

Primary Care Commissioning Committee Terms of Reference

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Primary Care Commissioning Committee Terms of Reference

These Terms of Reference describe the role, responsibilities and working arrangements of the Primary Care Commissioning Committee and are for the guidance of the Committee. They are also for the information of CCG Members and the organisation.

It is acknowledged that this and other Committees are working within the context of an evolving Lancashire and South Cumbria Integrated Care System, Fylde Coast Integrated Care Partnership and Primary Care Network arrangements.

1.0 Constitution and Purpose

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated to the CCG the authority to exercise certain specified Primary Care commissioning functions set out in the Delegation Agreement (this is held by the Secretary to the Governing Body).
- 1.2 This Committee has been formally constituted by Blackpool CCG to meet those delegated functions within its formal and statutory requirements and in accordance with its Constitution. This Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of its delegated powers in respect of these services. It will report to the Blackpool CCG Governing Body.
- 1.3 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's Constitution.
- 1.4 Any changes to these Terms of Reference must be agreed with NHS England following recommendation by the CCG's Governing Body.

2.0 Responsibility and Objectives

- 2.1 NHS England has delegated to the CCG authority to exercise the Primary Care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act 2006 (as amended). 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 2006 (as amended) which include:
 - Management of conflicts of interest (section 14O);
 - Duty to promote the NHS Constitution (section 14P);
 - Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - Duty as to improvement in quality of services (section 14R);
 - Duty in relation to quality of Primary Medical Services (section 14S);
 - Duties as to reducing inequalities (section 14T);
 - Duty to promote the involvement of each patient (section 14U);
 - Duty as to patient choice (section 14V);
 - Duty as to promoting integration (section 14Z1);
 - Public involvement and consultation (section 14Z2).
- 2.2 The CCG will also need, in respect of the delegated functions from NHS England, to specifically exercise those set out below:
 - Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).

- 2.3 The Members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.
- 2.4 The Committee is required to follow the Procurement, Patient Choices and Competition (no2) Regulations 2013 during the procurement of Primary Care Services in Blackpool CCG under delegated authority from NHS England.
- 2.5 The Committee is established as a Committee of the Governing Body of the CCG in accordance with Schedule 1A of the NHS Act (2006 (as amended)). The purpose of the Committee is to enable Members to make collective decisions on the review, planning and procurement of Primary Care Services in Blackpool CCG under delegated authority from NHS England. The Committee will:
- Provide a forum, with delegated decision-making powers, for approval of commissioning intentions where the recommended providers are GP practices or other providers of primary care services.
 - Provide assurance to the Governing Body, Audit Committee, NHS England and the general public that the CCG has the necessary governance arrangements in place to manage conflict of interest in regard to the procurement of services provided by GP practices or other providers of primary care services.
 - Facilitate a culture of openness and probity around the local commissioning of GP services and other primary care services.
 - Demonstrate that the CCG and member practices and other providers of primary care services are acting fairly and transparently and that final commissioning decisions are made in ways that preserve the integrity of the decision-making process.
 - Agree a strategy in relation to the CCG's assistance to NHS England in determining the commissioning of dental, eye health, community pharmacy and Public Health services.
- 2.6 In line with the Nolan Principles (see Appendix A), the Committee will act in accordance, to represent the interest of the public, with values and standards of conduct, complying with Business Conduct guidance and standards and with the Conflicts of Interest Policy.

3.0 Business of the Committee

- 3.1 The Committee has been established in accordance with the above statutory provisions to enable the Members to make decisions on the review, planning and procurement of primary care services in Blackpool, under delegated authority to the CCG from NHS England.
- 3.2 Relatedly the Committee will maintain an oversight of the development of the following:
- Integration of Primary and Community Care
 - Primary Care Networks and Neighbourhoods
- 3.3 The functions of the Committee are undertaken in the context of a desire to promote local CCG involvement in co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers. The role of the Committee shall be to carry out the functions relating to the commissioning of Primary Medical Services under section 83 of the NHS Act 2006 (as amended). 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).
- Determining and agreeing opening and closure periods as requested by Contractors.

3.4 To fulfil its functions, the Committee will be kept informed about the following activities which are led by other Committees of the Governing Body:

- Primary care quality which is led by the Quality Improvement and Engagement Committee

3.5 The Primary Care Commissioning Committee still maintains the responsibility for the provision of information and advice to the other Committees of the CCG sufficient that they can satisfactorily discharge their functions:

- Planning, including needs assessment, primary care services in Blackpool
- Undertaking reviews of primary care services in Blackpool
- Co-ordinating a common approach to the commissioning of primary care services generally
- Overseeing and assuring the budget requirements for commissioning primary care in Blackpool. It will also receive appropriate financial reports for review to support this scrutiny and assurance requirement
- Developing, implementing and reviewing the CCG's Primary and Community Care and Wellbeing Strategy
- Developing, implementing and reviewing the Primary and Community Care and Wellbeing Estates Strategy

3.6 Note that as part of 'Good Governance', the Conflicts of Interest and Gifts and Hospitality Registers will be reviewed annually, or when Governing Body/Committee Members circumstances change. All Members of the Primary Care Commissioning Committee are required to declare any receipts of 'Hospitality or Gifts' whilst acting in their Committee role. These should be formally declared and reported.

3.7 The work of the Committee will be evidenced through the Committee's use of an effective assurance framework to guide its work and that of the audit and assurance functions that report to it.

4.0 Authority of the Committee

4.1 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered between NHS England and the CCG, which will sit alongside the Delegation and Terms of Reference.

4.2 The Committee is accountable for making decisions on the review, planning and procurement of Primary Care and its related Services in Blackpool CCG, under delegated authority to the CCG from NHS England as detailed in the Scheme of Delegation and Reservation of the CCG's Constitution.

4.3 This Committee is authorised to make decisions within its powers of delegated authority from the Governing Body and as set out in the CCG's Scheme of Delegation.

4.4 The Primary Care Commissioning Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with

any request made by the Primary Care Commissioning Committee. The Committee may also request specific reports from individual functions within the CCG that may be appropriate to meet those arrangements.

- 4.5 The Primary Care Commissioning Committee may on occasion and as required, seek independent advice regarding any such related matters. The Committee is authorised by the Governing Body to request the attendance of individuals and Authorities from outside the organisation with relevant experience and expertise if it considers this necessary or expedient to the carrying out of its functions.
- 4.6 The Primary Care Commissioning Committee shall establish and approve the Terms of Reference of any required Sub-Groups, or Task and Finish Groups, it believes are necessary to fulfil its own Terms of Reference.

5.0 Membership/Chair

- 5.1 The Committee shall be appointed by the CCG as set out in the CCG's Constitution and may include individuals who are not on the Governing Body.
- 5.2 The Chairman of the Committee shall be a Lay Member of the Governing Body of the CCG, appointed by the Lay and Executive Members of the Committee (excluding the Audit Committee Chair).
- 5.3 The Vice-Chairman of the Committee shall be a Lay Member of the Governing Body of the CCG, appointed by the Lay and Executive Members of the Committee (excluding the Audit Committee Chair).
- 5.4 In the event of the Chair of the Committee being unable to attend all or part of the meeting, the Vice Chair will deputise for that meeting.
- 5.5 The core membership of the Committee is:
- CCG Lay Chairman – Chairman of this Committee
 - CCG Lay Member (acting as Vice Chairman of this Committee excluding the Audit Committee Chair)
 - Other CCG Lay Members
 - Secondary Care Doctor (and proxy Lay Member)
 - Chief Operating Officer with responsibility for Primary and Community Care
 - Chief Finance Officer
 - Director of Nursing and Quality
 - CCG Clinical Director
- 5.6 The eligibility, tenure, appointment and reappointment, qualification and disqualification of Members of the Committee is detailed within the CCG's Constitution.
- 5.7 There is provision for Deputies to represent voting Members at meetings of this Committee.
- 5.8 Each Member of the Committee shall have one vote. The Committee shall reach decisions by 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.
- 5.9 Membership of the Primary Care Commissioning Committee shall be reviewed regularly to adjust for any changes as required regarding its purpose, duties and responsibilities. The composition of the Primary Care Commissioning Committee shall be reported in the CCG's Annual Report.

6.0 Attendance

6.1 The following non-voting Officers and Representatives will attend meetings of the Committee:

- Representative from NHS England

The following non-voting Officers and Representatives can attend meetings of the Committee:

- Healthwatch Representative
- Local Authority Representative from the Health and Wellbeing Board
- Representative from the Lancashire Coastal Local Medical Committee
- Director of Public Health
- Other CCG officers as required
- Patient Participation Group Representative

6.2 The Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to enable it to deal with matters before the Committee.

6.3 The Committee will operate in accordance with the CCG's Standing Orders. The Secretary 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 at least 3 working days before the date of the meeting.

6.4 Urgent decisions will be at the discretion of the Chairman of the Committee (tabled papers, or verbal items). Any urgent actions taken directly by the Chairman will follow and comply with the CCG's Standing Financial Instructions and approved Scheme of Delegation.

6.5 When the Chairman of the Committee deems it necessary to call a meeting at short notice to consider appropriate urgent matters and actions, the notice period shall be reasonable to convene such a meeting and to allow quoracy requirements to be met.

6.6 The appointed Secretary to the Committee will provide secretarial support to the Committee and will be responsible for supporting the Chairman in the management of the Committee's business and for drawing the Committee's attention to best practice, national guidance and other relevant documents, as appropriate. The Secretary will ensure that:

- Minutes are taken, and once agreed by the Chair, distribution of the minutes to the Members. This will normally be within 10 working days.
- Conflicts of Interest are recorded along with the arrangements for managing those conflicts and or interests. The Committee Secretary will take the detailed information to be complied with to each meeting for reference of Members as required.
- A record of matters arising is produced with issues to be carried forward.
- An Action List is produced following each meeting and that any outstanding action is carried forward on the Action List until complete.
- The timescales for the agenda to be prepared, agreed with the Chair and distributed to Members of the Committee for a meeting is to be as follows:
 - Identify agenda items to the Secretary 15 working days before the meeting.
 - Agenda to be agreed by the Chair and notified to relevant staff by the Secretary 13 working days before the meeting.
 - Agreed papers to be submitted to the Secretary no later than 10 working days before the meeting.
 - Agenda and papers to be reviewed by the Chair and Secretary no later than 7 working days before the meeting.

- Final agenda and papers to be sent to Members no later than 5 working days before the meeting. Papers tabled at the meeting will be at the discretion of the Chair.
- The Committee's Annual Programme of work is up to date.
- The papers of the Committee are filed in accordance with the CCG's Policies and Procedures.

6.7 Members and attendees of the Committee have a responsibility to:

- Attend the meetings, having read the papers beforehand.
- Act as "champions", disseminating information and good practice as appropriate.

7.0 Conflicts of Interest

7.1 Where a member of the Committee has a conflict of interest, this must be brought to the Chair's attention before, if possible, or at the start of, or during, the meeting. The conflict should also be recorded in the minutes of the meeting. The Chair will be required to decide upon their contribution and involvement in the meeting. The CCG's Managing Conflicts of Interest Policy should always be complied with and can be obtained from the Governing Body Secretary.

8.0 Quorum/Voting

8.1 The quorum for this Committee is for 3 Members to be present. At least one must be a Lay Member and one being an Executive.

9.0 Support

9.1 The Primary Care Commissioning Committee will be required to effectively monitor and progress any required actions. The Committee shall be supported administratively by the Committee's appointed Secretary. This will involve acting confidentially where the Committee's work and actions determine that requirement.

10.0 Frequency of Meetings

10.1 The Committee shall meet on a minimum of 3 times a year and at other times when necessary, the Chair will call the meetings as required. A schedule of meetings will be circulated to all Members on an annual basis.

10.2 Meetings of the Committee shall:

- be held in public, subject to the application of 20(b) and section 3.15 of the CCG's Constitution.
- 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.

10.3 Members of the Committee 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.

- 10.4 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 CCG Constitution's Scheme of Reservation and Delegation and reflect arrangements for the management of conflicts of interest.
- 10.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 10.6 Members of the Committee shall respect confidentiality requirements.
- 10.7 The Committee will present its minutes to NHS England and the CCG's Governing Body for information, including the minutes of any Sub-Committees to which responsibilities are delegated. The CCG will comply with any reporting requirements set out in its Constitution.

11.0 Reporting

- 11.1 The Primary Care Commissioning Committee shall have the following general reporting requirements:
- To ensure that the minutes of the Primary Care Commissioning Committee meetings are formally recorded and submitted to the Governing Body.
 - To ensure that extracts from the minutes are made public as appropriate, but fully respecting any confidentiality requirements.
 - To ensure that conflicts and or interests are managed in accordance with the CCG's Policies and Procedures.
 - The Committee Chair shall report formally to the CCG Governing Body on its proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented confidentially, as appropriate, to the Governing Body.
 - The Committee shall make recommendations to the Governing Body on any area within its remit, where action or improvement is needed.
 - To bring to the attention of the Governing Body in a separate report, any items of specific concern, or disclosure, which require the Governing Body's approval to act. This will include details of any evidence of potentially ultra vires, otherwise unlawful or improper transactions, acts, omissions, or practices or any other important matters.
 - To provide exception reports to the Governing Body, highlighting any other key developments/achievements, or potential risks/issues.

12.0 Review of Terms of Reference

- 12.1 The Terms of Reference for the Committee will be reviewed at least annually or earlier if required. Any amendments will require the approval of NHS England and approval via the CCG's established governance arrangements in accordance with its Scheme of Reservation and Delegation.

Appendix A – The Nolan Principles

The ‘Seven Principles of Public Life’
<p>The ‘Seven Principles of Public Life’ (also known as the ‘Nolan Principles’) were defined by the Committee for Standards in Public Life and are:</p>
<p>1. Selflessness</p> <p>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.</p>
<p>2. Integrity</p> <p>Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisation’s that might seek to influence them in the performance of their official duties.</p>
<p>3. Objectivity</p> <p>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.</p>
<p>4. Accountability</p> <p>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.</p>
<p>5. Openness</p> <p>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 it.</p>
<p>6. Honesty</p> <p>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.</p>
<p>7. Leadership</p> <p>Holders of public office should promote and support these principles by leadership and example.</p>
<p>Further information can be obtained via <i>The Committee on Standards in Public Life</i> website which can be accessed using the following link:</p> <p>https://www.gov.uk/government/organisations/the-committee-on-standards-in-public-life</p>