

Terms of Reference

West Norfolk CCG Primary Care Commissioning Committee

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 these Terms of Reference to West Norfolk CCG.
3. The CCG has established the West Norfolk 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 West Norfolk CCG
5. The CCG is committed to working collaboratively with other CCGs across the STP footprint.

Statutory Framework

6. 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.
7. 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.
8. 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).
9. 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.
 10. The Committee is established as a committee of the Governing Body of ~~each named~~ the CCG in accordance with Schedule 1A of the “NHS Act”.
 11. 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

12. 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 West Norfolk, under delegated authority from NHS England.
13. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and West Norfolk CCG, which will sit alongside the delegation and terms of reference.
14. 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.
15. 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.
16. 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).

17. The Committee will also carry out the following activities:
 - a) To plan, including needs assessment, primary medical care services in West Norfolk;
 - b) To undertake reviews of primary medical care services in West Norfolk;
 - c) To co-ordinate a common approach to the commissioning of primary care services generally;
 - d) To manage the budget for commissioning of primary medical care services in West Norfolk.
 - e) To consider and approve the spending of funds released from PMS review.

18. The CCG will not be expected to carry out the following functions that are reserved upon NHS England
 - a) Management of the national performers list;
 - b) Management of the revalidation and appraisal process;
 - c) Administration of payments 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 Ministers Challenge Fund; and
 - h) Such other ancillary activities that are necessary in order to exercise Reserved Functions.

Geographical Coverage

19. It will undertake the function of commissioning primary care medical services for the population served by West Norfolk CCG.

Membership

20. The Committee shall consist of:
 - a) The four Executive Members from NHS West Norfolk CCG;
 - b) The Registered Nurse from NHS West Norfolk CCG;
 - c) The four Lay Members from NHS West Norfolk CCG.

21. The Chair of the Committee shall be a Lay Member of NHS West Norfolk CCG.

22. The Vice Chair of the Committee shall be a Lay Member of NHS West Norfolk CCG.

~~*N.B. The CCG Audit Chair cannot hold the chair of the joint committee but can be the Vice chair*~~

N.B. Section 78 of the Managing Conflicts of Interest: Revised Statutory Guidance for CCG 2017 states that 'Ideally the CCG audit chair would also not serve as vice chair of the primary care commissioning committee.' WNCCG have taken this guidance into consideration and will ensure that safeguards will be put in place to maintain the integrity of the individual's role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the primary care commissioning committee chair.

23. The Chair will indicate when attendees are required to leave the room at decision points where there may be a conflict of interest.
24. Non-Voting attendees participants will include standing invitations to a Norfolk HealthWatch representative, a Norfolk Health and Wellbeing Board representative, Patient Representatives and two executive members from ~~Midlands and East area team~~ East local team of NHS England or their deputies. Other attendees individuals will be invited to support discussions as defined by the items on the agenda e.g. LMC representation and other subject matter experts as required. (See Schedule 2 for full details of voting members and non-voting members participants)

Meetings and Voting

25. 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 no later than 1 week 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/they shall specify.
26. 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.

Quoracy

27. The Committee will be deemed quorate with a minimum of four members of the committee in attendance; to include the Chair or Vice Chair of the Committee.

Frequency of Meetings

28. The frequency will be monthly unless otherwise determined by the Chair.

Management of Meetings

29. Meetings of the Committee:
 - a) Shall, 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.

30. 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.
31. 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.
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 ~~England Midlands and~~ East ~~Local Team~~ of NHS England and the governing body of West Norfolk CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 29 above.
35. The CCG will also comply with any reporting requirements set out in its constitution.
36. These Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions in primary medical services commissioning. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

37. Budget and resource accountability arrangements will follow the standard practices established for directorate budgets as governed by the regulations in the Scheme of Reservation and Delegation and Prime Financial Policies (previously known as the Standing Financial Instructions.) Decisions on allocation of funds to support commissioning of practice configuration decisions are made by the committee membership within the limits and Executive Director authorities noted within the Scheme of Reservation and Delegation.
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 of Standing Financial Instructions of any of the members, the Delegation will prevail.

Procurement of Agreed Services

39. The detailed arrangements regarding procurement are set out in the delegation agreement.

Decisions

40. The Committee will make decisions within the bounds of its remit.
41. The decisions of the Committee shall be binding on NHS England and West Norfolk CCG.

42. The Committee will produce an executive summary report which will be presented to Midlands and East Local Team of NHS England and the governing body of West Norfolk CCG each month for information. The Committee will produce an executive summary report which will be presented to Midlands and East of NHS England and the governing body of West Norfolk CCG each month for information.
43. Where decisions of an urgent nature are required outside of the meeting schedule every effort will be made to ensure the members of the committee are given an opportunity to comment. ~~The WNCCG Chairs action process will be used to approve the decision and this paperwork will be brought the next meeting.~~ Where this is not possible the process in section 3.8 of the Standing Orders – Emergency Powers and Urgent Decisions shall be followed.

Approved By the Primary Care Commissioning Committee

Date:

Review Date:

Schedule 2 - List of Members

Members

CCG Lay Membership

~~Michelle Barry~~ — Chair - Lay Member

~~Rob Bennett~~ — ~~Chair~~ - Lay Member - Finance

~~Revd. Hilary De Lyon~~ — Lay Member (Audit)

~~Tim Bishop~~ — **Deputy Chair** --Lay Member Patient and Public Involvement

CCG Clinical Membership

~~Sue Hayter~~ — Governing Body Registered Nurse

CCG Executive Membership

Chief Officer

Chief Finance Officer

Director of Operations

Director of Quality

Attendees Non-voting participants

CCG ~~in-attendance~~

Governing Body GP Member

Head of Corporate Affairs

Head of Primary Care

Deputy Chief Finance Officer

NHS England ~~in-attendance~~

~~Simon Evans-Evans~~ — Locality Director of Commissioning

NHS England will send the appropriate member(s) of staff based on the agenda items and input required.

Others in attendance

~~Alex Stewart~~ — Healthwatch Norfolk (can also represent the Health and Wellbeing Board ~~in the absence Cllr Nockholds~~)

~~Cllr Elizabeth Nockolds~~ — Health and Wellbeing Board

~~Peter Brown~~ — Patient Representative (can also represent Healthwatch
Norfolk ~~in Alex Stewart's absence~~)

~~Lindsey Tibble~~ — West Norfolk Patient Partnership Representative

~~Cllr Jacqueline Westropp~~ — West Norfolk Patient Partnership Representative (Deputy ~~to~~
~~Mrs Tibble~~ in the absence of the regular representative)

Representative from the Local medical Committee