

**NHS Airedale, Wharfedale & Craven CCG  
Primary Care Commissioning Committee  
Terms of Reference V3.0**

**Approved by Governing Body in March 2018**

## **Introduction**

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting 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 Airedale, Wharfedale & Craven CCG. The delegation is set out in Schedule 1.
3. The CCG has established the NHS Airedale, Wharfedale & Craven 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.
4. It is a committee comprising representatives of the following organisations:
  - NHS NHS Airedale, Wharfedale & Craven CCG
  - NHS England;
  - Bradford District Health and Wellbeing Board;
  - Bradford and District HealthWatch;
  - North Yorkshire Health and Wellbeing Board;
  - North Yorkshire HealthWatch
  - Local Medical Committee

## **Statutory Framework**

5. 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.
6. 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. Such arrangements are contained within the Delegation Agreement.
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 and including:
  - a) Management of conflicts of interest (section 140);

- 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).
8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, 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 Airedale, Wharfedale and Craven 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.
11. For the avoidance of doubt, in the event of any conflict between the terms of the Delegation and Terms of Reference and the Standing Orders of Standing Financial Instructions of the CCG, the Delegation will prevail. (See Schedule 5 of the Delegation Agreement).

### **Role of the Committee**

12. 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 the NHS Airedale, Wharfedale & Craven CCG area under delegated authority from NHS England.
13. 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 Airedale, Wharfedale & Craven CCG, which will sit alongside the delegation and terms of reference.
14. 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.
15. 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.
16. 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).

17. The CCG will also carry out the following activities:

- To plan, including needs assessment, primary medical care services in the NHS Airedale, Wharfedale & Craven CCG area;
- To undertake reviews of primary medical care services in the NHS Airedale, Wharfedale & Craven CCG area;
- To co-ordinate a common approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services in the NHS Airedale, Wharfedale & Craven CCG.

### **Geographical Coverage**

18. The Committee will concern itself with primary medical care services delivered within the NHS Airedale, Wharfedale & Craven CCG area

### **Membership**

19. The Committee will have a lay (where ‘lay’ refers to non-clinical) and executive majority and shall consist of:

- Lay member for governance – Chair
- Lay member for patient and public involvement – Vice Chair
- Lay member for finance
- CCG Clinical Chair (*non-voting*)
- Chief Officer (Accountable Officer)
- Chief Finance Officer
- Secondary Care Consultant or Registered Nurse
- Executive GP (*non-voting*)
- Appropriate senior management (currently the CCG Executive Director and the Director of Nursing and Quality)

*Invited non-voting attendees: Internal*

- Appropriate CCG management

*Invited non-voting attendees: External*

- Bradford Health and Wellbeing Board representative
- North Yorkshire Health and Wellbeing Board representative

- Bradford HealthWatch representative
- North Yorkshire HealthWatch representative
- YORLMC Ltd representative
- NHSE representative

Other individuals may be invited to attend the committee on an ad-hoc basis to provide expertise to support discussions and the decision-making process.

20. The Chair of the Committee shall be a Governing Body Lay Member (but not the same individual who acts as the Audit and Governance Committee Chair).
21. The Vice Chair of the Committee shall be a Governing Body Lay Member

### **Meetings and Voting**

22. 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.
23. If there is an urgent need to conduct business (e.g. where there is a requirement to take contractual action such as issuing a breach or remedial action notice) the chair will call a meeting of the committee to a timescale commensurate with the response required. Such a meeting may be held in private (in accordance with section 29.b] below).
24. Each member of the Committee shall have one vote (with the exception of the GPs and any other conflicted members). 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.

### **Quorum**

25. No business shall be transacted unless the following are present:
  - a) The chair or vice chair
  - b) 50% of the voting membership of the Committee (Note: GPs on the Committee do not have voting rights).
26. If members have sent representation, their representative will count towards quorum only if they have formal acting up status.
27. If the chair or other member has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of a declaration of conflict of interest, that person shall no longer count towards the quorum.

### **Frequency and Conduct of Meetings**

28. Meetings shall take place no less than every two months or more frequently as required by the volume and/or urgency of business to be transacted.

29. Meetings of the Committee shall:
- a) be held in public, subject to the application of 29(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.
30. 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.
31. Members of the Committee (included invited attendees) shall respect and maintain the confidentiality of meetings or agenda items from which the public are excluded (see paragraph 29b).

#### **Delegation to Individuals, Sub-Committees or Sub-Groups**

32. The Committee may delegate tasks to such individuals, sub-committees, sub-groups 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. Where sub-committees or sub-groups are established, their minutes will be reported regularly to the Committee.

#### **Reporting**

33. The Committee will present its minutes to NHS England and the Governing Body of NHS Airedale, Wharfedale & Craven CCG every two months for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 27 above.
34. The Committee will produce an executive summary report which will be presented to NHS England and the Governing Body of NHS Airedale, Wharfedale & Craven CCG each year for information.
35. The CCG will also comply with any reporting requirements set out in its constitution.

#### **Review of Terms of Reference**

36. These Terms of Reference will be reviewed from time to time and at least annually, reflecting the experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

#### **Accountability of the Committee**

37. Budget and resource accountability arrangements and the decision-making scope of the Committee (as a committee of the Governing Body) are in accordance with the

*Scheme of Reservation and Delegation* (Appendix D) and the *Prime Financial Policies* (Appendix E) of the CCG Constitution.

38. Meetings of the Committee are held in accordance with *Meetings of the Clinical Commissioning Group* (Section 3) of the *Standing Orders* (Appendix C) of the CCG Constitution

#### **Procurement of Agreed Services**

39. Arrangements regarding procurement are set out in the delegation agreement.

#### **Decisions**

40. The Committee will make decisions within the bounds of its remit.
41. The decisions of the Committee shall be binding on NHS England and NHS Airedale, Wharfedale & Craven CCG.
42. Signature provisions are in accordance with Section 6 of the *Standing Orders* (Appendix C) of the CCG Constitution

**Schedule 1** – Please refer to the Delegation Agreement dated 1<sup>st</sup> April 2017

**Schedule 2** – Please refer to Schedule 2 (Parts 1 and 2) of the Delegation Agreement for a description of the delegated functions.

**Schedule 3** – Please refer to CCG Constitution for the list of CCG members.

**Schedule 4** – Diagram to outline the governance relationships of the Primary Care Commissioning Committee with other bodies (see below)

**Schedule 5 - Financial Provisions and Decision Making Limits** - Please see Schedule 5 table 1 of the Delegation Agreement.

**Schedule 4 - Diagram to outline the governance relationships of the Primary Care Commissioning Committee with other bodies and supporting management functions.**



