Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG Primary Care Commissioning Committee (PCCC)

Date: Tuesday 28th June 2022
Time: 9.30am – 11.45am
Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend.

Agenda Number:	6
Title:	ICB Primary Care Commissioning Committee ToR
Purpose: Decision	
Key Points for Discussion:	
To request PCCC approval of the drafted ICB Primary Care Commissioning Committee Terms of Reference (ToR), noting that this is an iterative process as part of transition to an Integrated Care Board and to support future delegation of additional services. The drafted ToR was created based on national templates and covers the national requirements for the ICB Assurance.	
Recommendations:	To approve the updated Terms of Reference for the ICB Primary Care Commissioning Committee noting this is an iterative process and future governance arrangements from July 2022 are still being clarified .
Previously Considered By and feedback:	The revisions have been discussed and proposed by the current Chair of PCCC, the ICB INEM for Primary Care and lead Directors for Primary Care in the CCG .
Management of Declared Interest:	Conflicts of Interest are managed at each meeting of the PCCC
Risk and Assurance:	A combined risk register for primary care is presented each month to the PCOG and risks from these are shared through the corporate governance framework at PCCC and Governing Body, this will continue to be case for the new ICB committee. The ToR does not pose any further risks to the committee.
Financial / Resource Implications:	No implications – a finance report is shared monthly at each PCCC meeting. The drafted ToR should have no financial implications.
Legal, Policy and Regulatory Requirements:	There are no specific legal implications in this paper. The ICB Committee will support PCCC as part of our delegated arrangements. Any future changes to governance will support policy and regulatory requirements.

How does this reduce Health Inequalities:	No implications. Papers to the committee will require the cover sheet impact assessment to be completed
How does this impact on Equality & diversity:	No implications. Papers to the committee will require the cover sheet impact assessment to be completed
Patient and Public Involvement:	No implications as part of this paper. Papers to the committee will require consideration of Communications and Patient and Public Involvement.
Communications and Engagement:	No implications as part of this paper. Papers to the committee will require consideration of Communications and Patient and Public Involvement.
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Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Area Director Bristol and South Gloucestershire Lisa Manson , Director of Commissioning

Primary Care Commissioning Committee Terms of Reference

1. Introduction

Constitution:

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 1 to these Terms of Reference to the ICB.

The Primary Care Commissioning Committee, PCCC (the Committee) is established by the Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution and in accordance with Delegations made under section 65Z5 of the 2006 NHS Act(see Appendix 1) as amended by the Health and Care Act 2022.

These terms of reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB

Purpose:

The aims of the ICB are to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development.

The purpose of the Committee is to contribute to the overall delivery of the ICB objectives and population outcomes by managing the delivery of those elements of the primary care healthcare services delegated by NHS England to the ICB.

The aim will be to deliver to the people of BNSSG, on behalf of the ICB, services that are of high quality, clinically effective and safe, within available resources

The committee will embed the ICB principles of engaging with and embedding the voice of our local population in co-production and understanding of local need.

In addition, the committee will have responsibility for the oversight and delivery of the BNSSG Primary Care Strategy and its core deliverables of:

i. Workforce development
ii. Reducing Unwarranted Variation
iii. Developing Integrated models of care

iv. Supporting Infrastructure

The Committee will also have oversight of Primary Care Operational Planning and the impact of service and workforce change across the system on primary care services .

The Committee is responsible for the commissioning of primary care and has delegated responsibility from the ICB to fulfil this function. NHS England may at some point delegate authority to the ICB for the commissioning of primary dental services, primary pharmacy and ophthalmic services. The Primary Care Commissioning Committee will at the point of delegation of these services to the ICB, review its terms of reference and include these services within its committee remit.

2. Delegated Authority

The Primary care Commissioning Committee is authorised by the Board to:

- Investigate any activity within its terms of reference;
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference;
- Commission any reports it deems necessary to help fulfil its obligations;
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice;
- Create sub-groups in order to take forward specific programmes of work as considered necessary by the Committee members. The Committee shall determine the membership and terms of reference of any such sub-groups in accordance with the ICB's constitution, standing orders and SoRD. The committee may not delegate any of its accountabilities to such sub-groups.

For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these terms of reference other than the Committee being permitted to meet in private.

3. Membership

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

Chair and Vice Chair:

In accordance with the constitution, the Committee will be chaired by a Non-Executive Member of the ICB appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee. Committee members may appoint a Vice Chair from amongst the members.

In the absence of the Chair, or Vice Chair, the remaining members present shall elect one of their number Chair the meeting.

The Chair will be responsible for agreeing the agenda with the support of the lead Director for Primary Care and ensuring matters discussed meet the objectives as set out in these ToR.

4. The members of the Primary Care Commissioning Committee are:

- Non-Executive Member of the ICB – Primary Care (chair)
- Non-Executive Member (TBC: drawn from Partner members)

- ICB Chief Medical Officer
- ICB Chief Nursing Office
- ICB Chief Financial Officer
- ICB Director/s with responsibility for Primary Care

5. In attendance

The following members may be in attendance at meetings:

- NHS England representative
- A BNSSG Healthwatch representative
- A representative of the General Practice Collaborative Board (GPCB)
- A representative of Locality Partnerships
- A Public Health representative of the BNSSG Health and Wellbeing Boards (to be nominated by the three local authorities)
- LMC Chair or Chief Executive
- ICB Head of Medicines Optimisation
- A Patient and Public Involvement (PPI) representative
- A representative of the CCG medicines optimisation team
- Representative from ICB partner organisation (TBC)

Other persons may be invited to attend, as appropriate, to enable the Committee to discharge its functions effectively. The Committee may also invite guests to attend to present information and/or provide the expertise necessary for the Committee to fulfil its responsibilities.

The Corporate Secretary or their deputy will be in attendance at all meetings to advise the Committee on governance matters.

Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair. Suitable alternatives can also attend for members in agreement with the Chair

6. Administration

The Committee shall be supported with a secretariat function, which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

7. Quoracy

A quorum shall be 4 voting members, to include at least one independent member and an executive member.

Decision making and voting:
Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

8. Frequency of meetings

The Committee will meet in private.

The Committee will meet alternate months. Additional meetings may take place as required.

In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

9. Remit and Responsibilities

The Committee will make collective decisions on the review, planning and procurement of primary care services in BNSSG, under delegated authority from NHS England. This includes the following activities:

a) The award of GMS, PMS and APMS contracts. This includes: the design of PMS and APMS contracts; and monitoring of contracts;
b) Locally defined and designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
c) Making decision regarding local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
d) Procurement of new practice provision;
e) Discretionary payment (e.g., returner/retainer schemes); Approving practice mergers;
f) Primary Care Estates Strategy;
g) Premises improvement grants and capital developments;
h) Contractual action such as issuing breach/remedial notices and removing a contract;
i) Delivery of the BNSSG Primary Care Strategy
j) Planning and delivery of the primary care aspects of the ICS Integrating Pharmacy and Medicine optimisation plan (IPMO) and Medicine optimisation strategy

In securing the provision of comprehensive and high quality primary medical services in BNSSG, the committee will carry out the following activities:

- Planning, including needs assessment, primary medical care services in BNSSG
- Undertaking reviews of primary medical care services in BNSSG
- Review the ICB plans for the management of the Primary Care Network Contract Directed Enhanced Services and receive assurances that the planning of Primary Care Networks in BNSSG comply with published specifications and guidance including
- Providing oversight of the financial planning and budget management for the commissioning of primary medical care services in BNSSG
- Promote continuous quality improvement through learning, improvement methodologies, research, innovation, citizieb insights and data driven improvement initiatives

The Committee shall report on and make recommendations to the ICB on the following:

i. Progress towards delivery of the BNSGG Primary Care
ii. Planning primary medical care services in BNSSG (including needs assessment)

10. Reporting Requirements

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities. The minutes of the meetings shall be formally recorded by the secretary and submitted to the Board.

The Chair will provide assurance reports to the Board after each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

The Committee will provide an annual report to the Board to describe how it has fulfilled its terms of reference, details on progress and a summary of key achievements in delivering its responsibilities.

The ICB Primary Care Operational Group (PCOG) shall undertake the operational management, implementation and oversight of the nationally defined primary care contracts and the primary care workstreams. In addition, the PCOG will also monitor complaints and quality

The Primary Care Operational Group shall report and escalate via exception report to the Committee and submit the minutes of their meetings to the Committee for review

11. Behaviours and Conduct

ICB values:
Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the Committee shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality diversity and inclusion:
Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

Conflicts of interest:
In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to both the ICB's policies and national guidance on managing conflicts of interest.

All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Chair and submitted to the Board. If the Chair

considers a conflict of interest exists then the relevant person must not take part in that item, and the Chair may require the affected member to withdraw at the relevant point.

12. Review of Terms of Reference

The Committee will review its effectiveness at least annually.

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

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Appendix 1

Schedule 1 –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

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;