

Primary Care Commissioning Committee

Terms of Reference

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1. Introduction

- 1.1 Leeds has set out a bold ambition to be the best city for health and wellbeing. It has a clear vision to be a healthy, caring city for all ages, where people who are poorest improve their health the fastest. To realise this vision, the CCG and Leeds City Council need to change how we commission services so that the health and care system is sustainable, services are of high quality and we make best use of the 'Leeds pound'.
- 1.2 The CCG aims to provide more integrated care, based on the needs of local people. To do this, the CCG and Leeds City Council will work together to change how care is commissioned, and work with current and future providers to develop a new, more integrated health and social care system.
- 1.3 The CCG has recognised that in a similar way to many healthcare economies around the world, it will be necessary to adopt a Population Health Management (PHM) approach. The key building blocks of PHM are:
- Commissioning needs to be more strategic and outcomes-based rather than activity-based.
 - Some current commissioning functions would be more effectively used to develop a new provider landscape of integrated, accountable providers working towards common goals.
 - This would be enabled by new payment and incentive mechanisms supported by better use of information and technology.
- 1.4 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.
- 1.5 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 the CCG. The delegation is set out in Schedule 1. The CCG has established a 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.
- 1.6 The committee comprises of representatives of the following organisations:
- The CCG
 - NHS England
 - Leeds City Council - Health and Wellbeing Board

- Healthwatch

2. Statutory Framework

- 2.1 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.
- 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 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 CCG 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 2.1 above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services within the CCG area, 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 the 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 services under section 83 of the NHS Act.
- 3.5 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).
- 3.6 The CCG will also carry out the following activities:
- a) To plan, including needs assessment, primary medical care services;
 - b) To undertake reviews of primary medical care services;
 - c) To co-ordinate a common approach to the commissioning of primary care services generally;
 - d) Have oversight and review the financial plans for primary medical care services;
 - e) To manage the budget for commissioning of primary medical care services;
 - f) To make decisions about local investment in primary care on behalf of the CCG Governing Body;
 - g) Taking procurement decisions in respect of primary medical services. These shall be in line with statutory requirements and guidance, the CCG’s Constitution and Standing Orders and the Delegation Agreement between NHS England and the CCG;
 - h) To review those risks on the CCG risk register and Governing Body Assurance Framework which have been assigned to the committee and ensure that appropriate and effective mitigating actions are in place. Where the Committee receives insufficient assurance, it will challenge, assess risks and escalate to the Governing Body or NHS England if necessary.

- 3.7 The Committee has delegated authority to make decisions within the bounds of its remit. Specifically:
- a) Financial plans in respect of primary medical services
 - b) Procurement of primary medical services
 - c) Practice payments and reimbursement
 - d) Investment in practice development
 - e) Contractual compliance and sanctions
- 3.8 The decisions of the Committee shall be binding on NHS England and the CCG.

4. Membership

- 4.1 The membership of the Committee will be as follows:

Members (Voting)

- Lay Member – Primary Care Co-Commissioning
- Lay Member – Audit and Conflicts of Interest
- Lay Member – Patient and Public Involvement
- Lay Member – Assurance
- Secondary Care Consultant
- Accountable Officer
- Chief Finance Officer
- Medical Director
- Executive Director of Quality & Nursing
- Director of Acute and Specialist Commissioning
- Director of Strategy and Planning

In Attendance (Non Voting)

- Primary Care Team Representative
- Leeds Health & Wellbeing Board Representative
- Healthwatch Representative
- NHS England Representative
- Member Representative (from the CCG Governing Body)
- Public Health Representative
- Director of Organisational Effectiveness
- Director of System Integration

- 4.2 The Chair of the Committee will be the Lay Member – Primary Care Co-Commissioning.
- 4.3 The Deputy Chair of the Committee will be a CCG Lay Member.

- 4.4 Other Directors and senior managers shall be invited to attend where appropriate.
- 4.5 Nominated deputies may attend on behalf of Executive members with delegated voting rights. The Executive member shall remain accountable for decisions made on their behalf.
- 4.7 In the event of the Chair being unable to attend all or part of the meeting, he or she will nominate a Deputy Chair to act as Chair of the meeting, who must be a Lay Member.
- 4.8 The Lay Member for Audit and Conflicts of Interest shall not be appointed as Chair or Deputy Chair of the Committee, to enable him/her to maintain independence as Chair of the Audit Committee.
- 4.9 A Member Representative on the Governing Body shall be invited to attend meetings to participate in strategic discussions on primary care issues, subject to adherence with the CCG's Conflicts of Interest requirements and the appropriate management of conflicts of interest. They will be required, for example, to withdraw from the meeting during the deliberations leading up to a decision and from the decision where there is an actual or potential conflict of interest.

5. Quoracy and voting

- 5.1 The quorum of the Committee is a minimum of five members. This must include the Chair or Deputy Chair, one additional lay member and two executive members.
- 5.2 If the Committee is not quorate the meeting may be postponed at the discretion of the Chair.
- 5.3 The aim of the Committee will be to achieve consensus decision-making. Should a vote need to be taken, only the members of the Committee shall be allowed to vote. In the event of a tied vote, the Chair shall have a casting vote.

6. Operation of the Committee

- 6.1 Meetings will be held in public on a bi-monthly basis. 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.

- 6.2 Extraordinary meetings may be held at the discretion of the Chair. A minimum of seven working days' notice should be given when calling an extraordinary meeting.
- 6.3 The agenda and supporting papers will be circulated to all members at least five working days before the date of the meeting.
- 6.4 With the agreement of the Chair, items of urgent business may be added to the agenda after circulation to members.
- 6.5 In the case of an emergency the Chair may take urgent action to decide any matter within the remit of the committee, subject to consultation with at least two other members of the committee. Any such action should be reported at the next committee meeting.
- 6.6 Minutes will be issued at latest 10 working days following each meeting and a Chair's Summary will be submitted to the subsequent meeting of the Governing Body.
- 6.7 Secretarial support will be provided to ensure appropriate support to the Chair and committee members in relation to the organisation and conduct of meetings.

7. Conduct of the Committee

- 7.1 Members of the Committee shall at all times comply with the standards of business conduct and managing conflicts of interest as laid down in the CCG Constitution and the Managing Conflicts of Interest Policy.
- 7.2 All declarations of interest will be declared at the beginning of each meeting and actions taken in mitigation will be recorded in the minutes.

8. Accountability and Reporting

- 8.1 The Committee is accountable to the CCG and NHS England.
- 8.2 The Committee will produce an annual work plan.
- 8.3 A Chair's summary will be presented to the Governing Body.
- 8.4 The Committee will receive a Chair's Summary from the Primary Care Operational Group and the Quality & Performance Committee at each meeting.

- 8.5 The Committee is authorised to commission any reports or surveys or to create working groups as necessary to help it fulfil its obligations and will remain accountable for any working groups. The minutes of such groups will be presented to the Committee.

9 Review of the Committee

- 9.1 The Committee will undertake an annual self-assessment of its performance against the annual plan, membership and terms of reference. Any resulting proposed changes to the terms of reference will be submitted for approval by the Committee.
- 9.2 These terms of reference and membership will be reviewed at least annually following their approval.