

Nottingham North and East Clinical Commissioning Group

Meeting Title	NHS Nottingham North and East CCG Governing Body	Date: 19 September 2017
Paper Title	Terms of Reference – Primary Care Commissioning Committee	Agenda Item: NNE/GB/17136
Lead Director Report Author	Sharon Pickett – NNE CCG Deputy Chief Officer Fiona Daws – Service Improvement Support Officer	
Purpose (tick one only)	Approval <input type="checkbox"/>	<input checked="" type="checkbox"/> Acknowledge/ Note <input type="checkbox"/>
	Review <input type="checkbox"/>	For Information <input type="checkbox"/>
Executive Summary	At the PCCC meeting on 3 rd August 2017, the TOR for that meeting was reviewed. The Committee agreed <ul style="list-style-type: none"> the TOR with the revision to the review date, reference to Schedule 3 to be deleted and confirmation of MW's role title to be updated post meeting (this has been actioned and "associate" has been removed). 	
If paper is for approval, have the following impact assessments been completed?		
Quality Impact Assessment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Equality Impact Assessment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
		Privacy Impact Assessment Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
Conflicts of Interest - Recommended action to be agreed by the Chair at the beginning of the item.		
<input type="checkbox"/> No conflict identified <input type="checkbox"/> Conflict noted, conflicted party can participate in discussion but not decision <input type="checkbox"/> Conflict noted, conflicted party can remain but not participate <input type="checkbox"/> Conflicted party is excluded from discussion		
Implications: <i>(please tick where relevant)</i>		
Integration	<input type="checkbox"/>	Patient Choice <input type="checkbox"/>
Reducing inequality	<input type="checkbox"/>	Patient & Public Involvement <input type="checkbox"/>
Constitution	<input type="checkbox"/>	Quality of Services <input type="checkbox"/>
Governance	<input type="checkbox"/>	QIPP <input type="checkbox"/>
Innovation	<input type="checkbox"/>	Research <input type="checkbox"/>
Learning and Development	<input type="checkbox"/>	Sustainability <input type="checkbox"/>
Finance checked by:		<i>(initials)</i>
Appendices	Terms of Reference – Primary Care Commissioning Committee	
Report History		
Patient and Public Involvement		
Recommendation	The Governing Body is asked to: APPROVE The PCCC Terms of Reference	

Terms of Reference					
Title:	Primary Care Commissioning Committee				
Date approved: Approving Body:	Due to go to Governing Body 19th September 2017 (Previous approval - September 2016 Governing Body)				
Review date:	At PCCC 3 rd August 2017 (for September 2017)				
Introduction/ Purpose:	<p>NHS England has invited CCGs to expand their role in primary care commissioning. NHS Nottingham North and East CCG (the “CCG”) has agreed with NHS England delegated commissioning arrangements for certain primary care commissioning functions.</p> <p>In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) (“NHS Act”), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to the CCG. The delegation is set out in Schedule 1.</p> <p>The Governing Body of the CCG has resolved to establish a committee to be known as the Primary Care Commissioning Committee in accordance with Schedule 1A of the NHS Act. The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.</p>				
Membership:	<p>The Committee shall consist of:</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left;">Membership</th> <th style="text-align: left;">Nominated Deputy</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> • Lay Member – Primary Care (Chair) • Lay Member - Audit • Lay Member - Patient and Public Involvement • 2 GPs • Deputy Chief Finance Officer • Head Of Quality, Patient Safety & Experience • Deputy Chief Officer </td> <td> <ul style="list-style-type: none"> • Chief Finance Officer • Director of Nursing & Quality • Head of Primary Care/ Director of Commissioning </td> </tr> </tbody> </table> <p>There will be standing invitations to the following to offer representation in a non-voting capacity on the Committee:</p> <ul style="list-style-type: none"> • Healthwatch • Health and Wellbeing Board 	Membership	Nominated Deputy	<ul style="list-style-type: none"> • Lay Member – Primary Care (Chair) • Lay Member - Audit • Lay Member - Patient and Public Involvement • 2 GPs • Deputy Chief Finance Officer • Head Of Quality, Patient Safety & Experience • Deputy Chief Officer 	<ul style="list-style-type: none"> • Chief Finance Officer • Director of Nursing & Quality • Head of Primary Care/ Director of Commissioning
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	<ul style="list-style-type: none"> • LMC • Primary Care Contracting Team of NHS England <p>The Committee may call additional experts or Governing Body members to attend meetings on an ad hoc basis to inform discussions.</p>
Attendance:	Members are expected to attend more than 50% of meetings and a suitable qualified deputy can be nominated. Attendance below this will be reviewed.
Secretary:	The Secretary will be responsible for supporting the Chair 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.
Chair and Deputy Chair:	The Chair and Deputy Chair of the Committee shall be a lay member of the CCG.
Deputies:	Each member of the Committee will nominate a deputy who will act on their behalf if they are unavailable and shall have the same voting rights as the appointing member and shall count towards quorum.
Quorum:	<p>A quorum will be at least five members of the whole number of the committee, with at least 2 lay member representatives and 2 executives being present.</p> <p>Urgent decisions may have to be voted on outside of the meeting and quorum will be adhered to in these situations, with ratification in the next meeting.</p>
Frequency of Meetings:	<p>Ordinary meetings of the Committee shall be held at regular intervals at such times and places as the group may determine, but at least quarterly.</p> <p>Members of the Committee and those in attendance shall respect confidentiality requirements as set out in the CCG's Constitution.</p>
Conduct of Business:	<p>Meetings of the Committee shall:</p> <ol style="list-style-type: none"> a) be held in public, subject to the application of 5(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.

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	<p>The Committee will operate in accordance with the CCGs' Constitution and 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 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 he shall specify.</p> <p>Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present at a quorate meeting, 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.</p> <p>Members of the Committee and those in attendance 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.</p> <p>The Committee may delegate non decision-making 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.</p>
Authority:	<p>In accordance with its statutory powers under section 13Z of the NHS Act, NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference, to the CCG.</p> <p>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.</p> <p>The decision-making responsibilities of the Committee are set out in Schedule 1 and the functions set out in Schedule 2.</p> <p>The Committee is established as a committee of the Governing Body of the CCG in accordance with Schedule 1A of the NHS Act. The Committee will make decisions within the bounds of its remit and will be accountable to the Governing Body of the CCG.</p> <p>The Committee is supported by two sub-committees – Primary Care Quality and Primary Care Development Group.</p> <p>The decisions of the Committee shall be binding on NHS England and the CCG.</p>

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Responsibility:	<p>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 including:</p> <ul style="list-style-type: none"> 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). <p>The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:</p> <ul style="list-style-type: none"> a) Duty to have regard to impact on services in certain areas (section 13O); b) Duty as respects variation in provision of health services (section 13P). <p>The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.</p>
Role of the Committee:	<p>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 Nottingham North and East, under delegated authority from NHS England.</p> <p>In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and terms of reference.</p> <p>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.</p> <p>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.</p> <p>This includes the following:</p> <ul style="list-style-type: none"> • 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

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	<p>“Directed Enhanced Services”);</p> <ul style="list-style-type: none"> • 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; • Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes). • Making decisions based on Primary Care needs assessment <p>The Committee will also ensure that the CCG carries out the following activities:</p> <ul style="list-style-type: none"> • To plan, including needs assessment when required, primary care services in Nottingham North and East CCG • To co-ordinate a common approach to the commissioning of primary care services generally • To manage the budget for commissioning of primary care services in NHS Nottingham North and East CCG • PCCC will oversee delivery against milestones and targets, escalating issues and concerns as appropriate
<p>Geographical Coverage:</p>	<p>The Committee is responsible for the geographical coverage relevant to that of NHS Nottingham North and East CCG and the registered population.</p>
<p>Reporting:</p>	<p>The Chair will provide a summary in the Governing Body meetings and the minutes will be submitted for information.</p> <p>The Committee will also comply with any reporting requirements set out in the CCG’s Constitution including any information required for the register or procurement decisions.</p>
<p>Declarations of Interest:</p>	<p>All members of the Primary Care Commissioning Committee will be required to comply with the CCG’s Conflict of Interest Policy.</p> <p>At the beginning of each meeting Members will be required to declare a personal interest if it relates to a particular issue under consideration. Any such declaration will be formally recorded in the minutes of the meeting.</p> <p>The Chair’s decision regarding a member’s participation, or that of any attendee, in any meeting will be final.</p>
<p>Rules for Meetings and Proceedings:</p>	<p>Agenda and supporting papers will be circulated to members at least five working days prior to any meeting.</p> <p>The minutes will be agreed by the membership at the next meeting. The Chair will approve the minutes in draft in order to report in a timely manner.</p> <p>All papers/minutes should be read prior to the meeting and the meeting will be conducted on this basis with papers being introduced concisely.</p>

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	<p>It is expected that all actions will have been reviewed and updates sent even if individuals cannot attend the meeting.</p>
<p>Duties – Standing Agenda Items</p> <ul style="list-style-type: none"> • Every meeting: 	<p><u>Administration:</u></p> <ul style="list-style-type: none"> • Welcome and apologies for absence • Declaration of Interests • Questions from the public relating to the agenda • Minutes of the last meeting • Matters arising and meeting action log <p><u>Items to be received under headings:</u></p> <p>Quality</p> <p>PCQG highlight report – public session</p> <p>Commissioning/Contracting</p> <p>PCDG highlight report – public session</p> <p>Finance</p> <p>Primary Care Finance Report – public session</p> <p>Risk</p> <p>PCCC Risk Register – public session</p> <p>Minutes – Confidential Session</p> <p>PCQG unratified meeting minutes</p> <p>PCDG unratified meeting minutes</p> <p><u>General Items:</u></p> <ul style="list-style-type: none"> • Have the public questions been answered? • Any Other Business • Date, time and venue of next meeting

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Review of Terms of Reference:	<p>The Terms of Reference will be reviewed annually or earlier if necessary, from the date they are approved by the Committee and the Governing Body.</p> <p>NHS England may also issue revised model terms of reference from time to time.</p> <p>Any resulting changes to these terms of reference or membership of the Primary Care Commissioning Committee must be approved by the Governing Body before they shall be deemed to take effect.</p>
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