper type:			
For assurance ☐	For decision ☐	For discussion ☐	For information ☐

Report summary:

[Insert report summary]

Completion guidance – this section should provide a short synopsis of the full paper that allows the reader to understand the purpose of the paper and to grasp the key issues before studying them in greater detail. It should provide an overview of the paper's content and direct attention to the most relevant sections of the full paper, where greatest focus is required.

Please do not:

- Duplicate the recommendation (that is for the box below).
- Assume prior knowledge or provide information out of context.
- Use acronyms without first writing these in full.

Recommendation(s):

[Please delete as appropriate]

The [Boards/Committees/Joint Committee] [are/is] asked to [**approve/endorse**] [insert details of the required decision].

The [Boards/Committees/Joint Committee] [are/is] asked to **receive** the paper for assurance in relation to [insert details of the assurance provided].

The [Boards/Committees/Joint Committee] [are/is] asked to **discuss** [insert details of the required discussion].

The [Boards/Committees/Joint Committee] [are/is] asked to **note** this paper for information.

Be clear what the recommendation is in relation to i.e. investment, disinvestment, Contract Modification/Variation. Include the annual value, contract period and name of provider(s) as appropriate.

If approval is required for investment and a PSR process, please describe this in separate recommendations.

Relevant statutory duties:

☐ Quality improvement	☐ Public involvement and consultation
☐ Reducing inequalities	☐ Equality and diversity
☐ Financial limits/ breakeven	☐ Effectiveness, efficiency and economy
☐ Integration of services	☐ Wider effect of decisions (triple aim)
☐ Promoting innovation	☐ Promoting research

Relevant statutory duties:	
☐ Patient choice	☐ Obtaining appropriate advice
☐ Promoting education/training	☐ Climate change

Appendices

[Please delete as appropriate]
None.
Appendix 1 – [Insert title of document].
Appendix 2 – [Insert title of document].
Completion guidance – appendices should be referenced within the paper itself at the appropriate point, with the reason given for inclusion. If including an appendix in excel format, remember that when converted to PDF format, tab names do not show, so the title of the sheets need to be put on the sheet itself and print areas set up to allow the reader to read the spreadsheet in PDF form.

The signed-off EQIA should be included.

Are there any conflicts of interest requiring management?

[Please delete as appropriate]
No.
Yes – [Insert name, job title, relevant declared interest and action agreed to manage the conflict]. Completion guidance – dependent on the materiality and extent of the declared interest, management actions can include:

- Requiring the conflicted individual to withdraw from the meeting if the conflict could be seen as detrimental to decision-making arrangements.
- Allowing the conflicted individual to participate in the discussion, but not the decision-making process.
- Allowing full participation in discussion and the decision-making process, as the potential conflict is not perceived to be material or detrimental to decision-making arrangements and where there is a clear benefit to the conflicted individual being included in both.

Is this paper confidential?

[Please delete as appropriate]
No.
Yes, because the paper contains personal information. Completion guidance – to be used when the paper includes personal information relating to a patient, member of staff or another individual.
Yes, because the [ICB is/ICBs are] in commercial negotiations or about to enter a procurement exercise. Completion guidance – to be used when releasing the information would prejudice the ICB's/ICBs' position if made public e.g. by declaring the budget available for a particular contract in advance of a tendering exercise.
Yes, because the paper includes commercial in confidence information about a third party. Completion guidance – to be used this would need to be relatively detailed information that could be argued to give a competitor an advantage if it was made available to them e.g. the total value of a contract awarded to a supplier or the value of a tender could not be considered commercial in confidence but details of how a supplier performs a particular process or the day rate for different grades of consultancy staff might be considered confidential.
Yes, because the paper contains information that has been provided to the [ICB/ICBs] in confidence by a third party. Completion guidance – to be used where there is a risk that the third party could take legal action for a breach of confidence if it were disclosed.
Yes, because the discussion relates to policy development not yet formalised by the [ICB/ICBs]. Completion guidance – to be used where making the discussion public would hamper full and frank discussion and therefore adequate consideration and development of

Is this paper confidential?

the proposal. This is intended for matters that are considered at a meeting early in the process to obtain initial thoughts and to give officers a steer in developing the policy. It would not be appropriate to use this argument where approval is being sought for a policy or initiative as this would be too late to argue that policy development was still ongoing.
Yes, because another public body has produced the paper. Completion guidance – to be used where another public body would not wish the ICB/ICBs to make it publicly available.
Yes, because the paper is in draft form. Completion guidance – to be used when the paper will be publicly available at a future date.

NOTE: No proposal should be prepared without the express knowledge and approval of the relevant Executive Director. No proposal will be accepted for consideration without Executive Director sign off or sign off from a delegated senior manager.

Report Title (as in front sheet)

Section A: Summary of proposal

1. Briefly describe the proposal in no more than 100 words.
2. This section should make it clear what the paper is proposing.

Section B: Strategic Context

3. Briefly describe the rationale for the recommendation proposed considering the following as applicable:

    a) How does the service align with the ICB's Five Year Commissioning Plan and the Population Health Strategy (including planned shifts of services/ activity to community/self-care/management)?

    b) Is the ICB mandated to commission the service?

    c) Is it aligned with national policy and/or a national 'must do'?

    d) Is it subject to National Institute for Health and Care Excellence (NICE) technology appraisal guidance (TAG)?

    e) How does the service fit with the delivery of current national targets for the ICB?

Section C: Current Service

Service description

4. Briefly describe the current service including:
    a) Short description of the service provided and its key aims.

    b) Geographical footprint / ICB population covered/ intended commissioning scale e.g. Neighbourhood, Multi-Neighbourhood, Place, ICB or Cluster.

    c) Where appropriate be clear where there are differences across the ICB due to historical commissioning arrangements.

    d) Summary of relevant data, trends, or stakeholder feedback.

    e) The issue or opportunity prompting the proposal e.g. contract end date, performance issues, gaps in provision, strategic / policy direction.

Contractual and financial information

5. Details of the current provider(s), contract length and financial value.

Section D: Proposed Service

Service description

6. Briefly describe the proposed change including:
    a) The transformation/change to be undertaken. Be clear on what is in scope / out of scope of the proposal.

    b) The future model of provision based on the proposed change.

c) The planned outcomes the change is expected to achieve e.g. outcomes, financial efficiency, alignment with strategic priorities. These should align with the ICB Outcomes Framework.

d) If a committee has previously endorsed recommendations relating to the proposed service change, state what the committee agreed and the date this was agreed. Provide a brief update on whether those recommendations have been enacted. If not, provide the rationale.

Contractual and financial information

a) Details of the proposed provider(s) if known, contract length and financial value.

b) Complete the table below setting out clearly the following:

   a. Any Investment requirements, indicating whether it is recurrent/non-recurrent.
   b. How any required investment will be spent and the associated benefits that will derive.
   c. Any savings/dis-investment benefits that will be derived as part of the proposal, stating clearly the key delivery actions which need to occur.

Does the proposal require additional funding?			
Is the funding requirement recurrent?			
Please describe how the Investment will be spent and the associated benefits?			
Set out the Investment requirements over the next 3 years	**2026/27 £k**	**2027/28 £k**	**2028/29 £k**
Does the proposal deliver savings/dis-investment?			
Please describe the actions to be taken to release savings/enable dis-investment?			
Set out the savings/dis-investment profile over the next 3 years	**2026/27 £k**	**2027/28 £k**	**2028/29 £k**

c) Confirm if the proposal delivers a cash-releasing saving and where this will come from and whether this has been agreed with the provider(s).

d) Confirm if the proposal requires capital funding and whether this has been agreed.

Monitoring of impact

a) How will you evaluate the impact of the proposal in relation to population outcomes, performance, and financial impact? Outline the **key** metrics that will be used to assess the impact.
b) How will you identify and ensure that the provider has the digital and technical capability and processes to submit required data sets to enable effective monitoring of metrics required? or something along those lines

Section E: Statutory Duties

Equalities and Health Inequalities

7. Include a **short** summary of the EQIA including:
    a. Description of the population impacted by the proposal.
    b. The impact on health inequalities with respect to access to health services and outcomes achieved.
    c. Details of any worsening of impact as a result of the proposal.

Patient and Citizen Involvement

Note: The ICB has two duties – a general duty to involve where changes are being proposed and a specific duty to consult if 'substantial' variation is proposed.

Involvement should be undertaken where changes are being considered for:

(i) the manner in which the services are delivered to the individuals (at the point when the service is received by them), or

(ii) the range of health services available to them.

8. Provide details of any involvement activities undertaken and a summary of the outcome. You may wish to make use of the system Insights Hub, annual reports to the Integrated Care Partnership and other existing material.
9. If involvement has not been undertaken, please provide a brief rationale.
10. Have you considered whether the proposal meets the requirements for public consultation i.e. substantial development or variation? If so, have you considered the time required for this in your plan, including when a financial benefit may be realised? For example, have you taken advice on the need to work with Health Scrutiny Committees as part of this process and if so, what are the intentions in this respect?
11. Temporary changes or 'pilot' services are still subject to these legal duties and should be underpinned by engagement. Temporary changes due to **urgent** estates or staffing issues which occur rapidly and unavoidably reduce the quality of care can be made without triggering the legal duties to secure the provision of services and ensure patient safety but must be reinstated as soon as possible. Any temporary changes to services cannot be made permanent without involvement and engagement.

Section F: System Engagement

12. Provide details of any engagement with system partners in the development of this proposal e.g. existing providers, potential providers, local authorities, voluntary and community sector, Place Based Partnerships, Primary Care Networks.
13. Is the current provider(s) aware of the potential for change?

Section G: Risks and mitigations

14. Provide a summary of any significant risks and planned mitigations.
15. Consider risks identified in the EQIA (refer to relevant section in this report). This includes any risk to impact on specific population groups or people with protected characteristics.
16. Consider any constraints, dependencies and /or assumptions relating to the proposal and provide a summary of key risks including:
    a. Impact on provider(s) e.g. resilience / sustainability of provider; shift in activity; ability to enact change.
    b. Impact on partnership relationships i.e. impact on relationship with provider(s), local authorities.
    c. Impact on delivery of financial efficiency programme.

    Use the decision support tool to indicate the anticipated response from stakeholders to this proposal.
17. Consider any risks the recommendation presents in relation to interdependencies with other commissioned services.
18. Consider any significant risks to delivery of the recommendation in the timeframe proposed.

Section H: Provider Selection Regime Process

- For all PSR decisions - Provide rationale as to the process chosen under PSR. (PSR getting to the right decision process map - NHS England » Provider Selection Regime: getting to the right decision)
- *For Direct Award Process B:*
    - *Provide the date of the Patient Choice Accreditation Panel and its outcome.*
    - *Summarise the way in which the key criteria and the basic selection criteria (appendix 1) were assessed when making this decision.*
    - *Summarise that consideration has been given to the relative importance of the key criteria.*
    - *Append the accreditation spreadsheet completed by the provider.*
- *For Direct Award Process C or MSP:*
    - *Complete Appendix 1 and attach to Commissioning Review Form.*
    - *Summarise the way in which the key criteria and the basic selection criteria were assessed when making this decision.*
    - *Summarise that consideration has been given to the relative importance of the key criteria.*

- *For a Competitive Process:*
    - *Ensure the key criteria (as well as the relative importance given to the key criteria) and the basic selection criteria are built into the assessment process.*

Further Information can is available to download at (this includes a guide, process map, an example of a service and provider assessment (For Direct Award Process C and MSP) and the type of information that will be recorded:

Direct Award Process A Guide - PRN00853-Provider-Selection-Regime-direct-award-process-A-end-to-end-process-map-October-2023.xlsx (live.com)

Direct Award Process B Guide - PRN00853-Provider-Selection-Regime-direct-award-process-B-end-to-end-process-map-October-2023.xlsx (live.com)

Direct Award Process C Guide - PRN00853-Provider-Selection-Regime-direct-award-process-C-end-to-end-process-map-October-2023.xlsx (live.com)

Most Suitable Provider Guide - PRN00853-Provider-Selection-Regime-most-suitable-provider-process-end-to-end-process-map-October-2023.xlsx (live.com)

Contract Modifications - PRN00853-Provider-Selection-Regime-contract-modifications-end-to-end-process-map-October-2023.xlsx (live.com)

Urgent Decisions - PRN00853-Provider-Selection-Regime-urgent-awards-and-urgent-contract-modifications-end-to-end-process-map-Octo.xlsx (live.com)

This section MUST be completed with the support of the ICB procurement lead. There is a weekly Drop-in Session on Mondays 10.30 to 11.30 to discuss PSR process. Please contact nnicb-nn.psrsupport@nhs.net if you do not already have the MS Teams invite.

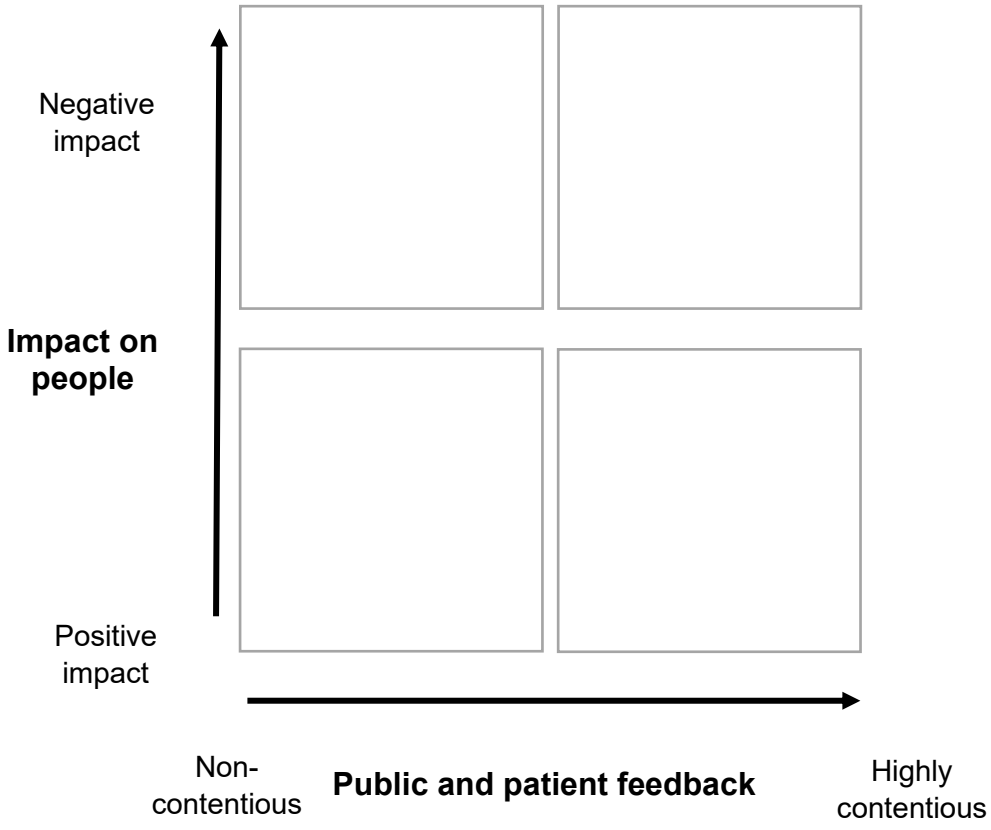
Section I: Decision Support Framework

The Framework provides a summary of the key factors that need to be considered when making a decision about an investment / disinvestment.

Consider the domains described in the Key below.

1. Determine the overall annual value of the (a) investment or (b) savings for the proposals. Select the circle size representing the financial value.
2. Consider the potential impact on partner relationships e.g. providers, local authorities, voluntary and community sector organisations. Select the colour of the circle based on your view of the impact the proposal will have on relationships.
3. Right click on the circle matching your assessment of the two domains. Click copy. Move the cursor to a blank line on the document. Right click, select paste.
4. Consider the impact on people who live in Derby City, Derbyshire, Lincolnshire, Nottingham City, and Nottinghamshire. This includes alignment with strategies and plans, and the impact on quality and outcomes.

5. Consider the potential or actual patient and public feedback on the proposed change.
6. Move the coloured circle to the position on the grid that reflects your assessment of impact on people and public and patient feedback.



Key:

Domain	Description	Ratings Definition	
Impact on People	Consideration of alignment with the Integrated Care Strategy, Joint Forward Plan and Joint Health and Wellbeing Strategies. Consideration of quality and likely impact on health equity and reducing health inequalities.	Positive	High level of compatibility / positive impact
		Negative	Low level of compatibility / negative impact
Public and patient feedback	Anticipated, perceived or actual feedback received	Non-contentious	Not expected to have negative feedback
		Highly contentious	Expected to have negative feedback

		Impact on partner relationships		
		Low Minimal impact	Medium Impact in one domain, or for one partner.	High Negative impact on partner(s) in multiple ways
Opportunity for delivery of system financial value Anticipated annual savings	Low value £<100k p.a.			
	Medium value £101k to £500k p.a.			
	High value >£500k p.a.			

Record of Oversight			
Date of review	**Reviewer**	**Outcome of review**	**Comments**
XX/XX/XXXX *Date approved by panel*	EQIA panel	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	Medicines Optimisation (where there is a medicine/pharmacy element to the service)	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	Procurement Advice (insert name and job title) – if required	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	Contract Advice Sought (insert name and job title) – if required	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	Finance team (insert name and job title) – if required	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	Clinical Design Authority (or other clinical advice) – if required	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	System Analytics Intelligence Unit (SAIU) – if required	Approved Change requested Rejected	
XX/XX/XXXX	System Capital Requirements - Directors of Finance Group – if required	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	System wide Digital Transformation Team	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	Executive Director or delegated senior manager sponsoring paper (insert name and job title) – must review	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes requested
XX/XX/XXXX	Commissioning Review Group – must review	Agreed sufficient information to inform decision Change requested Rejected	Include brief summary of reasons for outcome including changes requested
Onward approval			
XX/XX/XXXX	Joint Commissioning Executive Group	Approved Change requested Rejected	Include brief summary of reasons for outcome including changes and actions requested