Blackburn with Darwen
Clinical Commissioning Group

Primary Care Co-Commissioning Committee

Revised Primary Care Co Commissioning Terms of Reference			
Date of Meeting	31st May 2017	**Agenda Item**	9

CCG Corporate Objectives	
Through better commissioning, improve local health outcomes by addressing poor outcomes and inequalities	✓
To work collaboratively to create safe, high quality health care services	✓
To maintain financial balance and improve efficiency and productivity	✓
To deliver a step change in the NHS preventing ill health and supporting people to live healthier lives	✓
To maintain and improve performance against core standards and statutory requirements	✓
To commission improved out of hospital care	
CCG High Impact Changes	
Delivering high quality Primary Care at scale and improving access	✓
Self-Care and Early Intervention	
Enhanced and Integrated Primary Care and Better Care Fund	✓
Access to Re-ablement and Intermediate Care	
Improved hospital discharge and reduced length of stay	
Community based ambulatory care for specific conditions	
Access to high quality Urgent and Emergency Care	
Scheduled Care	
Quality	✓

Decision Recommendations	
The Primary Care Co Commissioning Committee is asked to note the contents of the report and approve the minor amendments to the Primary Care Co Commissioning Terms of Reference	
Clinical Lead:	Dr Malcolm Ridgway
Senior Lead Manager	Dr Malcolm Ridgway
Finance Manager	Mr Roger Parr
Equality Impact and Risk Assessment completed:	For Primary Care Co Commissioning Committee Only
Patient and Public Engagement completed:	For Primary Care Co Commissioning Committee Only
Financial Implications	For Primary Care Co Commissioning Committee Only
Risk Identified	For Primary Care Co Commissioning Committee Only
Report authorised by Senior Manager:	Dr Malcolm Ridgway

NHS
Blackburn with Darwen
Clinical Commissioning Group

PRIMARY CARE CO-COMMISSIONING COMMITTEE
TERMS OF REFERENCE

1.0 Purpose of the Committee

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 2006 (as amended). 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 2006 (as amended) which include:

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).

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

a) Duty to have regard to impact on services in certain areas (section 13O);

b) Duty as respects variation in provision of health services (section 13P).

The purpose of the Committee is to enable members to make collective decisions on the review, planning and procurement of primary care services in Blackburn with Darwen under delegated authority from NHS England.

2.0 Roles and Responsibilities

2.1	To provide a forum, with delegated decision making powers, for approval of commissioning intentions where the recommended providers are GP practices.
2.2	Provide assurance to the Governing Body, Audit Committee, NHS England and general public that the CCG has the necessary governance arrangements in place to manage conflict of

	interest in regard to the procurement of services provided by GP practices.
2.3	Agree and review the Primary Care Strategy at least annually and to be assured of the implementation of its associated action plan.
2.4	Facilitate a culture of openness and probity around the local commissioning of GP services.
2.5	Demonstrate that the CCG and member practices are acting fairly and transparently and that final commissioning decisions are made in ways that preserve the integrity of the decision making process.
2.6	Have due regard to other independent contractors (and other providers) when any commissioning or contracting decisions are made, and that the CCG will provide assistance to NHS England in the commissioning of dental, optometry, community pharmacy and public health services.
2.7	On behalf of the Governing Body, scrutinise and approve proposals ensuring that where the recommended provider of services is to be a GP practice, there is evidence that the plans: • Clearly meet local health needs and have been developed appropriately • Go beyond the scope of the GP contract • Have been procured using the appropriate methodology • Promote improvements in the quality of primary medical care • Demonstrate the achievement of improved outcomes and value for money • Cannot be delivered by another provider to the same level of quality, specification and/or price • Include details for monitoring the quality of service provision • Include the details of any actual or potential conflict of interest having been appropriately declared and entered in the register which is publicly available • Maintain confidence and trust between patients and GP's
3.0 Deliverables	
3.1	Review of 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).
3.2	Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services").
3.3	Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF).
3.4	Decision making on whether to establish new GP practices in an area.
3.5	Approving practice mergers.
3.6	Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).
4.0 Constraints/Risks	
4.1	The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers from NHS England.

5.0 Membership	
5.1	**Members (voting)** • The Chair of the meeting who will be a lay member (with the exception of the Audit Committee Chair) • Clinical Director for Quality and Effectiveness • Chief Operating Officer • Chief Finance Officer • Lay Member • Secondary Care Doctor (Retired) • Registered Nurse • Lay Member – Governance (Chair of Audit Committee) Each member of the Committee shall have one vote. The Committee shall reach decisions by 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.
5.2	**GP Executives, Members of the Public and those in attendance (non-voting)** In addition GP Executives 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. The following will also be invited to be in attendance but will have no voting rights:- • A clinical lead GP for primary care • CCG officers as required • A representative from local Healthwatch • A representative from Health and Well Being Board • A representative from the Local Medical Committee • A representative from the NHS England Sub Regional Team • Consultant in Public Health • Patient Participation Group's representative member The Committee may resolve to exclude the public and those in attendance 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, unless requested to remain by the Chair. Those required to remain will be notified in advance of the meeting and relevant papers sent.
6.0 Governance and Reporting	
6.1	**Reporting arrangements – into** CCG Governing Body
6.2	**Reporting arrangements – from** Primary Care Group

6.4	**Quorum** The meeting will be quorate if a minimum of 4 voting members attend including at least one lay and one executive member.
6.5	**Attendance** Deputies are acceptable by prior approval from the Chair.
6.6	**Review** The Committee shall review its own performance and terms of reference on an annual basis at the first meeting in the financial year.
7.0 Relationships/Interdependencies with other Bodies	
7.1	The Committee has delegated responsibility from the Governing Body and interdependencies with the Commissioning Business Group and the Pennine Lancashire Quality Committee.
8.0 Location of information such as plans, or contact information	
8.1	Information relating to the Primary Care Co-commissioning Committee is saved electronically on the Clinical Commissioning Group drive.
9.0 Related Policies	
9.1	Managing Conflicts of Interest
10.0 Meetings	
10.1	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.
10.2	The Committee may delegate tasks to such individuals or sub-committees 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 the terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.
10.3	Minutes of meetings will be presented to NHS England's Lancashire and Greater Manchester Area Team and the Governing Body of Blackburn with Darwen CCG each month for information.
10.4	Agendas and any papers for committee meetings will be circulated to members and published at least five days in advance. Where the Committee meets in person, a corporate team member will attend to formally minute the proceedings.
10.5	Meetings will be held at least quarterly. The Chair of the Committee may arrange extraordinary meetings at their discretion. A schedule of meetings will be circulated to all members on an annual basis.
10.6	Meetings will be held in public.

10.7	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.
10.8	Except as outlined in these terms of reference, meetings of the committee shall be conducted in accordance with the provisions of Standing Orders, Reservations and Delegation of Powers as approved by the Membership and reviewed from time to time.