

Terms of Reference

Primary Care Commissioning Committee

1 Introduction

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in schedule 2 to these terms of reference to NHS North East Lincolnshire CCG. The delegation is set out in Schedule 1.
- 1.2 NHS North East Lincolnshire CCG (the CCG) has established this primary care commissioning committee (the committee). The committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
- 1.3 It is a committee comprising representatives of the following organisations:
- NHS North East Lincolnshire CCG
 - NHS England
 - North East Lincolnshire Council

2. Statutory Framework

- 2.1 NHS England has delegated to the CCG authority to exercise the primary medical care commissioning functions set out in schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

- 2.3 Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
- a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical care services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
- 2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act.
- 2.5 The committee is established as a committee of the governing body in accordance with schedule 1A of the “NHS Act”.
- 2.6 The members acknowledge that the committee is subject to any directions made by NHS England or by the secretary of state.

3 Role of the Committee

- 3.1 The committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary medical care services in North East Lincolnshire, under delegated authority from NHS England.

- 3.2 In performing its role the committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS North East Lincolnshire CCG, which will sit alongside the delegation and terms of reference.
- 3.3 The functions of the committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
- 3.4 The role of the committee shall be to carry out the functions relating to the commissioning of primary medical care services under section 83 of the NHS Act.
- 3.5 This includes the following:-
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services ('local enhanced services' and 'directed enhanced services');
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
 - Decision making on whether to establish new GP practices in an area;
 - Approving practice mergers; and
 - Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).
- 3.6 The CCG will also carry out the following activities (Examples below)
- a) To plan, including needs assessment, primary medical care services in North East Lincolnshire;
 - b) To undertake reviews of primary medical care services in North East Lincolnshire;
 - c) To co-ordinate a common approach to the commissioning of primary care services generally;
 - d) To manage the budget for commissioning of primary medical care services in North East Lincolnshire

4. Geographical coverage

The Committee will comprise North East Lincolnshire CCG and NHS England Yorkshire and Humber sub-region. Its membership shall include North East Lincolnshire Council. It will undertake the function of commissioning primary medical services for the population of North East Lincolnshire.

5. Membership

5.1 The Committee shall consist of:

- i. Two Lay members from NEL CCG governing body
Chair of Governing Body (Committee Chair)
Lead on patient & public involvement (Vice Chair)
- ii. NELC member (or chair) of the Health and Wellbeing board
- iii. NELC Director of Public Health who shall also be a Health and Wellbeing board representative
- iv. GP chair of the Council of Members in NEL CCG
- v. GP vice chair of the Council of Members in NEL CCG
- vi. NEL CCG Chief Finance Officer

This membership will meet the requirements of North East Lincolnshire CCG's constitution.

5.2 The Chair of the Committee shall be the ~~Lay member of the~~ Chair of CCG governing body.

5.3 The Vice Chair of the Committee shall be lead on patient & public involvement

5.4 Non-voting attendees shall include (but not be limited to) a standing invitation to a representative from NHS England and a HealthWatch representative. If no other members are a Local Authority representative from the local Health and Wellbeing Board, such a representative will be invited to attend in a non-voting capacity. The LMC shall be invited to attend all meetings, but may be excluded from parts (or all) of the agenda at the discretion of the meeting Chair, whenever that is deemed to be in the interests of managing potential conflicts of interest. Other attendees shall be invited as determined by the Chair.

6. Meetings and Voting

- 6.1 The committee will operate in accordance with the CCG's standing orders. The administrator to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the chair of the committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
- 6.2 Voting - Each member of the committee shall have one vote. The committee shall reach decisions by a simple majority of members present, but with the chair having a second and deciding vote, if necessary. However, the aim of the committee will be to achieve consensus decision-making wherever possible.
- 6.3 Each member will have an "approved deputy" who shall be eligible to vote in the absence of the member. Each Deputy must have completed a CCG declaration of interest

7 Quorum

- 7.1 Quoracy shall be four voting members. GP votes must be in the minority to avoid conflicts of interest. In the absence of both the chair and vice chair, those present shall nominate a chair for the meeting; as the chair would hold a casting vote, the chair cannot be a GP.

8 Frequency of Meetings

- 8.1 The Committee shall meet not less than bi-monthly as a minimum and will take action where required in between meetings on a virtual meeting basis. Any such decisions will be recorded and taken to the following formal meeting for information.

8.2. Meetings of the Committee:

- a. To be held in public, subject to the application 23(b). Publication of meetings shall be via the NEL CCG internet.
 - b. The committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time..
- 8.3 Members of the Committee shall have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 8.4 The committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest
- 8.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 8.6 Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.
- 8.7 The committee will present its confirmed minutes to NHS England – Yorkshire and the Humber and the Governing Body of the CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 8.4 above

- 8.8 The CCG will also comply with any reporting requirements set out in its constitution
- 8.9 Secretariat support shall be provided by North East Lincolnshire CCG
- 8.10 The secretariat to the Joint Committee will:-
- a) Circulate to all members the draft minutes and summary of actions from the meetings within 14 working days.
 - b) Individual members shall be responsible for ensuring the minutes are presented within their relevant organisations as appropriate.

9. Sub-committees and sub-groups

- 9.1 There are no regular sub-committees or sub-groups of the Committee; however, these can be constituted as and when needed, in line with NHS England conflict of interest guidance. The GP Provider Development Group is not a formal sub-committee; its purpose is to provide an interface between the various commissioners of general practice and the individual practices. Ensuring that proposals for service/contract change including quality, consistency and general development are discussed and tested prior to formal decision and implementation.

10. Standards of Business Conduct/Conflict of Interest

- 10.1 All Committee Members must adhere to the CCG's Constitution and Standards of Business Conduct / Conflicts of Interest policies, together with NHS England statutory guidance on managing conflicts of interest.
- 10.2 Where a member of the committee believes that he /she has a conflict of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting, wherever possible, and always in advance of the agenda item being discussed. It will be responsibility of the Chair of Committee to decide how to manage the conflict and the appropriate course of action.

- 10.3 To further strengthen scrutiny and transparency of CCG's decision-making processes the CCG has an appointed Conflict of Interest Guardian. This role is undertaken by the CCG's Integrated Governance & Audit Chair.
- 10.4 Any interests declared at a meeting must be included on the CCG's Declaration of interest Register. Where this is not already the case, the individual with the conflict must ensure that the item is added to their declaration as soon as is practicable following the meeting.

11. Review of Terms of Reference

- 11.1 These terms of reference will be formally reviewed from time to time, and at least annually, reflecting experience of the Committee in fulfilling its functions and the wider experience of NHS England, Councils and CCGs in primary medical services.
- 11.2 Amendments shall be subject to mutual agreement

12. Accountability of the committee

- 12.1 The committee is accountable to the governing body and subject to the CCG's scheme of reservation and delegation.
- 12.2 For the avoidance of doubt, in the event of any conflict between the terms of this scheme of delegation and terms of reference and the standing orders or standing financial instructions of any of the members, the latter will prevail.

13. Procurement of agreed services

- 13.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement will be set out in the delegation agreement.

14. Decisions

- 14.1 The committee will make decisions within the bounds of its remit.
- 14.2 The decisions of the committee shall be binding on NHS England North East Lincolnshire Council and NHS North East Lincolnshire CCG.
- 14.3 Decisions shall be published by NHS England, NELC and NEL CCG, for example through placing summary of actions or minutes on their organisations internet site.
- 14.4 The secretariat will produce a summary of agreed actions and ensure that they are presented to the partnership board of North East Lincolnshire CCG after each meeting, for information. The NHS England and Council officer members of the committee shall similarly ensure that they are presented to their respective organisations as and when appropriate, for information.

Signatures

NEL Clinical Commissioning Group

NEL Council

Yorkshire and Humber sub-region of NHS England

Date approved by committee: 30 January 2018

Date ratified by Governing Body 8 March 2018