Delegated Primary Care Commissioning Committee

Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary **medical** care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. 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 North East Hampshire and Farnham CCG. The delegation is set out in Schedule 1.

3. The CCG has established the North East Hampshire and Farnham CCG Delegated Primary Care Commissioning Committee ("Committee").

4. The Committee will function as a ***CCG Committee***, not a Governing Body Committee, with a non-GP majority membership for the full management of the delegated functions and the exercise of the delegated powers. It will also be responsible as a ***Governing Body Committee*** for oversight of the CCG's pre-existing responsibilities for primary care commissioning and development.

5. The Governing Body will be kept informed monthly of the Committee's decisions in respect of the delegated functions by submitting its minutes to it rather than being required to endorse them. For the exercise of its role in respect of the CCG's pre-existing primary care development responsibilities it remains fully accountable to the Governing Body. Its delegated financial limited must be of a sufficient size to enable this by 30th June 2016

6. It is a committee comprising the following representatives

Role	**Name as at April 2016**	**Voting /Non-Voting =V/NV**	**Clinical/Non-Clinical Member = C/NC**
CCG Lay member (Chair)	Mark Hammond	**V**	**NC**
CCG Lay member (Vice Chair)	Peter Cruttenden	**V**	**NC**
CCG Chief Officer	Maggie MacIsaac	**V**	**NC**
CCG Director of Commissioning	Sarah McBride	**V**	**NC**
CCG Chief Finance Officer	Roshan Patel	**V**	**NC**
CCG Director of Nursing and Quality	Emma Holden	**V**	**C**
CCG Lay Secondary Care Expert	Mr Edward Palfrey	**V**	**C**
CCG Medical Director	Dr Peter Bibawy	**V**	**C**
CCG Clinical Director for Primary Care	Dr Steven Clarke	**V**	**C**
Health and Wellbeing Board/Public Health Representative	TBA	**NV**	**C/NC dependant on background of nominee**
Chair of CCG Practice Council	Dr David Brown	**NV**	**C**
Chief Executive, Wessex LMCs	Dr Nigel Watson	**NV**	**C**
HealthWatch Representative	TBA	**NV**	**NC**

7. The Chair and Vice Chair, as with all members, will be appointed by the CCG's Governing Body.

8. The CCG Medical Director and Primary Care Clinical Director are Governing Body GP members. Their membership of the Committee is likely to give rise to frequent conflicts of interest. The Committee is constituted to have a non-clinical voting majority for this reason, including the quorum requirements. Where conflicts of interests, perceived or actual, occur, the CCG's Conflict of Interest policy must be followed in the usual way – see 10. below.

9. The two Governing Body GPs appointed to sit on this Committee will come from different practices to ensure that no one GP practice could be perceived to hold undue influence. They are both appointed ex-officio as Medical Director and Clinical Director for Primary Care respectively. The Governing Body GPs are also present on the committee to ensure that that the process of clinical engagement is appropriate from a Governing Body perspective.

10. The Committee will abide by the CCG's Standards of Business Conduct and Conflicts of Interest Policy and shall:

    - require members to declare any perceived or real interests at the start of the meeting
    - record any such conflicts and ensure that these are present in the minutes to be shared with the Governing Body

Statutory Framework

11. 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.

12. Arrangements made under section 13Z are covered by the Wessex Single Operating Model currently being developed jointly by the NHE England Wessex Area Team and the Wessex Clinical Commissioning Groups. Business Continuity is assured in the first instance from 1st April 2016 through:-

    - transfer of the process of contractual payments to GP practices from NHS England to the CCG under an agreed protocol

    - first point of contact for contractual issues transferring from NHS England to the CCG

13. 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).

14. 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

15. The Committee is established as a ***committee of the CCG*** for its delegated functions and as a ***committee of the Governing Body*** for its functions relating to the CCG's pre-existing primary care development functions in accordance with Schedule 1A of the NHS Act.

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

Role of the Committee

17. 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 North East Hampshire and Farnham, under delegated authority from NHS England. It will also be responsible for oversight of the CCG's pre-existing responsibilities for primary care commissioning and development.

18. In performing its role the Committee will exercise its management of the functions in accordance with the agreement and associated Single Operating Model entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.

19. The functions of the Committee are undertaken in the context of a desire to promote a single approach to local commissioning to increase quality, efficiency, integration, productivity and value for money and to remove administrative barriers.

20. 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, together with the CCG's pre-existing primary care development functions.

21. 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. parental leave and sickness cover).

This list is not exhaustive with full details to be found in schedule 1. of the Delegation itself.

22. The Committee will also carry out the activities listed below. It will be supported through the establishment of a **Primary Care Operational Programme Group** which will produce an annual agenda planner and work plan for the Committee's approval. The Committee will delegate certain aspects of decision making to the Primary Care Operational Programme Group upon agreement of a decision making matrix.

a) Oversee the development of the Primary Care Strategy, ensuring it can deliver the local Vanguard New Model of Care and recommend its adoption to the Governing Body.

b) Develop and monitor an implementation plan for the successful delivery of the Primary Care strategy, including:

i. quality
ii. access
iii. integration of primary medical care with other community based services
iv. better alignment of acute services to support teamwork with primary care
v. financial sustainability and value for money
vi. workforce
vii. estates
viii. new technology
ix. integrated commissioning and contracting arrangements
x. provider market development and associated governance arrangements
xi. effective clinical, patient and public engagement arrangements

c) To co-ordinate one common, integrated approach to the commissioning of primary care services, ensuring coherence across functions delegated from NHS England, the CCG's pre-existing responsibilities for primary care development and public health commissioning of primary care led by Surrey and Hampshire County Councils

d) To manage the CCG's budget for commissioning of primary medical care services

e) Make decisions in line with the agreed decision making matrix and established NHS England operational policy.

Geographical Coverage

23. The Committee will comprise decisions relating to primary care services commissioned in the North East Hampshire and Farnham CCG geography.

Meetings and Voting

24. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary (CCG Governance Manager) to the Committee will be responsible for giving notice of meetings, both to members and to NHS England's Wessex Local Office This will be accompanied by an agenda and supporting papers and sent to each member representative and NHSE Wessex Local Office no later than 5 working 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.

25. Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of voting 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.

Quorum

26. Full attendance is expected at all meetings of the Committee, but the meeting may not proceed in the absence of any of: one of either the Lay Chair or Vice Chair; one GP member; one Executive Director and one of the other clinical members. Voting Alternates may be nominated through advance agreement with the Chair and must be fully briefed and empowered to support effective decision making.

Frequency of meetings

27. Meetings shall be held monthly in the first instance with a review of frequency and terms of reference at least once per annum.

28. Meetings of the Committee shall:

a. be held in public, subject to the application of 23(b);

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.

29. 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.

30. 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.

31. A **Primary Care Operational Programme Group** will be established as in 22 above. Certain functions of the Committee may be delegated to this group upon agreement of a decision making matrix.

32. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

33. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Standing Orders.

34. The Committee will present its minutes to the Director of Commissioning of NHS England's Wessex Local Office and to the CCG's Governing Body of each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 30 above.

35. The CCG will also comply with any reporting requirements set out in its constitution.

Accountability of the Committee

36. The Committee is accountable for:

- the NHS England primary care medical services budget elements delegated to the CCG
- the CCG's existing primary care development budgets, including Local Service Contracts (LSCs)
- such primary care related Vanguard budgets as may be delegated to the Committee from time to time by the CCG Governing Body or Vanguard Board

37. The CCG's Constitution, Scheme of Reservation and Delegation and Standing Financial Instructions shall be amended, initially by June 2016, to ensure that the Committee can fulfil its functions. In the event that decisions need to be made that fall outside the Committee's powers of delegation or budgetary responsibilities, they will be referred to the Governing Body for ratification.

38. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders or Standing Financial Instructions of any of the members, the Delegation will prevail.

39. The Committee is required to follow the legal duties for patient and public engagement set out in the Health and Social Care Act 2012.

Procurement of Agreed Services

40. The Committee must comply with the procurement requirements and legal framework set out in section 3.2 of Schedule 2 of the Delegation.

Decisions

41. The Committee will make decisions within the bounds of its remit.

42. The decisions of the Committee shall be binding on NHS England and the CCG.

43. The Committee will produce an executive summary report which will be presented to the Wessex Area Team of NHS England and the Governing Body of the CCG at least quarterly for information.

[Signature provisions]

Schedule 1 – Delegation attached at Appendix 1