NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

Primary Care Commissioning Committee 2018/19

Date of Meeting:	25 May 2018
Agenda Item:	1.6
Subject:	Primary Care Commissioning Committee Terms of Reference (ToR)
Reporting Officer:	Kate Hudson
Aim of Paper:	To approve the update ToR following the annual review

Governance route prior to Primary Care Commissioning Committee	**Meeting Date**	**Objective/Outcome**
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Primary Care Commissioning Committee Resolution Required:	Approval/Decision
Recommendation	The PCCC are asked to approve the updated PCCC Terms of Reference

Link to Strategic Objectives		**Contributes to:** (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of **Prevention and Access** (Prevention and Self Care)	No
SO3:	To deliver on the outcomes of the Locality Plan in respect of **Neighbourhoods & Primary Care** (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Planned** (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Urgent Care** (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of **Children, young people and families**	No
SO7:	To deliver on the outcomes of the Locality Plan in respect of **Mental Health**	No

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	Click here to enter text.

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Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Head of Primary Care, Kate Hudson
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary
Please see updated Terms of Reference attached.

HEALTHIER PEOPLE,
BETTER FUTURE

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

NHS HMR Clinical Commissioning Group

Terms of Reference

Primary Care Commissioning Committee

May 2018

VERSION CONTROL

VERSION	ISSUED TO	DATE	COMMENTS
V1.0		February 2017	Final version approved
V1.1	Head of Primary Care	April 2018	Amendments to quoracy and membership
V2.0	Primary Care Commissioning Committee		FINAL VERSION – For ratification

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 HMR CCG. The delegation is set out in Schedule 1.

3. The CCG has established the HMR 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.

4. It is a committee comprising representatives of the following organisations:
   - HMR CCG
   - NHS England
   - Public Health
   - Rochdale Borough Council
   - Healthwatch Rochdale

Statutory Framework

5. 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.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

7. 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).

8. 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

- Duty to have regard to the impact on services in certain areas
- Duty as respects variation in provision of health services

9. The Committee is established as a committee of HMR CCG Governing Body in accordance with Schedule 1A of the "NHS Act".

10. 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

11. 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 Heywood, Middleton and Rochdale under delegated authority from NHS England.

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

13. 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.

14. 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.

15. 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).

16. The CCG will also carry out the following activities:
    a) Engagement to enhance development and improvements;
    b) To plan, including needs assessment, primary medical care services in Heywood, Middleton and Rochdale;
    c) To undertake reviews of primary medical care services in Heywood, Middleton and Rochdale;
    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 Heywood, Middleton and Rochdale.
    f) To ensure Primary Care Transformation work steams as outlined in the Rochdale Locality Plan remain in full sight of the Primary Care Commissioning Committee.

Geographical Coverage

17. The Committee's responsibilities will cover the same geographical area, as those identified within the CCG's Constitution for Heywood, Middleton and Rochdale CCG.

Membership

18. The Committee shall consist of:
    - Governing Body Lay Member for Integrated Risk – Chair
    - Governing Body Lay Member for Governance – Vice Chair

- Deputy Chief Officer / Executive Nurse
- Chief Finance Officer
- Joint Director of Integrated Commissioning
- Corporate Affairs and Governance Manager
- Head of Primary Care
- Integrated Commissioning Directorate Representative
- Director of Quality & Safety/Representative
- GP/Clinical Representative from each Locality
- Clinical Lead for Primary Care
- Director of Public Health (non-voting)
- Head of Medicines Optimisation (non – voting)
- Health and Wellbeing Board Chair/Representative (non-voting)
- Healthwatch (non-voting)
- NHS England Representative (non-voting)
- Chair of Primary Care Sub Committees (non-voting)
    - Performance and Quality
    - Contracts, Estates and Finance
    - Innovation and Transformation

19. The Chair of the Committee shall be the Governing Body Lay Member with responsibility for integrated risk

20. The Vice Chair of the Committee shall be the Governing Body Lay Member with responsibility for Governance

21. Others may be invited to the meeting as required on an adhoc basis, it should be noted these will not have voting rights.

Meetings and Voting

22. The Committee will operate in accordance with the CCG's Constitution (including the Standing Orders and Scheme of Delegation). The CCG administration support 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 calendar 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 the chair shall specify.

23. Each member of the Committee (or agreed representative) with voting rights 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.

24. All members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

Quorum

25. The committee will be quorate when at least nine members of those identified within the membership (at bullet point 18 of these ToR) are present including the chair or vice chair of the committee, and either the Chief Officer or the Chief Finance Officer, with a majority of lay and executive members to be in attendance with eligibility to vote.

Frequency of meetings

26. The committee will meet quarterly supported by the agreed primary care governance structure established within the CCG

27. 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.

28. 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.

29. 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.

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

31. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

32. The Committee will present its minutes to Greater Manchester Team of NHS England and the governing body of HMR CCG following each meeting of the committee for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.

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

34. These Terms of Reference will be reviewed at least annually, reflecting the experience of the committee in fulfilling its functions NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

35. Budget and resource accountability arrangements and the decision-making scope of the Committee to be included within this section as agreed

36. 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 of Standing Financial Instructions of any of the members, the Delegation will prevail.

37. The membership of the CCG has established a Governing Body in order to discharge its statutory functions.

38. This committee is accountable to the Governing Body of HMR CCG. Appropriate consultation with patients and the general public is conducted primarily through the CCG's Patient Experience Assurance Committee and associated engagement activity.

39. The Committee will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

Conflicts of Interest

40. An up to date register of members' interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

41. Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be managed in line with CCG guidelines.

Procurement of Agreed Services

42. The detailed arrangements regarding procurement will be set out in the delegation agreement.

Decisions

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

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

45. The Committee will produce an executive summary report which will be presented to Greater Manchester Team of NHS England and the governing body of HMR CCG at least quarterly for information.

46. Emergency Powers and Urgent Decisions – where an emergency or urgent decision needs to be executed in the period between the scheduled meetings, in agreement with the chair (or in their absence the vice chair) the following will be circulated to the committee:
    a) The details in respect of the decision required
    b) The response required and associated timescales
    c) Communicate the outcome with the committee members
    d) Seek the chairs (or vice chairs) approval to empower the named representative from the CCG to implement the agreed action

47. Where a concensus cannot be achieved through the process the casting vote will be with the committee chair

48. All decisions will be reported to the Committee at its next meeting by the Chair (or vice chair) with a full explanation, regarding:
    a) What the decision was
    b) Why it was deemed an emergency or urgent decision (required to be made in the period between the scheduled meetings)
    c) What was the majority view of the members of the committee
    d) How the decision was implemented

49. A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

Corporate Sustainability

50. As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;
    1. Commissioning for Sustainability and Adaptation
    2. Being a Sustainable Organisation
    3. Promoting sustainability with member practices
    4. Delivering our commitments and Assessing our Performance

51. Commissioning for sustainable development in the health and care system means;
    - Planning services which are efficient and effective
    - Buying services which provide highest quality at best value and which have least impact on the environment
    - Avoiding duplication, inefficiency and waste
    - Focus on preventative, proactive care
    - Patients public engagement and involvement in planning and design of services
    - Building resilience, and protecting and developing community assets and strengths
    - Making the best use of all of the resources we have
    - Minimising carbon emissions

Schedule 1 – Delegation

1. 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 this Delegation to HMR CCG to empower HMR CCG to commission primary medical services for the people of Heywood, Middleton and Rochdale.

2. NHS England and the CCG have entered into the Delegation Agreement that sets out the detailed arrangements for how the CCG will exercise its delegated authority.

3. Even though the exercise of the functions passes to the CCG the liability for the exercise of any of its functions remains with NHS England.

4. In exercising its functions (including those delegated to it) the CCG must comply with the statutory duties set out in the NHS Act and/or any directions made by NHS England or by the Secretary of State, and must enable and assist NHS England to meet its corresponding duties.

Delegated Functions

a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:

i) decisions in relation to Enhanced Services;

ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);

iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;

iv) decisions about 'discretionary' payments;

v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;

b) the approval of practice mergers;

c) planning primary medical care services in the Area, including carrying out needs assessments;

d) undertaking reviews of primary medical care services in the Area;

e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);

f) management of the Delegated Funds in the Area;

g) Premises Costs Directions functions;

h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and

i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

Schedule 2- Reserved Functions

NHS England will retain responsibility for -

a) management of the national performers list;

b) management of the revalidation and appraisal process;

c) administration of payments in circumstances where a performer is suspended and related performers list management activities;

d) Capital Expenditure functions;

e) section 7A functions under the NHS Act;

f) functions in relation to complaints management;

g) decisions in relation to the Prime Minister's Challenge Fund; and

h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;