

GOVERNING BODY MEETING

Title of Subject:	Review of Primary Care Committee Terms of Reference
Date of paper:	9th December 2020
Prepared By:	Tori O'Hare
History of paper:	Annual review of the Primary Care Committee Terms of Reference
Executive Summary:	<p>This paper proposes a small number of revisions to the Primary Care Committee Terms of Reference. These are indicated for ease on the signposting sheet with the full proposed Terms of Reference also included for completeness.</p> <p>These were considered and put forward by Primary Care Committee at the November 2020 meeting for approval and ratification by Governing Body.</p>
Recommendations required of the Governing Body (for Discussion and Decision)	Governing Body is asked to support the proposed revisions to the Terms of Reference.
QIPP principles addressed by proposal:	National policy under Primary Care Delegated Commissioning arrangements.
Has this been reviewed in line with the Governing Body Assurance Framework	Yes <i>(please delete where appropriate)</i>
Direct questions to:	Carol Prowse

Signposting Sheet for revisions to Primary Care Committee's Terms of Reference – December 2020 review

Page	Paragraph Reference	Summary of change made: Previous	New
Cover Sheet		Effective from December 2019 Version 4 FINAL	Effective from December 2020 Version 2 Draft
1	4	It is a Committee comprising representatives of NHS Tameside and Glossop Clinical Commissioning Group.	It is a Committee comprising representatives of NHS Tameside and Glossop Clinical Commissioning Group. Local stakeholders are invited to ensure total system representation and integration of agenda, this includes NHS England, Tameside Metropolitan Borough Council, Derbyshire County Council, Healthwatch Tameside and Healthwatch Derbyshire.
4	19	Representatives invited to be in attendance (Non-voting): <ul style="list-style-type: none"> • A representative of the Greater Manchester Health & Social Care Partnership • A Local Medical Committee representative • The CCG Heads of Primary Care • A Primary Care Network Clinical Director • Representatives of Tameside MBC and Derbyshire County Council Healthwatch • Representatives of Tameside and Derbyshire Health and Wellbeing Boards • A representative of the Public Health directorate of Tameside Metropolitan Borough Council and of Derbyshire County Council 	Representatives invited to be in attendance (Non-voting): <ul style="list-style-type: none"> • A representative of the Greater Manchester Health & Social Care Partnership • A Local Medical Committee representative • The CCG Head of Primary Care • A Primary Care Network Clinical Director • A representative of Healthwatch Tameside • A representative of Healthwatch Derbyshire • Representatives of Tameside and Derbyshire Health and Wellbeing Boards • A representative of the Public Health directorate of Tameside Metropolitan Borough Council and of Derbyshire County Council
7	37	The membership of the CCG has established a Governing Body in order to discharge its statutory functions. This Committee is accountable to the Governing Body. The membership of the Governing Body is representative of	The membership of the CCG has established a Governing Body in order to discharge its statutory functions. This Committee is accountable to the Governing Body. The membership of the Governing Body is representative of the

		<p>the membership through the elected locality clinical executive membership. Appropriate consultation with patients and the general public is conducted primarily through the CCG's Patient Participation Groups.</p>	<p>membership through the elected locality clinical executive membership. Appropriate consultation with patients and the general public is conducted primarily through the Tameside and Glossop Partnership Engagement Network and the CCG's Patient Participation Groups and Patient Network Groups.</p>
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Tameside and Glossop
Clinical Commissioning Group

NHS Tameside & Glossop
Clinical Commissioning Group

Primary Care Committee

Terms of Reference

Effective from December 2020

Version 2 - Draft

DRAFT

PRIMARY CARE COMMITTEE

TERMS OF REFERENCE

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (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 Schedule 2 to these Terms of Reference to NHS Tameside and Glossop CCG. The delegation is set out in Schedule 1.
3. The CCG has established the NHS Tameside and Glossop CCG Primary Care 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.
4. It is a Committee comprising representatives of NHS Tameside and Glossop Clinical Commissioning Group. Local stakeholders are invited to ensure total system representation and integration of agenda, this includes NHS England, Tameside Metropolitan Borough Council, Derbyshire County Council, Healthwatch Tameside and Healthwatch Derbyshire.

Statutory Framework

5. NHS England has delegated to the CCG the authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
6. 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.
7. 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 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 the quality of services (section 14R)
 - e) Duty in relation to the 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).

8. The CCG will also need specifically, in respect of the delegated functions from NHS England, to 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).
9. The Committee is established as a Committee of the Governing Body of NHS Tameside and Glossop CCG in accordance with Schedule 1A of the “NHS Act”.
10. 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

11. 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 for NHS Tameside and Glossop CCG, under delegated authority from NHS England.
12. 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 Tameside and Glossop CCG, which will sit alongside the delegation and these Terms of Reference.
13. 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.
14. 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.
15. This includes the following:
 - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, the monitoring of contracts, the taking of contractual action such as issuing breach or remedial notices, and removing a contract)
 - Enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
 - Design of local schemes to support the delivery of national guidance and policy, for example to ensure delivery against the General Practice Forward View
 - Decision-making on whether or not to establish new GP practices in an area
 - Approving practice mergers, and
 - Making decisions on ‘discretionary’ payments (for example returner/retainer schemes).
16. This will explicitly exclude the following:
 - Individual GP performance management (medical performers’ list for GPs, appraisal and revalidation)
 - Administration of payments and list management.
17. The CCG will also carry out the following activities:
 - a. To plan primary medical care services for NHS Tameside and Glossop CCG including undertaking needs assessment

- b. To undertake reviews of primary medical care services for NHS Tameside and Glossop CCG
- c. To co-ordinate a common approach to the commissioning of primary care services generally
- d. To manage the budget for the commissioning of primary medical care services in NHS Tameside and Glossop CCG
- e. Contractual GP practice performance management.
- f. To be accountable for the delivery of planned workstreams within Primary Care aligned to national and local requirements and priorities
- g. Ensure activities are underpinned with a quality assurance approach.

Geographical Coverage

18. The Committee's responsibilities will cover the same geographical area as those of NHS Tameside and Glossop CCG that is fully coterminous with Tameside Metropolitan Borough Council and the Glossop locality of Derbyshire County Council.

Membership

19. The Primary Care Committee members are:

The 3 CCG Lay Members

The Director of Commissioning (or a nominated deputy)

A Clinical Co-Chair of the Governing Body

The Clinical Governing Body Member with the lead responsibility for Primary Care

The GP Clinical Lead for Quality Improvement

The Director of Quality and Safeguarding (or a nominated deputy)

The Deputy Chief Finance Officer (or a nominated deputy)

(The Clinical Vice-chair may deputise for any of the above GP roles)

Representatives invited to be in attendance (Non-voting):

A representative of the Greater Manchester Health & Social Care Partnership

A Local Medical Committee representative

The CCG Head of Primary Care

A Primary Care Network Clinical Director

A representative of Healthwatch Tameside

A representative of Healthwatch Derbyshire

Representatives of Tameside and Derbyshire Health and Wellbeing Boards

A representative of the Public Health directorate of Tameside Metropolitan Borough Council and of Derbyshire County Council

Quorum

20. The quorum for the Committee is five of the nine members. There must be clinical representation however, in the interests of sound management of actual or potential conflicts of interest, there will be a non-clinical majority.

Chairing

21. The Committee Chair is the Lay Member for Commissioning. In the event of the Chair being unavailable the Lay Member with responsibility for Public and Patient Involvement will deputise.
22. Should a situation arise where neither the Lay Member for Commissioning nor the Lay Member for Public and Patient Involvement is available the Lay Member with responsibility for Governance can assume the role of Chair. In the event of this situation arising consideration will be given towards any further safeguards that may be required during the meeting to maintain the integrity of that individual's role as the Conflicts of Interest Guardian. This consideration will be documented within the minutes of the meeting.
23. The Committee Chair shall manage and advise as required on all conflict of interest matters. An escalation policy is in place that will allow any issues arising to be resolved through Governing Body Members and CCG Executives.

Meetings and Voting

24. The Committee will operate in accordance with the CCG's Standing Orders. The secretarial support provided through the CCG's Corporate Office 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 five days before the date of the meeting. When the Chair of the Committee deems it necessary in light of urgent circumstances to call a meeting at short notice the notice period shall be such as s/he shall specify.
25. 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.

Frequency of meetings

26. The Committee will meet a minimum of eight times per year. It is anticipated that the Committee will normally meet at monthly intervals.
27. Meetings of the Committee shall:
 - a. be held in public, subject to the application of 27(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.
28. 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.
29. 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.

30. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
31. Members and attendees of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution and Standing Orders.
32. The Committee will present its minutes to the Greater Manchester sub-region of NHS England and the Governing Body of NHS Tameside and Glossop CCG for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 29 above.
33. The CCG will also comply with any reporting requirements set out in its Constitution.
34. These Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS Tameside and Glossop CCG will show due regard to any revised model terms of reference issued by NHS England from time to time.

Accountability of the Committee

35. The Committee is accountable for making decisions on the review, planning and procurement of primary care services in Tameside & Glossop, under delegated authority to the CCG from NHS England as detailed in Appendix D, Scheme of Delegation and Reservation, of the CCG's Constitution. Specifically, the Committee will make and submit recommendations to the Governing Body for the annual Primary Care budgets.
36. 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.
37. The membership of the CCG has established a Governing Body in order to discharge its statutory functions. This Committee is accountable to the Governing Body. The membership of the Governing Body is representative of the membership through the elected locality clinical executive membership. Appropriate consultation with patients and the general public is conducted primarily through the Tameside and Glossop Partnership Engagement Network and the CCG's Patient Participation Groups and Patient Network Groups.

Procurement of Agreed Services

38. The detailed arrangements regarding procurement will be set out in the delegation agreement. These will be captured within the CCG's Register of Procurement. This Register will be reviewed periodically by the Audit Committee.

Decisions

39. The Committee will make decisions within the bounds of its remit.
40. The decisions of the Committee shall be binding on NHS England and NHS Tameside and Glossop CCG.

Other Matters

41. The Committee will have delegated powers to act on behalf of the CCG within the approved Terms of Reference.
42. The Committee is authorised by the Governing Body to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee.
43. The Committee is authorised by the Governing Body to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, within its Terms of Reference within a limit determined by the Chief Finance Officer.
44. The Committee shall:
 - Have access to sufficient resources to carry out its duties
 - Be provided with appropriate and timely training both in the form of an induction programme for new members and an on-going basis for all members
 - Give due consideration to laws and regulations impacting on the work of the committee
 - At least once a year, review its own performance and Terms of Reference to ensure it is operating at maximum effectiveness and recommend any changes it considers necessary to the Governing Body.

The following schedules can be access on the CCG's website

Schedule 1 – Signed Delegation Agreement
Schedule 2 – Delegated functions.

These Terms of Reference were approved by the Governing Body of NHS Tameside and Glossop Clinical Commissioning Group on **[insert date]**.

Version 2 (Draft)