

NHS North Cumbria CCG Primary Care Commissioning Committee	Agenda Item
8 March 2017	10

Primary Care Committee Performance Review

Purpose of the Report								
<p>The CCG Primary Care Committee formally met for the first time on April 28, 2017, and has been in existence for almost a year now. It is now timely to consider the functions that the Committee has been asked to undertake in its first twelve months of operation and to consider the effectiveness with which it has discharged those responsibilities. It is also timely to review the Committee Terms of Reference and to update them in readiness for the next 12 months.</p>								
Outcome Required:	Approve	x	Ratify		For Discussion	x	For Information	x
<p>Assurance Framework Reference:</p> <p>1, Better Health – There is a need to ensure that Cumbria’s children and young people (including children looked after) are kept safe and transition into health adulthood.</p> <p>2, Better Care – Commission services that ensure the delivery of high quality and safe care for patients.</p> <p>3, Sustainability – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy.</p> <p>4, Leadership – The CCG needs to support its membership (i.e. General Practice) to provide high quality care to patients and support the delivery of safe, high quality financially sustainable health care services. The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner, including compliance with formal directions from NHSE.</p>								

Recommendation(s):
<p>The Primary Care Commissioning Committee is asked to:</p> <p>Consider the functions that the Committee has been asked to undertake in its first twelve months of operation and to consider the effectiveness with which it has discharged those responsibilities. It is also timely to review the Committee Terms of Reference and to update them in readiness for the next 12 months.</p>

Executive Summary:
<p>Key Issues: NHS North Cumbria CCG has had delegated responsibility for Primary Care Co-Commissioning from 01 April 2017. The establishment of a CCG Primary Care Commissioning Committee is an associated requirement of delegated responsibility and should be governed within the established governance framework of the CCG.</p> <p>Key Risks: NHS North Cumbria CCG should ensure that it operates within a clear governance structure. This risk is managed by the Governing Body agreeing Terms of Reference for the operation of the Primary Care Commissioning Committee.</p> <p>Implications/Actions for Public and Patient Engagement: There are no direct implications for Public and Patient Engagement arising from the issues contained within this paper.</p> <p>Financial Impact on the CCG: Not applicable</p>

Strategic Objective(s) supported by this paper:	Please select (X)
Support quality improvement within existing services including General Practice	X
Commission a range of health services appropriate to Cumbria's Needs	X
Develop our system leadership role and our effectiveness as a partner	
Improve our organisation and support our staff to excel	X

Impact assessment: (Including Health, Equality, Diversity and Human Rights)	n/a
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Conflicts of Interest Describe any possible Conflicts of interest associated with this paper, and how they will be managed	Not applicable
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Date Report Written	22 February 2018

1. Introduction

The CCG Primary Care Committee formally met for the time on April 28, 2017, and has been in existence for almost a year now. It is now timely to consider the functions that the Committee has been asked to undertake in its first twelve months of operation and to consider the effectiveness with which it has discharged those responsibilities. It is also timely to review the Committee Terms of Reference to update them in readiness for the next 12 months.

2. Committee Training Needs

Given that the Committee was newly formed from 1 April 2017 the CCG felt that members of the Committee might benefit from a half day workshop setting out their roles and responsibilities.

Primary Care Commissioning (PCC) is a not for profit organisation that works with all areas of the Health Service to support effective commissioning and the development and delivery of services. As a subscriber to PCC the CCG engaged their expertise in delivering a Primary Care Commissioning Committee Training Workshop which was in September 2017.

The session covered a range of topics and paid particular attention to Primary Care contracts giving an overview of the contracts and how they should be managed. Members of the Committee were also given the opportunity to ask relevant questions and to explore a range of potential scenarios that the Committee might encounter.

For Discussion: Members of the Committee may wish to consider the value of the training provided to date and any future training needs that may be required.

3. Frequency and Content of Meetings

For Information: In accordance with the Committee Terms of Reference the Committee meetings are held on a bi-monthly basis or as business dictates. Appendix A to this report sets out the dates of Committee meetings throughout 2017/18 and provides an overview of agenda items discussed.

4. Internal Audit Review

For Information: The CCG internal audit function recently undertook an audit to “evaluate the design and test the application of controls put in place to manage delegated functions in relation to Primary Care Commissioning, including funding requests.”

The outcome of the audit was that “governance, risk management and control arrangements provide **substantial assurance** that the risks identified are managed effectively. Compliance with the control framework was found to be taking place.”

5. Terms of Reference

The Committee is asked to review its existing Terms of Reference. At the Committee meeting of 12th October 2017 the Committee agreed that when the Terms of Reference were next reviewed they should be “amended to reflect that the Chair can make low level decisions which come up from time to time.” This amended to the existing Terms of Reference has been included in section 11.3.

The Committee Terms of Reference are attached as Appendix B to this report.

For Approval: Members of the Committee are asked to review the Committee Terms of Reference and to approve the content.

6. Date and Time of Future Meetings

For Information: The date, times and venues for Committee meetings in 2018/19 have been determined and are set out in the following table:

Date	Time	Venue
17/05/18	2:30 - 5:30	St Michaels Church, Workington
19/07/18	9:30 - 12:30	Botcherby Community Centre, Carlisle
20/09/18	2:30 - 5:30	St Michaels Church, Workington
15/11/18	9:30 - 12:30	Botcherby Community Centre, Carlisle
17/01/19	2:30 - 5:30	St Michaels Church, Workington
21/03/19	9:30 - 12:30	Botcherby Community Centre, Carlisle

Appendix A

Primary Care Commissioning Committee Work Programme 2017-18								
	28-Apr	11-May	13-Jul	14-Sep	12-Oct	09-Nov	18-Jan	08-Mar
PART 1 STANDING ITEMS								
Welcome & Apologies	x	x	x	x		x	x	x
Declarations of Interest	x	x	x	x		x	x	x
Minutes & Action Log of the last meeting	First Meeting	x	x	x		x	x	x
Matters Arising	First Meeting	x	x	x		x	x	x
Questions from members of the public present on the items on the agenda			x	x		x	x	x
Standard Item for Any Urgent Items of Business - must be approved by the Chairman by 4 p.m. on the day before the meeting								x
Primary Care Team Update						x	x	x
Date, time and venue of the next meeting	x	x	x	x		x	x	x
PROGRAMMED ITEMS								
Review of the Committees performance, training requirements, Terms of Reference and frequency of meetings		x Terms of Reference for PCCC & Primary Care Operating Group	x Finalise Terms of Reference for PCCC					x Review TOR for PCCC
Development - Primary Care Commissioning Committee			x PCCC training to be delivered in September					
NON STANDING ITEMS								
Application for practice merger	x Bank Street & Castlehead Practice Merger							
Sale and leaseback of GP premises: Carlisle Healthcare		x						
Forthcoming decisions for the Primary Care Committee		x						
Changes to GP practices contract for 2017/18		x						
Application for closure of a branch surgery			x Shap (Tebay Branch)					
Application for a list closure				x Queens Street Medical Practice				
Application for an extension to list closures				x Solway Health Services & Oxford Street Surgery				
CCG Quality Improvement Scheme (QIS)			x					
CCG Gain Share Scheme			x					
Primary Care Quality Assurance and Improvement Framework			x					
Commissioning of Primary Care GP Services for the population of Glenridding				x		x		
Violent Patient Scheme						x		
Home Visiting Service						x		
Bowel Screening Transformation Programme							x	
PART 2 MEETINGS								
PART 2 STANDING ITEMS								
Welcome & Apologies				x	x	x	x	x
Declarations of Interest				x	x	x	x	x
Minutes & Action Log of the last meeting				First Meeting	x	x	x	x
Matters Arising								x
Date, time and venue of the next meeting				x	x	x	x	x
Standard Item for Any Urgent Item of Business - must be approved by the Chairman by 4 p.m. on the day before the meeting								x
Copeland APMS Procurement				x	x	x		
Glenridding Health Centre Contract Procurement					x			
Briefing on Services Provided by Capita				x				
Home Visiting Services					x Workington			
GP Retention Process						x		
Development Session - Contract Novation						x		
General Practice Quality Improvement Scheme							x	
Copeland APMS Procurement							x	
Primary Medical Care Contracts - Baseline report							x	

NHS North Cumbria Clinical Commissioning Group
Primary Care Commissioning Committee
Terms of Reference
8th March 2018

1. Introduction

- 1.1 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 NHS North Cumbria CCG. The delegation is set out in Schedule 1.
- 1.2 NHS North Cumbria CCG (the CCG) has established this Primary Care Commissioning Committee (the 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 It is a Committee comprising representatives of the following organisations:
- NHS North Cumbria CCG
 - NHS England
 - Cumbria County Council – Health and Wellbeing Board
 - Healthwatch Cumbria

2. Statutory Framework

- 2.1 NHS England has delegated to the CCG authority to exercise the primary medical care commissioning functions set out in schedule 2 in accordance with section 13Z of the NHS Act.
- 2.2 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.
- 2.3 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 care 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).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

2.5 The Committee is established as a Committee of the Governing Body in accordance with schedule 1A of the “NHS Act”.

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

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 medical care services in North Cumbria, 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 North Cumbria 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 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 care services under section 83 of the NHS Act.

3.5 This includes the following:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (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' payments (e.g., returner / retainer schemes).

3.6 The CCG will also carry out the following activities:

- a) To plan, including needs assessment, primary medical care services in North Cumbria;
- b) To undertake reviews of primary medical care services in North Cumbria;
- 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 North Cumbria.

4. Geographical Coverage

4.1 The Committee will cover the geographical area of North Cumbria CCG.

5. Membership

The Committee shall consist of:

- a. Core Voting Members
CCG Governing Body Chair - lay member (Chair)
CCG Governing Body - lay member (Vice Chair)
CCG Governing Body Nurse Representative
Accountable Officer
Chief Finance Officer

Director of Primary Care

Caveat: No person can be a voting member if they are practicing in General Practice within the CCG boundaries (see 4.1 above). In such an instance the voting member will become a non-voting member.

b. Non- Voting Members

The GP Lead for Primary Care

Up to Two GP ICC leads

Primary Care Nurse

c. In attendance (Non- Voting)

NHS England

Healthwatch Cumbria

Cumbria County Council Health and Wellbeing Board

Local Medical Committee (LMC) representative

Patient Participation Group (PPG) network representative

d. Others in attendance (Non-Voting)

CCG General Practice Commissioner

CCG Governing Body Support Officer

CCG Primary Care & ICC Senior Administrator

Other representatives may be invited to attend as deemed necessary by the Chair.

6. Meetings and Voting

6.1 The Committee will operate in accordance with the CCG's Standing Orders. The CCG Primary Care and ICC Senior Administrator will act as secretary to the Committee, and 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 s/he shall specify.

6.2 Each voting 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.

7. Quorum	
7.1	The quorum of the Committee shall be at least three voting members one of which shall be the Chair or Vice Chair of the Committee.
8. Frequency of Meetings	
8.1	Meetings of the Committee will be held on a bi-monthly basis or as business dictates.
8.2	In the event of a decision needing to be made between meetings, and at the discretion of the Chair, it will be possible for the Committee to meet “virtually” in order for a decision to be made. All voting members of the Committee should be canvassed for their decision. The same voting and quorum arrangements shall apply as if the decision were made in full Committee. The use of this provision should be used infrequently.
8.3	Meetings of the Committee shall: <ul style="list-style-type: none"> 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.
8.4	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 endeavor to reach a collective view.
8.5	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.
8.6	The Committee may call additional experts to attend meetings on an ad hoc basis

to inform discussions.

- 8.7 Members of the Committee shall respect confidentiality requirements as set out in the CCG's Standing Orders.
- 8.8 The Committee will present its confirmed minutes to the area team of NHS England and the Governing Body of the CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 8.5 above.
- 8.9 The CCG will also comply with any reporting requirements set out in its constitution.
- 8.10 It is envisaged that these terms of reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

9. Accountability of the Committee

- 9.1 The Committee will be a Committee of the Governing Body and therefore be accountable to the Governing Body and subject to the CCG's scheme of reservation and delegation.
- 9.2 For the avoidance of doubt, in the event of any conflict between the terms of this scheme of delegation and terms of reference and the Standing Orders or Standing Financial Instructions of any of the members, the latter will prevail.

10. Procurement of agreed services

- 10.1 The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement will be set out in the delegation agreement.

11. Decisions

- 11.1 The Committee will make decisions within the bounds of its remit.
- 11.2 The decisions of the Committee shall be binding on NHS England and NHS North Cumbria CCG.

11.3 In the case of low level decisions that may arise from time to time, the Chair shall use his / her discretion in making a decision in isolation. Should the Chair choose to make a decision in this way then they will report this to the next Committee meeting for ratification.

12. Approval and Review

Date approved by Committee:

Date approved by Governing Body:

Review date: