

PRIMARY CARE COMMISSIONING COMMITTEE **Terms of Reference**

Effective from 1 April 2020

Introduction and Statutory Framework

- 1.1 In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England (NHSE) has delegated the exercise of the functions specified in these Terms of Reference to NHS County Durham CCG. The delegation is set out in Schedule 1
- 1.2 The CCG has established the NHS County Durham CCG Primary Care Commissioning Committee (“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 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 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).
- 1.4 The CCG will also exercise the delegated functions from NHS England, in accordance with :
- Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).

- 1.5 The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

2. Constitution

The Primary Care Commissioning Committee (the Committee) is established in accordance with the NHS County Durham CCG constitution. The Committee is established as a Committee of the Governing Body. 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 constitution.

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 care services in County Durham 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 County Durham 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 continue 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 services under section 83 of the NHS Act.

This includes the following:

- Newly designed enhanced services
- Receive and approve newly designed Local Enhanced Services funded entirely from the delegated primary care budget, Where local enhanced services are developed from multiple funding sources, to approve the relevant funding contribution from delegated primary care budgets towards those services.
- Receive for information newly designed local enhanced services for primary care that are funded and approved by executive committee from CCG core funding or other funding sources.

- Note the introduction of new “Directed Enhanced Services” and the financial impact on the primary care budget;
- Design of local incentive schemes.
- 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).

3.5 The Committee will also carry out the following activities:

- a) Decision making on Practice or branch closure proposals;
- b) planning primary medical care services, including carrying out needs assessments.
- c) To undertake reviews of primary medical care services in County Durham.
- d) To co-ordinate a common approach to the commissioning of primary care services generally;
- e) To manage the budget for commissioning of primary medical care services in County Durham.
- f) Procurement of Agreed Services
 - The CCG will make procurement decisions relevant to the exercise of the Delegated Functions and in accordance with the detailed arrangements regarding procurement set out in the procurement protocol issued and updated by NHS England from time to time.
 - In discharging its responsibilities set out in clause 6 (*Performance of the Delegated Functions*) and paragraph 1 of Schedule 2 (*Delegated Functions*) of the Delegation Agreement, the CCG must comply at all times with procurement law and statutory guidance.
 - Where the CCG wishes to develop and offer a locally designed contract, it should engage the Local Medical Committee in relation to the proposal and demonstrate whether and how the scheme will: improve outcomes, reduce inequalities and provide value for money.

4. Membership and attendees

In line with Statutory Guidance, the Committee must be constituted to have a lay and executive majority, where lay refers to non-clinical.

The Committee shall consist of the following members:

Two Lay Members (not the Lay Member fulfilling the role of Chair of the Audit Committee). The Lay Members will fulfil the roles of Committee Chair and Committee Vice-Chair.

Chief Operating Officer
Chief Finance Officer
Directors of Commissioning Strategy and Delivery x 2
Registered Nurse of the Governing Body
Local Authority Health and Wellbeing Board representative

The following will be invited to attend meetings of the Committee. For the avoidance of doubt, these will be in-attendance and will not be entitled to vote:

Chair of the Governing Body
Medical Director
GP representative
Healthwatch representative
NHSE representative

5. Meetings and Voting

- 5.1 The Committee can by agreement meet 'in common' with the corresponding meeting in other CCGs if agendas have common areas that would benefit from a broader discussion.
- 5.2 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. 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.
- 5.3 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. Quoracy

To be quorate the Committee Chair or Vice Chair, the Chief Finance Officer or Chief Operating Officer and one other non-conflicted member should be present.

7. Frequency and operation of meetings

- 7.1 Meetings will be held bi-monthly as a minimum.
- 7.2 Meetings of the Committee shall:
 - a) Be held in public, subject to the below;

- 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.

- 7.3 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.
- 7.4 The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are 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..
- 7.5 The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
- 7.6 Members of the Committee shall respect confidentiality requirements as set out in the CCG Constitution.

8. Accountability of the Committee

Responsibility of this Committee is outlined within the CCG's Constitution and also within the Scheme of Reservation and Delegation. The CCG's Standing Financial Instructions and Financial Limits outline the budgetary delegation and approval arrangements applicable.

The Committee is established as a committee of the Governing Body of the CCG and is accountable to the governing body and to NHS England. Minutes of the meetings (including any sub-committees) will be made available to the Governing Body and will also be shared with NHS England.

The Committee is responsible for both overseeing the management of primary care delegated budgets and ensuring decisions made do not exceed the primary care delegated budget. In addition to the management of those primary care budgets delegated by NHS England, the Governing Body may delegate the management of additional primary care budgets as deemed appropriate.

The Committee will ensure that patient/public engagement or consultation is considered and undertaken as appropriate to aid decision making.

9. Conflicts of interest

- 9.1. Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but no less than 28 days after a new conflict becomes apparent. If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item.

A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair.

10. Decisions

- 10.1 The Committee will make decisions within the bounds of its remit.
- 10.2 The decisions of the Committee shall be binding on both NHS England and the CCG
- 10.3 The committee will produce an executive summary report on decisions which will be presented to NHS England and the next CCG governing body meeting.

Effective from: 1 April 2020

Review date: annually

A review log for the terms of reference is kept within the CCG's Governance Handbook.

Schedule 1: Primary Care Delegation

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2020-21 Delegation
County Durham .pdf