

Delegated Commissioning Model
Terms of Reference
East Lancashire CCG Primary Care Commissioning
Committee

Introduction

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 East Lancashire CCG. The delegation is set out in Schedule 1.
2. The CCG has established the East Lancashire 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.

Statutory Framework

3. 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.
4. 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.
5. 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).
6. The Committee is established as a sub-committee of the CCG's Governing Body in accordance with Schedule 1A of the "NHS Act".
 7. 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

8. 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 East Lancashire, under delegated authority from NHS England.
9. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and East Lancashire CCG, which will sit alongside the delegation and terms of reference.
10. 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.
11. 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.
12. 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).
13. The CCG will also carry out the following activities:
 - a) To plan, including needs assessment, primary [medical] care services in East Lancashire;
 - b) To undertake reviews of primary [medical] care services in East Lancashire;
 - 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 East Lancashire.

Geographical Coverage

14. The Committee will comprise the East Lancashire CCG.

Membership

15. The Committee shall consist of:

- Chair - Lay Member, Public and Patient Participation, BwD CCG (co-opted)
- Lay Member – Governance (Vice Chair)
- Chief Finance Officer
- Director of Performance and Delivery
- Director of Quality & Chief Nurse
- Chief Officer
- GP Clinical Advisor
- EL GP Representative
- EL Practice Manager Representative

16. In addition other GP Clinical Advisors may be invited to discuss certain items but will have no voting rights and must not be involved in decision making. Meetings of the committee shall be managed in accordance with the Conflicts of Interest Policy.

17. The following will also be invited to attend in a non-voting capacity:

- Local HealthWatch Representative
- Local Health & Wellbeing Partnership Representative
- Local Medical Committee
- NHS England Representative
- Head of Corporate Business
- CCG Clinical Chair
- Primary Care Development Manager
- Head of Commissioning Integrated Care
- Primary Care Clinical Lead

18. The Chair of the Committee shall be a Lay Member of the Governing Body.

19. The Vice Chair of the Committee shall be a Lay Member of the Governing Body and will be appointed by the other Primary Care Commissioning Committee members.

20. Should a member not be able to attend a meeting of the Committee, apologies in advance must be provided to the Secretary and the status of any formal acting up or deputising arrangements must be agreed by the Chair.

Meetings and Voting

21. 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 **5** 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.

22. 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. To ensure that the overriding decision making remains within the organisation, where the Chair is a co-opted member, the Vice Chair will hold the second and deciding vote. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

23. A quorum shall consist of 4 members present, with a lay and executive majority.

Frequency of Meetings

24. The suggested frequency is monthly for the first year and then as agreed after that.

25. Meetings of the Committee shall:

- a) be held in public, subject to the application of 24(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.

Examples of where it may be appropriate to exclude the public include:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed;
 - Commercially confidential information is to be discussed, for example the detailed contents of a provider's tender submission;
 - Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed;
 - To allow the meeting to proceed without interruption and disruption.
26. 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.
27. 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.
28. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
29. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.
30. The CCG will also comply with any reporting requirements set out in its constitution. In addition, the Committee will present an executive summary report to the Governing Body and minutes to NHS England - Lancashire & Greater Manchester.
31. These Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Decisions

32. The Committee will make decisions within the bounds of its remit.
33. The decisions of the Committee shall be within delegated limits.

Collaborative Working

The Primary Care Commissioning Committee meetings will be held jointly with Blackburn with Darwen CCG's Primary Care Commissioning Committee and will be referred to as "Committees in Common". Both the East Lancashire and Blackburn with Darwen Primary Care Commissioning Committees Terms of Reference remain in force and each committee will be responsible for its own decision making. Each committee will report back to the Governing Body of its respective CCG.