

Primary Care Commissioning Committees (PCCC) Committees in Common (CIC)

TERMS OF REFERENCE

(Important note: When the term CCGs is used, it relates equally to Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG).

1. PURPOSE OF THE COMMITTEE

NHS England, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG have agreed to meet once and 'in common' as part of their strategic commitment to working more closely together when this is possible. This is known as the Primary Care Commissioning Committee, Committee in Common 'PCCC CIC'.

Although this PCCC CIC will operate together as one group meeting, for legal reasons it is NOT possible for the 3 CCGs to form one single committee to deliver joint commissioning, as functions CAN NOT be delegated into "committees-in-common". However, decisions can be made in a more joined up way, simultaneously and reduce the bureaucratic duplication of running 3 meetings, while respecting the individual sovereignty of the individual CCGs.

Statutory Framework

NHS England has delegated to the CCG authority of **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG** to exercise the primary care commissioning functions set out in section 3 below (Objectives) in accordance with section 13Z of the NHS Act.

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).

The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

- Duty to have regard to impact on services in certain areas (section 13O)
- Duty as respects variation in provision of health services (section 13P)

The Committee is established as a committee of the Governing Body of Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG in accordance with Schedule 1A of the “NHS Act”.

The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

The CCGs have established the Primary Care Commissioning Committee (“Committee”) CIC. The PCCC CIC will function as a corporate decision-making body for the management of the delegated powers and associated functions to deliver the following benefits:

- Put primary care at the centre of Sustainability and Transformation Plans (STP);
- Further enhance patient participation across pathways and the whole commissioning process
- Focus on areas with greater health inequalities by tailoring solutions to our local population, particularly older people with complex needs and working age families groups, and for those with mental health and learning disabilities
- Deliver an Estates strategy that identifies priorities for investment, maximises premises utilisation while aligning with wider community infrastructure to support the STP ambitions
- Locally develop a workforce plan that reflects the current and future workforce challenges, to support a sustainable primary care for the future
- Help deliver our strategy to exploit the opportunities offered by the Digital Road map and we should significantly enhance our use of information and technology through interoperability.

2. ACCOUNTABILITY

Accountable to:

As a delegated committee, the PCCC CIC is directly accountable to the Governing Body of each, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG.

3. OBJECTIVES

The objectives of the PCCC, meeting as Committees in Common, shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act, except those relating to individual GP performance management, which have been reserved to NHS England.

This includes the following functions:

- 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).
- In performing their roles, the Joint Committees will exercise their management of the functions in accordance with the agreement entered into between NHS England and Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG, which will sit alongside the delegation and terms of reference.
- There is a requirement for the CCGs Governing Bodies to engage with the Primary Care Commissioning Committees on all key strategic areas that have an impact on Primary Care.

The key responsibilities of this committee are to work together to:

- plan, including needs assessment, primary medical care services in the CCGs area;
- undertake reviews of primary medical care services in the CCGs area;
- co-ordinate a common approach to the commissioning of primary care services generally;
- manage the budget for commissioning of primary [medical] care services in CCGs area;
- ensure collaborative working on monitoring and addressing issues of quality in primary care;
- support the development of a joint strategy for primary care estates which meets current and future needs;

4. DECISION MAKING AND REPORTING

The PCCC CIC will make decisions within the bounds of its remit.

NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning.

The decisions of the PCCC CIC shall be binding on NHS England and the CCGs.

Where a decision affects all three CCGs, it shall be binding on each of them.

Decisions will be published by the CCGs.

Where it is necessary to make decisions outside of the planned PCCC CIC meetings then the process will follow the Operating Model for commissioning of Primary Care (appendix A)

5. MEMBERSHIP

The PCCC CIC shall consist of:

Voting Core Membership

The voting membership has been allocated to non-practice affiliated members to manage any conflict of interest in instances where decisions are to be made about commissioning from all CCG practices.

Voting membership:-

- Lay Chairs x3 or nominated deputy (1 from each CCG Governing Body)
- CCGs 2 Executive Directors (can be deputised by another Executive Director and/or Accountable Officer)

The Chair of the PCCC CIC shall be a Lay Representative of the CCGs. The role of the Chair is to ensure that the PCCC CIC is run in line with principles of good governance, and acting in the best interests of all three CCGs.

The vice chair will be a lay member.

Non-voting core members will be:

- Assistant Director of Primary Care (or nominated deputy)
- GP Governing Body Member (x1)

Standing Invitations:

- Accountable Officer of 3 CCGs
- Director of Strategy & Operations
- Health and wellbeing Board representatives (x3)
- Local Medical Committee representative (x1)
- Healthwatch representative (x1)
- Public Health representative (x1)
- NHS England representative (x1)

Other attendees and subject matter experts will be invited to support discussions as defined by the items on the agenda.

6. QUORACY AND VOTING

Quoracy of the PCCC CIC will reflect the existing PCCC TOR in each CCG constitution and will require four voting members to be present. There must always be clinical advice available if not already part of voting membership (ie Director of Quality & Nursing or deputy).

- Where there is an issue or decision that impacts only one CCG, then only the ONE CCG voting membership would be required to vote.
- Should any voting members have to exclude themselves from a topic, then the deputy for that member will be required to vote.
- The Chair and at least one lay member for governance will have the final decision on whether exclusion is necessary in the event of uncertainty

7. MEETING FREQUENCY AND CONDUCT

Meetings of the PCCC CIC:

- Shall, subject to the application of (b) below, be held in public every second month. A sub group, the Joint Operations Group (JOG) for Primary Care Co-Commissioning, meets monthly all year.
- The PCCC CIC 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.

Members of the PCCC CIC have an individual responsibility to 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.

Members of the PCCC CIC shall respect confidentiality requirements as set out in the CCGs Standing Orders

The PCCC CIC shall adopt the Standing Orders of the CCGs insofar as they relate to the:

- a) Notice of meetings; (14 days)
- b) Handling of meetings;
- c) Agendas; (5 Days)
- d) Circulation of papers; (5 days)

e) Conflicts of interest

Secretariat

The PCCC CIC will be supported by the Corporate Service team.

Circulate the minutes and action notes of the committee with 5 working days of the meeting to all members

8. GOVERNANCE AND MANAGEMENT OF CONFLICTS OF INTEREST

The roles of the appointed Lay chair and Vice Lay chairs are of utmost importance to the open and transparent governance arrangements for the PCCC CIC.

The PCCC CIC will ensure that all potential conflicts of interest are managed in an open and transparent manner and following the NHS *England Managing conflicts of interest: statutory guidance for CCGs 2016*¹.

CCGs must maintain a register of interest of the members of the committee and must publish these registers and make arrangements to ensure that members of the public have access to these registers on request.

CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the committee as soon as they become aware of it, and in any event within 28 days.

Members must declare any interests at the start of the meeting and will have to exclude themselves from any part of the decision making process in relation to the agenda item in question. This will include discussion beforehand if so requested by the Chair.

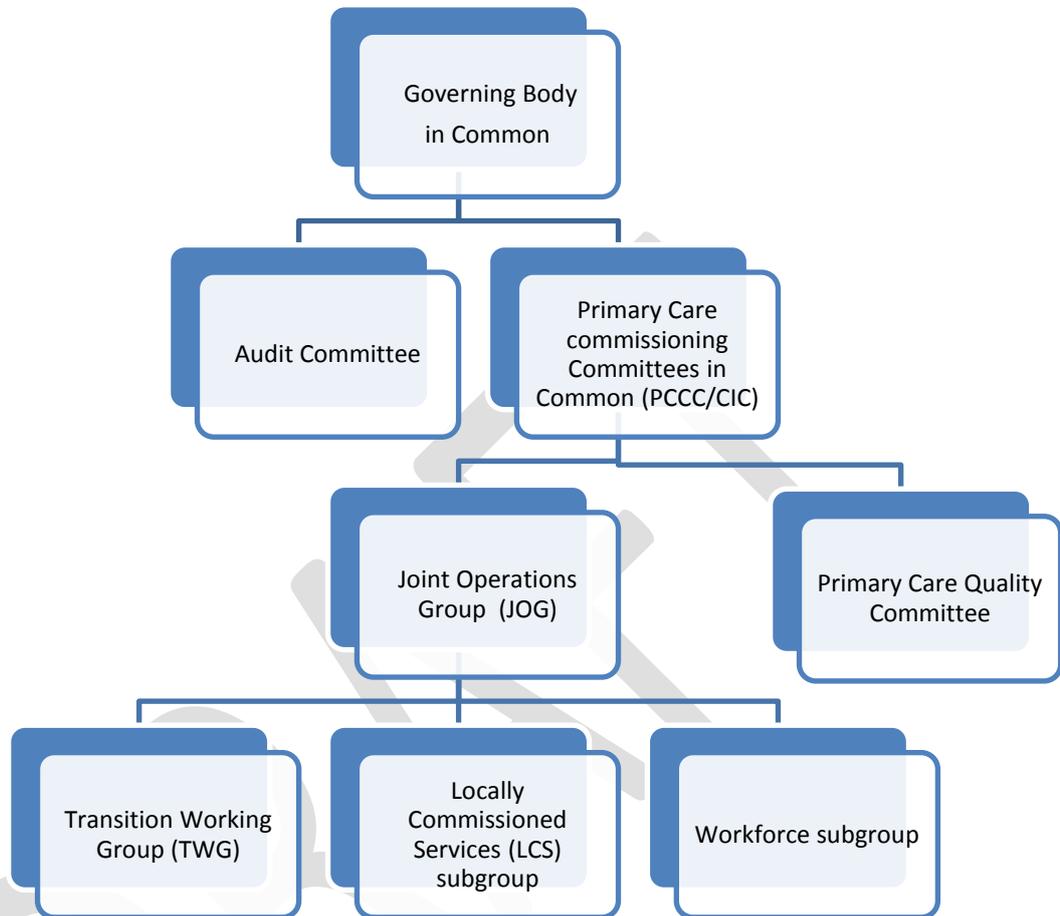
9. REVIEW OF TERMS OF REFERENCE

These terms of reference will be formally reviewed ***Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG*** in January 2018 and in September of each year thereafter, and may be amended by mutual agreement.

An equality impact assessment will be reviewed annually with the Terms of Reference.

Date approved: 11 April 2017 (draft) 24/02/2017

Committee structure:



Appendix A

Decision Making Process



Decision making
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