|  |  |  |  |
| --- | --- | --- | --- |
| **Date:** | 17 August 2017 |  | **Report Title:** |
| **Meeting:** | Joint Commissioning Committee |  | Terms of Reference |
| **Item Number:** |  |  |
| **Public/Private:** | Public [x]  Private [ ]   |  |
|  |  |  | **Decisions to be made:**  |
| **Author:***(Name, Title)* | Ian Reekie, Chair |  | To amend the committee's terms of reference to:* Rename the committee as the Primary Care Commissioning Committee
* Include the CCG’s Director of Primary Care/ Medical Director as a voting member of the committee
 |
| **GB Lead:***(Name, Title)* |  |  |

|  |  |
| --- | --- |
| **Continue to improve the quality of services** |[ ]  **Improve patient experience** |[ ]
| **Reduced unwarranted variations in services** |[ ]  **Reduce the inequalities gap in North Lincolnshire** |[ ]
| **Deliver the best outcomes for every patient** |[ ]  **Statutory/Regulatory** |[x]

|  |
| --- |
| **Executive Summary (Question, Options, Recommendations):** |
| The committee is required to review its terms of reference annually. Two changes are proposed; renaming the committee as the Primary Care Commissioning Committee and including the CCG’s Director of Primary Care/ Medical Director as a voting member. The attached report explains the reasons for proposing these changes and the proposed revised terms of reference are attached as Appendix 1 with proposed changes highlighted.  |

|  |  |  |
| --- | --- | --- |
| **Equality Impact** | Yes [ ]  No [x]  |  |
| **Sustainability** | Yes [ ]  No [x]  |  |
| **Risk** | Yes [ ]  No [x]  |  |
| **Legal** | Yes [ ]  No [x]  |  |
| **Finance** | Yes [ ]  No [x]  |  |

|  |
| --- |
| ***Patient, Public, Clinical and Stakeholder Engagement to date*** |
|  | ***N/A*** | ***Y*** | ***N*** | ***Date*** |  | ***N/A*** | ***Y*** | ***N*** | ***Date*** |
| **Patient:** |[ ] [ ] [x]   | **Clinical:** |[ ] [ ] [x]   |
| **Public:** |[ ] [ ] [x]   | **Other:**  |[ ] [ ] [x]   |

**Terms of Reference**

1. The Joint Commissioning Committee is required to review its terms of reference annually. The last review took place at the meeting held on 8 September 2016 since which time the CCG has become party to two other joint commissioning committees, one with North Lincolnshire Council and one with the five other CCG members of the Humber, Coast and Vale Sustainability and Transformation Partnership. This proliferation of joint commissioning committees has proved to be confusing. It is therefore proposed that the committee be retitled the Primary Care Commissioning Committee which is the generic name used by NHS England for such committees. This new proposed name would also have the advantage of continuing to be appropriate should the CCG decide to apply for fully delegated level 3 co-commissioning status.

2. The only other change proposed to the terms of reference is the inclusion of the CCG’s Director of Primary Care/Medical Director on the list of voting members. Previously when the Medical Director was also a GP member of the CCG’s Governing Body it was only appropriate for him to be a non-voting member.

3. Recommendation

That the terms of reference of the Joint Commissioning Committee attached as Appendix 1 be amended as highlighted so as to:

* Rename the committee as the Primary Care Commissioning Committee
* Include the CCG’s Director of Primary Care/Medical Director on the list of voting members

**APPENDIX 1**



**Terms of reference -**

**Primary Care Commissioning**

**Committee**

*August 2017*

**Terms of Reference for Primary Care Commissioning**

**Committee**

**Introduction**

1. The NHS England and North Lincolnshire CCG (NLCCG) Primary Care Commissioning Committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of North Lincolnshire.

**Statutory Framework**

2. The National Health Service Act 2006 (as amended) (“**NHS Act**”) provides, at section 13Z, that NHS England’s functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

3. Section 14Z9 of the NHS Act 2006 (as amended) provides the statutory provisions used to jointly exercise CCG functions, and which may be delegated by the CCG to the joint committee.

4. Section 14Z9 of the NHS Act was amended by Legislative Reform Order (2014/2436) (“LRO”) to enable the joint exercise by NHS England and a CCG of any of the CCG’s commissioning functions and any other functions of the CCG which are related to the exercise of those functions. Where such arrangements are made, the LRO enabled them to be exercised by a joint committee established between the parties.

**Role of the Primary Care Commissioning Committee**

5. 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.

This excludes:

* Those relating to individual GP performance management, which have been reserved to NHS England

This includes the following activities:

 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).

6. In performing its role the committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and North Lincolnshire CCG, which will sit alongside the

delegation and terms of reference. This agreement may include but not be limited to such matters as information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and

interplay between contractual and performance list management.

**Geographical coverage**

7. The committee will comprise NHS England Yorkshire and the Humber sub region and the North Lincolnshire CCG. It will undertake the function of jointly commissioning primary medical services for North Lincolnshire CCG.

**Membership**

8. The Joint Committee shall consist of:

a) From North Lincolnshire CCG Governing Body

 All lay members of the CCG Governing Body

* CCG Accountable Officer/Chief Officer
* CCG Chief Financial Officer
* CCG Director of Commissioning

 CCG Executive Nurse/Director of Quality & Risk

* CCG Director of Primary Care/Medical Director

b) NHS England regional representatives

9. The membership will meet the requirements of North Lincolnshire CCG‟s

constitution.

10. The Chair of the committee shall be a lay member of the CCG Governing Body.

11. The Vice Chair of the committee shall be a lay member of the CCG Governing Body.

.

12. Non-voting attendees:

* 2 x GPs (i.e.Lead for Primary Care and the Chair of Council of Members)
* A representative of Healthwatch North Lincolnshire
* Director of Public Health as a member of North Lincolnshire Health and Wellbeing Board
* A representative of the Humberside Local Medical Committee

**Meetings and Voting**

13. The committee shall adopt the Standing Orders of North

Lincolnshire CCG insofar as they relate to the:

a) Notice of meetings;

b) Handling of meetings;

c) Agendas;

d) Circulation of papers; and e) Conflicts of interest

14. In voting matters, NHS England and NLCCG will have equal voting rights.

Where a casting vote is required, NLCCG will have the casting vote on any decision pertaining to one of the CCG’s statutory functions. NHS England will have the casting vote on any decision pertaining to one of NHS England’s statutory functions.

15. A meeting will be quorate when a minimum of four members are present.

There must be one member from NHS England present and one member from NLCCG. The member from NLCCG must be one of the lay members of the committee.

16. The frequency of meetings will be as necessary but a minimum of four times a year.

17. Meetings of the committee:

a. Shall, subject to the application of 7(b), be held in public.

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.

18. 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.

19. The committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

20. Members of the committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

21. The secretariat will be provided by North Lincolnshire CCG

22. The secretariat to the committee will:

a) Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.

b) Present the minutes and action notes to Yorkshire and the Humber sub region of NHS England and the governing body of North Lincolnshire CCG.

23. These Terms of Reference will be reviewed from time to time, reflecting experience of the committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co- commissioning.

**Decisions**

24. The committee will make decisions within the bounds of its remit.

25. The decisions of the committee shall be binding on NHS England and North Lincolnshire CCG.

26. Decisions will be published by both NHS England and North Lincolnshire

CCG, including via the CCG Intranet and Internet sites.

27. The secretariat will produce an executive summary report which will presented to the Yorkshire and Humber sub region of NHS England and the governing body of North Lincolnshire CCG each quarter for information.

**Key Responsibilities**

The key responsibilities of the committee include:

 Coordinating needs assessment

 Setting the strategic direction and annual priorities for primary medical services in North Lincolnshire

 Providing oversight of the effective utilisation of the total North Lincolnshire primary medical services commissioned resource through the aligned budgets including priorities for investment, disinvestment and reinvestment.

 Existing and newly designed enhanced services (“Local Enhanced

Services” and “Directed Enhanced Services”)

 Local incentive and quality improvement schemes, potentially as an alternative to the Quality and Outcomes Framework (QOF)

 Market management, including decision making on whether to

 establish new GP practices in an area and approving practice mergers;

 Decisions on „discretionary‟ payments (e.g., returner/retainer

schemes);

**Review of Terms of Reference**

28. These terms of reference will be formally reviewed by the Yorkshire and the Humber sub region of NHS England and North Lincolnshire CCG each year and may be amended by mutual agreement between Yorkshire and the Humber sub region of NHS England and North Lincolnshire CCG at any time to reflect changes in circumstances which may arise.