

# **BNSSG Primary Care Commissioning Committee (PCCC)**

**Date:** 26<sup>th</sup> May 2020

**Time:** 9.00am – 11:00am

**Location:** Virtual meeting to be held via Microsoft Teams. Details to be included in the calendar invite.

|   |   |
|---|---|
| <b>Agenda Number :</b>  | 5   |
| <b>Title:</b>   | Terms of Reference and Committee Effectiveness Review   |
| <b>Purpose: Decision</b>  |   |
| <b>Key Points for Discussion:</b>   |   |
| <p>The paper presents the responses to the committee effectiveness survey (appendix 1). There were positive themes highlighted and the main areas for focus involve:</p> <ul style="list-style-type: none"> <li>• the timely availability of papers,</li> <li>• the length of the time available to discuss items,</li> <li>• Clarity on the commissioning role of the committee and those present, particularly GPs,</li> <li>• time for reflection on the meeting at the end</li> </ul> <p>Suggested responses for the committee to consider include:</p> <ul style="list-style-type: none"> <li>• Papers that are not available within 4 days of the meeting are withdrawn from the agenda with the chair’s permission</li> <li>• Increasing the length of the meetings (the questionnaire was completed prior to the new meeting format adopted as part of the business continuity response to the covid-19 pandemic)</li> <li>• Ensuring that the committee effectiveness checklist is considered at the end of each meeting</li> </ul> <p>There are no proposed changes to the Committee Terms of Reference (appendix 2). The CCG is discussing the Terms of Reference with NHSE and they will return to the Committee at a future point.</p> |   |
| <b>Recommendations</b>  | <ul style="list-style-type: none"> <li>• To discuss and agree the next steps based on the suggested actions</li> <li>• To approve the Terms of Reference</li> </ul> |
| <b>Previously Considered By and feedback :</b>  | first review of this paper  |

|  |   |
|--|---|
| <b>Management of Declared Interest:</b>                  | There are no actual or potential conflicts of interest related to the contents of this paper  |
| <b>Risk and Assurance:</b>                               | There is a risk to the organisation if the committee does not work effectively. Based on the comments provided the risk is scored 1x4=4 |
| <b>Financial / Resource Implications:</b>                | there are no financial implications   |
| <b>Legal, Policy and Regulatory Requirements:</b>        | there are no legal implications.  |
| <b>How does this reduce Health Inequalities:</b>         | If the committee did not work effectively there would be an impact on Health Inequalities   |
| <b>How does this impact on Equality &amp; diversity</b>  | If the committee did not work effectively there would be an impact on inequalities  |
| <b>Patient and Public Involvement:</b>                   | The effectiveness review is based on a survey of committee members and attendees. There has been no wider public engagement.            |
| <b>Communications and Engagement:</b>                    | n/a   |
| <b>Author(s):</b>  | Sarah Carr, Corporate Secretary   |
| <b>Sponsoring Director / Clinical Lead / Lay Member:</b> | Alison Moon   |

## Agenda item: 5

### Report title: Terms of Reference and Committee Effectiveness Review

#### 1. Background

As part of the CCG's annual governance review the committees of the Governing Body are asked to review their effectiveness. Following comments on the survey questions used in 2019 the survey format was revisited. An online survey was used and for each committee the questions looked at:

- The focus of the committee
- The way the committee worked as a team
- The effectiveness of the committee
- The level of engagement with the governing body, other committee and management
- The leadership of the committee

Each section had a number of statements requiring an agree/disagree or unable to answer response. At the end of each section, respondents were invited to comment on:

- What works well
- What is working less well and
- What could be improved

The committee reviewed its terms of reference in March 2019 alongside the 2018/19 effectiveness review. A forward work plan was agreed at the April 2019 meeting and a forward work plan is in place.

#### 2. Summary of findings

The survey was shared with committee members and attendees in February 2020; ten surveys were completed and the responses are reported at appendix 1. Overall the responses were positive. All respondents agreed with statements:

- I understand the role and remit of the committee
- The committee structures its agenda to cover all areas within its remit The committee receives the right level of information it needs to be able to carry out its role
- I am aware of the key controls and sources of assurances reported to the committee
- I understand who is responsible for mitigating the key risks reported to the committee
- Equal prominence is given to all the areas within the committee's remit (1 unable to answer)
- The committee has the right balance of experience, knowledge and skills to fulfil the role described in its terms of reference
- Committee members contribute regularly across the range of issues discussed
- Committee members provide real and genuine challenge

- I feel comfortable within the committee environment to be able to express my views, doubts and opinions
- I understand the information and messages discussed at meetings
- The committee receives the administrative support it needs (4 unable to answer)
- The quality of committee papers allows me to perform my role effectively (1 unable to answer)
- Debate is allowed to flow and conclusions reached without being cut short or stifled
- Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is in terms of who is doing what, when and how it will be monitored
- When a decision has been made or action agreed I feel confident that it will be implemented
- The relevant CCG staff attend meetings to help the committee understand the information and reports it receives (1 unable to answer)
- The committee actively challenges management to gain a clear understanding of key matters (1 unable to answer)
- The Chair has adequate support from CCG staff (4 unable to answer)
- The Chair has a positive impact on the performance of the committee
- Meetings are chaired effectively and with clarity of purpose and outcome
- The Chair allows debate to flow freely and allows all to have an equal voice
- The Chair provides clear and concise information to the Governing Body on the activities of the committee (4 unable to answer)

Questions where one or more respondents disagreed with the statement included:

- The committee has set itself a series of objectives it wants to achieve this year (2 disagree)
- The committee receives timely information (1 disagree)
- At the end of each meeting we discuss the outcomes and reflect back on decisions made, what worked well and not so well (6 disagree)
- The committee is clear about the complementary relationship it has with the other Governing Body committees (1 disagree)

Respondents' anecdotal comments are given in appendix 1. No clear themes emerged, although a number of comments related to;

- the timely availability of papers,
- the length of the time available to discuss items,
- more clarity on the commissioning role of the committee and those present, particularly GPs,
- more time for reflection on the meeting at the end

Some suggested responses for the committee to consider include:

- Papers that are not available within 4 days of the meeting are withdrawn from the agenda with the chair's permission

- Increasing the length of the meetings
- Ensuring that the committee effectiveness checklist is considered at the end of each meeting

### **3. Financial resource implications**

There are no financial implications.

### **4. Legal implications**

There are no legal implications.

### **5. Risk implications**

There would be a risk to the CCG if the committee was not effective. The responses do not indicate a cause for concern.

### **6. How does this reduce health inequalities**

If the committee did not work effectively, there would be implications for health inequalities.

### **7. How does this impact on Equality and Diversity?**

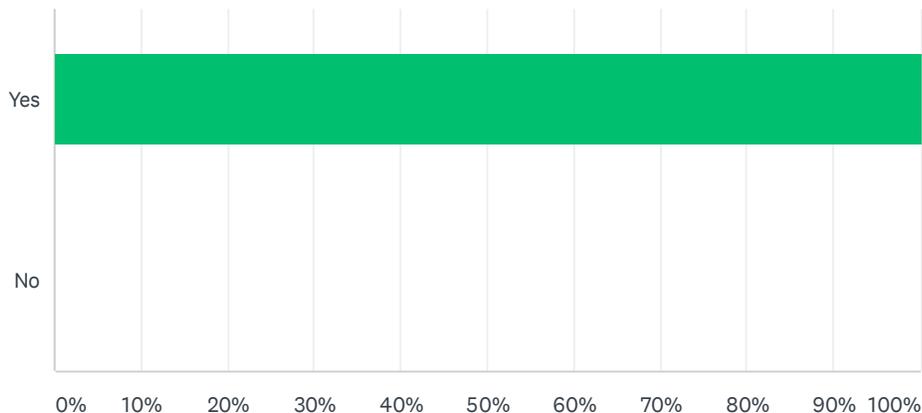
If the committee did not work effectively, there would be implications for inequalities.

### **8. Consultation and Communication including Public Involvement**

The effectiveness review is based on a survey of committee members and attendees. There has been no wider public engagement.

## Q1 Are you ok to proceed with the survey on this basis?

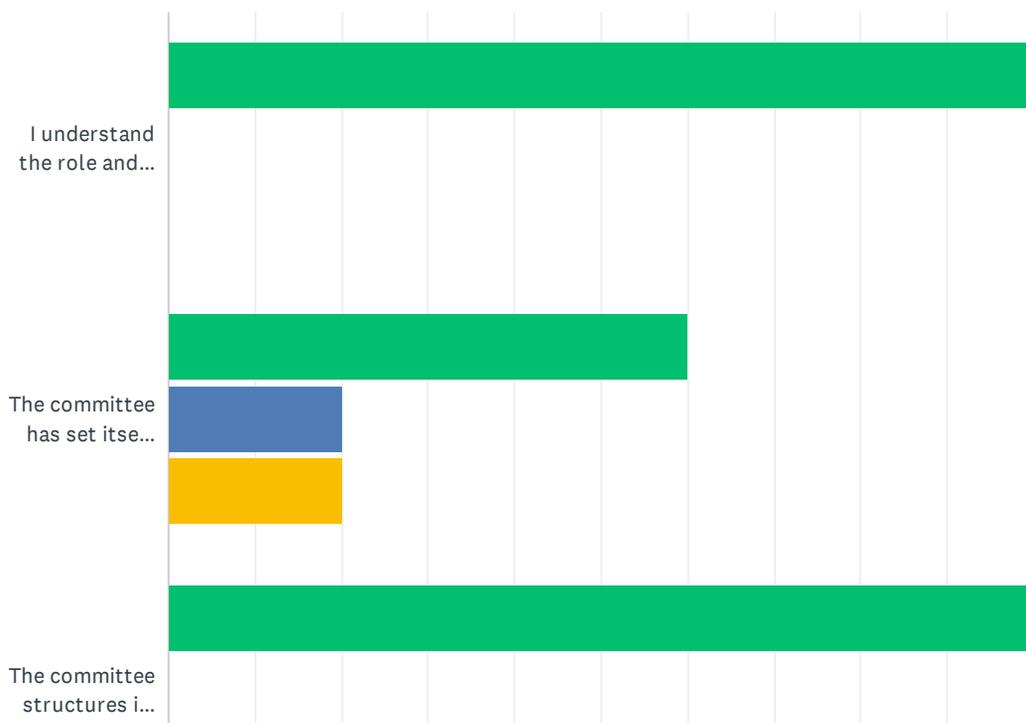
Answered: 10 Skipped: 0



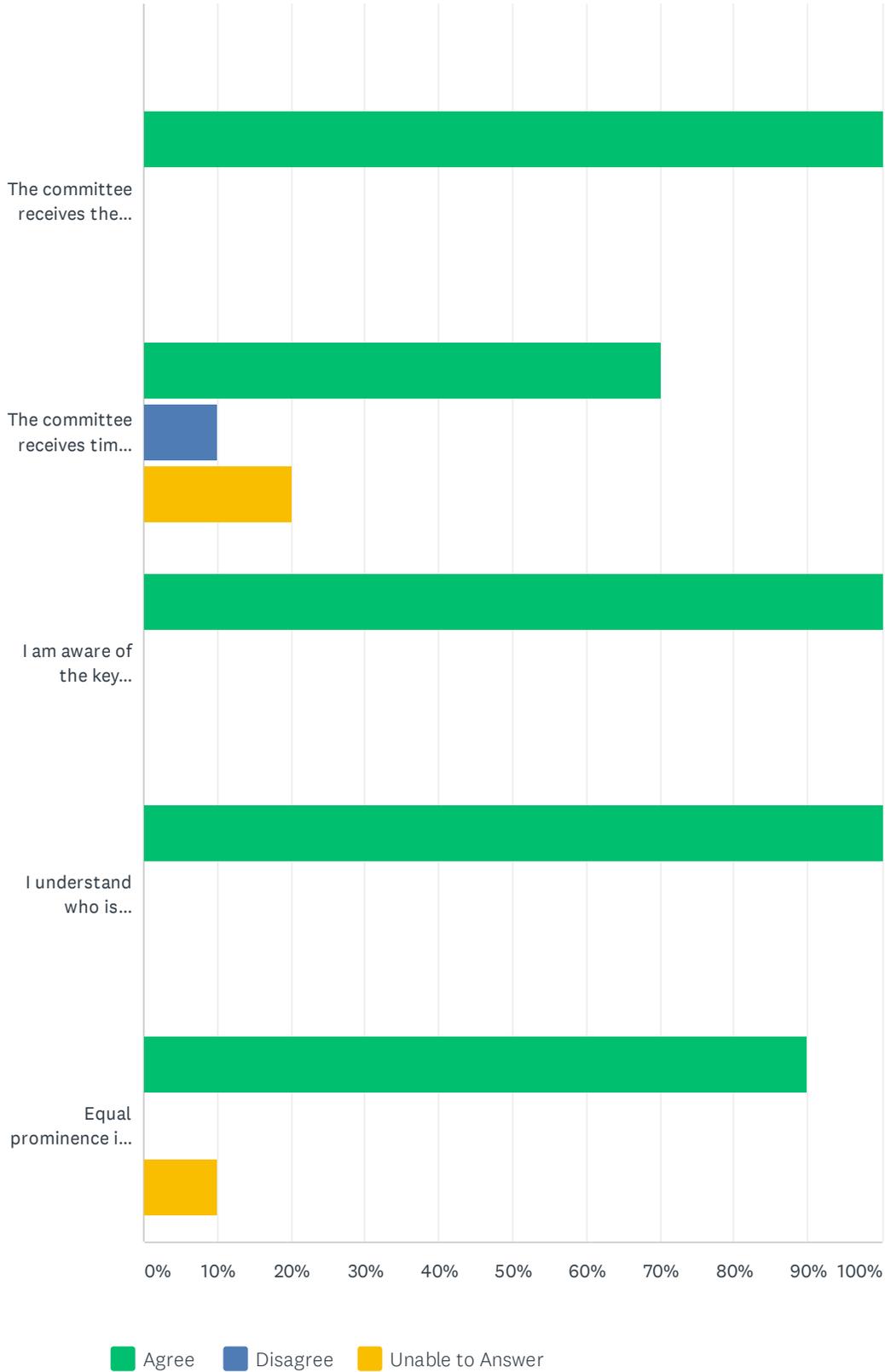
| ANSWER CHOICES | RESPONSES |    |
|----------------|-----------|----|
| Yes            | 100.00%   | 10 |
| No             | 0.00%     | 0  |
| TOTAL          |           | 10 |

## Q2 To begin with we would like to explore your reflections on the focus of the committee. Please review the following statements and indicate whether you agree or disagree with each statement.

Answered: 10 Skipped: 0



Primary Care Commissioning - Committee Effectiveness Survey 2019/20



Primary Care Commissioning - Committee Effectiveness Survey 2019/20

|   | AGREE         | DISAGREE    | UNABLE TO ANSWER | TOTAL |
|---|---------------|-------------|------------------|-------|
| I understand the role and remit of the committee  | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| The committee has set itself a series of objectives it wants to achieve this year               | 60.00%<br>6   | 20.00%<br>2 | 20.00%<br>2      | 10    |
| The committee structures its agenda to cover all areas within its remit                         | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| The committee receives the right level of information it needs to be able to carry out its role | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| The committee receives timely information   | 70.00%<br>7   | 10.00%<br>1 | 20.00%<br>2      | 10    |
| I am aware of the key controls and sources of assurances reported to the committee              | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| I understand who is responsible for mitigating the key risks reported to the committee          | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| Equal prominence is given to all the areas within the committee's remit                         | 90.00%<br>9   | 0.00%<br>0  | 10.00%<br>1      | 10    |

### Q3 Please reflect on your answers above and summarise your reflections on the focus of the committee?

Answered: 8 Skipped: 2

| ANSWER CHOICES             | RESPONSES |
|----------------------------|-----------|
| What is working well?      | 87.50% 7  |
| What is working less well? | 100.00% 8 |
| What could be improved?    | 87.50% 7  |

| # | WHAT IS WORKING WELL?   | DATE               |
|---|---|--------------------|
| 1 | well supported good papers  | 3/3/2020 1:47 PM   |
| 2 | very well chaired meeting   | 2/27/2020 9:53 AM  |
| 3 | Well Chaired meeting runs efficiently and effectively                     | 2/26/2020 7:49 PM  |
| 4 | Good quality of reporting. Maturity of debate.                            | 2/26/2020 2:31 PM  |
| 5 | Ability to cover wide portfolio areas, very good quality papers generally | 2/26/2020 1:31 PM  |
| 6 | Agenda planning, chair/leadership   | 2/26/2020 11:50 AM |
| 7 | Clear agenda and well informed to make progress / decisions               | 2/26/2020 11:45 AM |

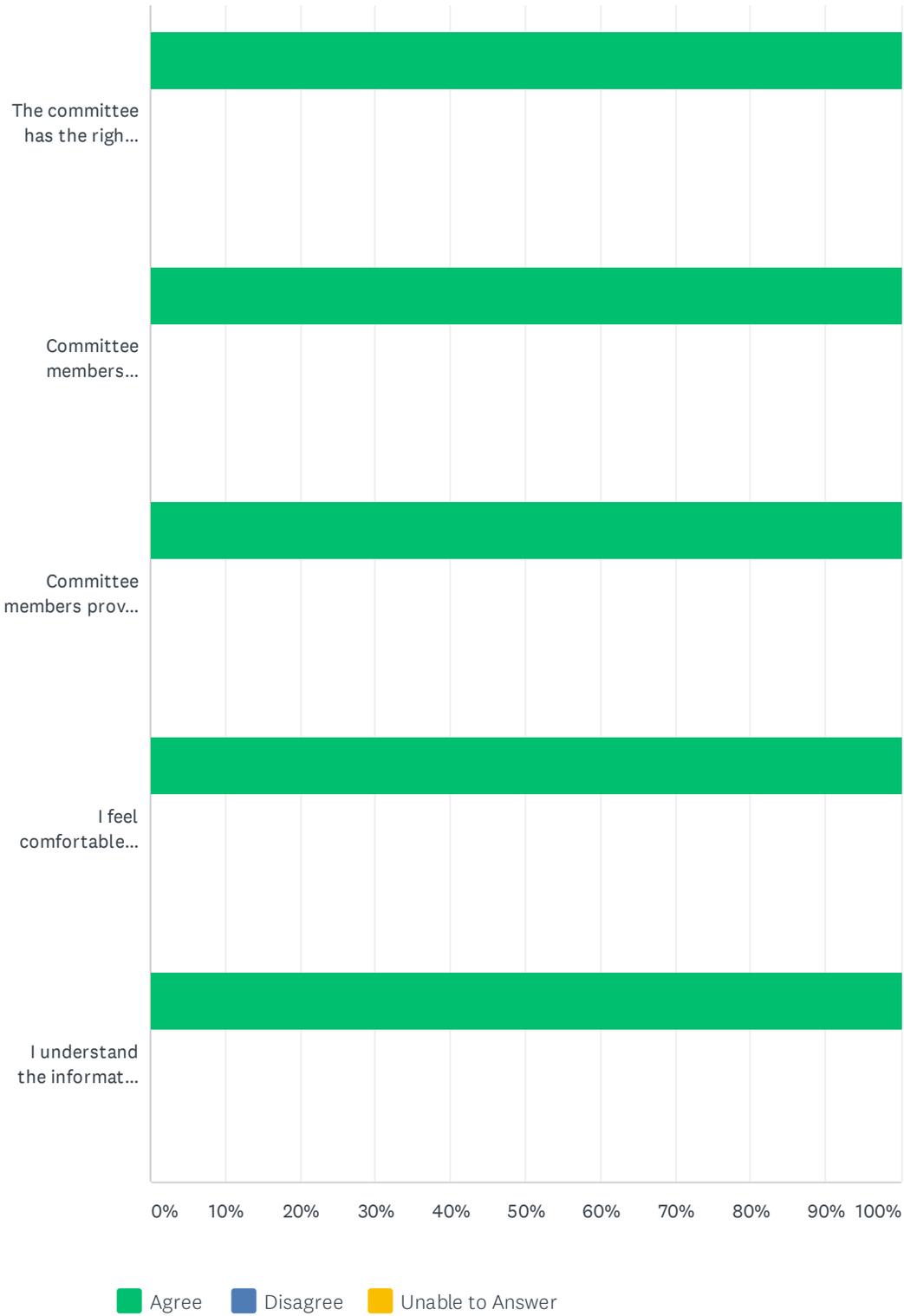
Primary Care Commissioning - Committee Effectiveness Survey 2019/20

| # | WHAT IS WORKING LESS WELL?  | DATE               |
|---|---|--------------------|
| 1 | Papers arriving just before the emeing  | 3/9/2020 6:50 PM   |
| 2 | not all executives contribute   | 3/3/2020 1:47 PM   |
| 3 | i am happy with how this committee works  | 2/27/2020 9:53 AM  |
| 4 | There is often a very heavy agenda and it can feel like it is too time pressured.   | 2/26/2020 7:49 PM  |
| 5 | Linking primary care decision making into strategic priorities for Healthier Together   | 2/26/2020 2:31 PM  |
| 6 | Quality aspects developing, still progress to be made, time pressures to make decisions which fall outside meeting dates                            | 2/26/2020 1:31 PM  |
| 7 | Sometimes papers can be late and that makes it difficult for the committee to give adequate time to preparation                                     | 2/26/2020 11:50 AM |
| 8 | Action log could be updated in a more effective way ahead of the meeting on occasions.  | 2/26/2020 11:45 AM |
| # | WHAT COULD BE IMPROVED?   | DATE               |
| 1 | Papers being circulated sooner  | 3/9/2020 6:50 PM   |
| 2 | less frequent meetings  | 3/3/2020 1:47 PM   |
| 3 | Maybe more time for the meeting when there are a lot of item to discuss.  | 2/26/2020 7:49 PM  |
| 4 | More focus on tackling unwarranted variation in access to and take up of primary care services; explore differential investment around inequalities | 2/26/2020 2:31 PM  |
| 5 | clear distinction between GP role as provivder and commissioner   | 2/26/2020 1:31 PM  |
| 6 | Always timely delivery of papers  | 2/26/2020 11:50 AM |
| 7 | Papers presented - dont often see options clearly presented, often just for approval without less palatable alternatives put forward                | 2/26/2020 11:45 AM |

**Q4 We would now like for you to consider the extent to which the committee works as a team or group. Please review the following statements and indicate whether you agree or disagree with each statement.**

Answered: 10 Skipped: 0

Primary Care Commissioning - Committee Effectiveness Survey 2019/20



Primary Care Commissioning - Committee Effectiveness Survey 2019/20

|  | AGREE         | DISAGREE   | UNABLE TO ANSWER | TOTAL |
|--|---------------|------------|------------------|-------|
| The committee has the right balance of experience, knowledge and skills to fulfil the role described in its terms of reference | 100.00%<br>10 | 0.00%<br>0 | 0.00%<br>0       | 10    |
| Committee members contribute regularly across the range of issues discussed  | 100.00%<br>10 | 0.00%<br>0 | 0.00%<br>0       | 10    |
| Committee members provide real and genuine challenge   | 100.00%<br>10 | 0.00%<br>0 | 0.00%<br>0       | 10    |
| I feel comfortable within the committee environment to be able to express my views, doubts and opinions                        | 100.00%<br>10 | 0.00%<br>0 | 0.00%<br>0       | 10    |
| I understand the information and messages discussed at meetings  | 100.00%<br>9  | 0.00%<br>0 | 0.00%<br>0       | 9     |

### Q5 Please reflect on your answers above and summarise your reflections on the way the committee works as a team?

Answered: 7 Skipped: 3

| ANSWER CHOICES             | RESPONSES |
|----------------------------|-----------|
| What is working well?      | 100.00% 7 |
| What is working less well? | 42.86% 3  |
| What could be improved?    | 42.86% 3  |

| # | WHAT IS WORKING WELL?  | DATE               |
|---|--|--------------------|
| 1 | The committee has a broad range of experimced members                            | 3/9/2020 6:50 PM   |
| 2 | the membership is broad, with director involvement and clinicians                | 2/27/2020 9:53 AM  |
| 3 | Good interaction with committee members and level of trust within the committee  | 2/26/2020 7:49 PM  |
| 4 | Open and candid discussions; frequent references to patient and community impact | 2/26/2020 2:31 PM  |
| 5 | well functioning committee   | 2/26/2020 1:31 PM  |
| 6 | It feels like an effective team - willing to take collective responsibilty       | 2/26/2020 11:50 AM |
| 7 | Able to challenge and supportive   | 2/26/2020 11:45 AM |

| # | WHAT IS WORKING LESS WELL?   | DATE               |
|---|--|--------------------|
| 1 | Pressure on the agenda   | 2/26/2020 7:49 PM  |
| 2 | individual consideration to delcarations of conflict,  | 2/26/2020 1:31 PM  |
| 3 | Adding in everyones opinon can be counter productive and repetitive , reminder that unless adding new information no need a speak! | 2/26/2020 11:45 AM |

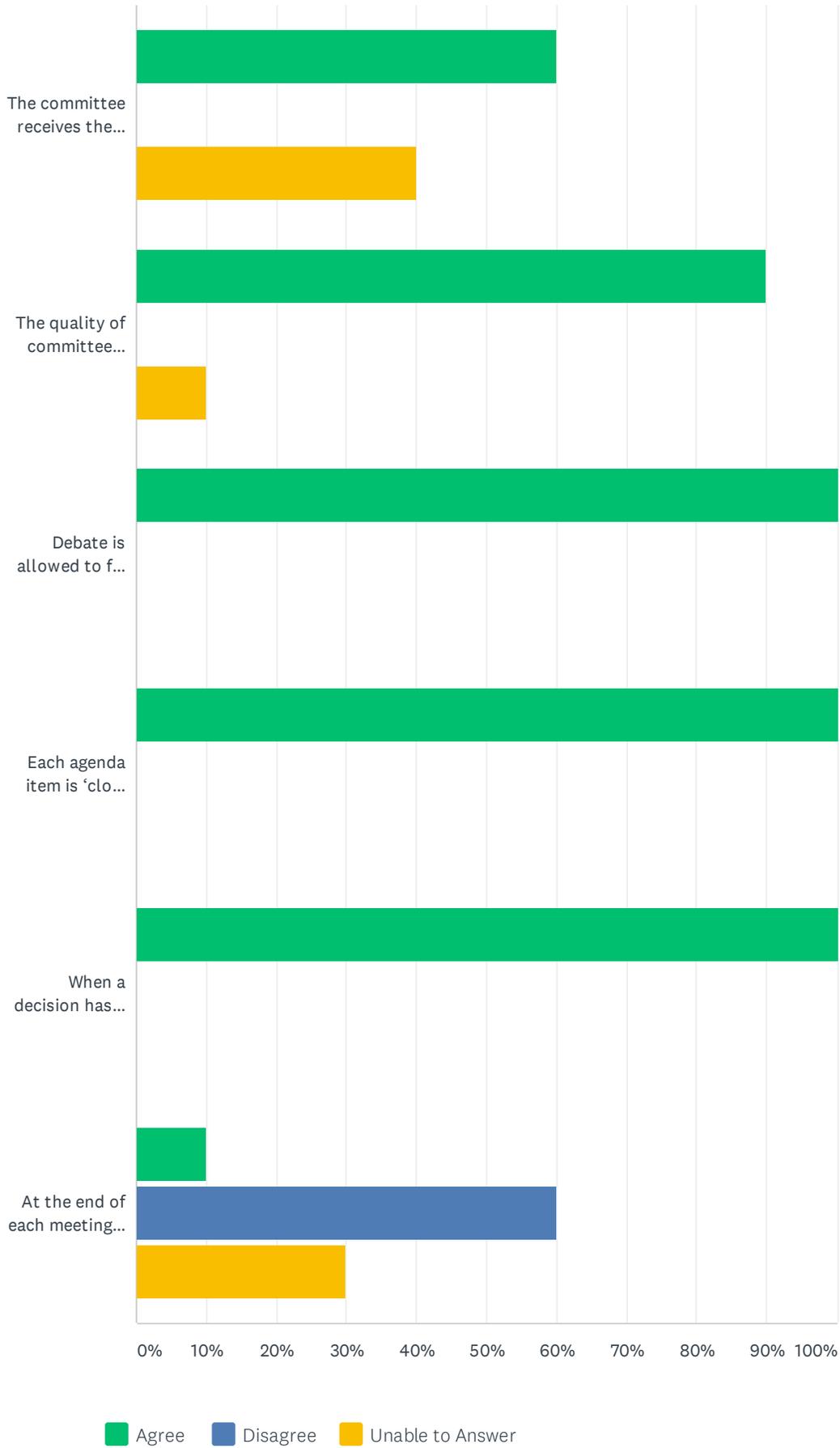
Primary Care Commissioning - Committee Effectiveness Survey 2019/20

| # | WHAT COULD BE IMPROVED?  | DATE              |
|---|--|-------------------|
| 1 | More input from the Practice Manager representative, he has offered little to discussions being had.   | 2/26/2020 7:49 PM |
| 2 | More reflection on how localities can take leadership of key agendas; More reflection on big outcomes that need to be supported by primary care not just doing the same things | 2/26/2020 2:31 PM |
| 3 | individual consideration to declarartions of conflict, clarity of committee working as commissioning committee   | 2/26/2020 1:31 PM |

**Q6** Now let's move onto the effectiveness of the committee. Please review the following statements and indicate whether you agree or disagree with each statement.

Answered: 10 Skipped: 0

Primary Care Commissioning - Committee Effectiveness Survey 2019/20



Primary Care Commissioning - Committee Effectiveness Survey 2019/20

|   | AGREE         | DISAGREE    | UNABLE TO ANSWER | TOTAL |
|---|---------------|-------------|------------------|-------|
| The committee receives the administrative support it needs  | 60.00%<br>6   | 0.00%<br>0  | 40.00%<br>4      | 10    |
| The quality of committee papers allows me to perform my role effectively  | 90.00%<br>9   | 0.00%<br>0  | 10.00%<br>1      | 10    |
| Debate is allowed to flow and conclusions reached without being cut short or stifled  | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| Each agenda item is 'closed off' appropriately so that I am clear what the conclusion is in terms of who is doing what, when and how it will be monitored | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| When a decision has been made or action agreed I feel confident that it will be implemented   | 100.00%<br>10 | 0.00%<br>0  | 0.00%<br>0       | 10    |
| At the end of each meeting we discuss the outcomes and reflect back on decisions made, what worked well and not so well                                   | 10.00%<br>1   | 60.00%<br>6 | 30.00%<br>3      | 10    |

## Q7 Please reflect on your answers above and summarise your reflections on effectiveness of the committee?

Answered: 8 Skipped: 2

| ANSWER CHOICES             | RESPONSES |
|----------------------------|-----------|
| What is working well?      | 75.00% 6  |
| What is working less well? | 37.50% 3  |
| What could be improved?    | 62.50% 5  |

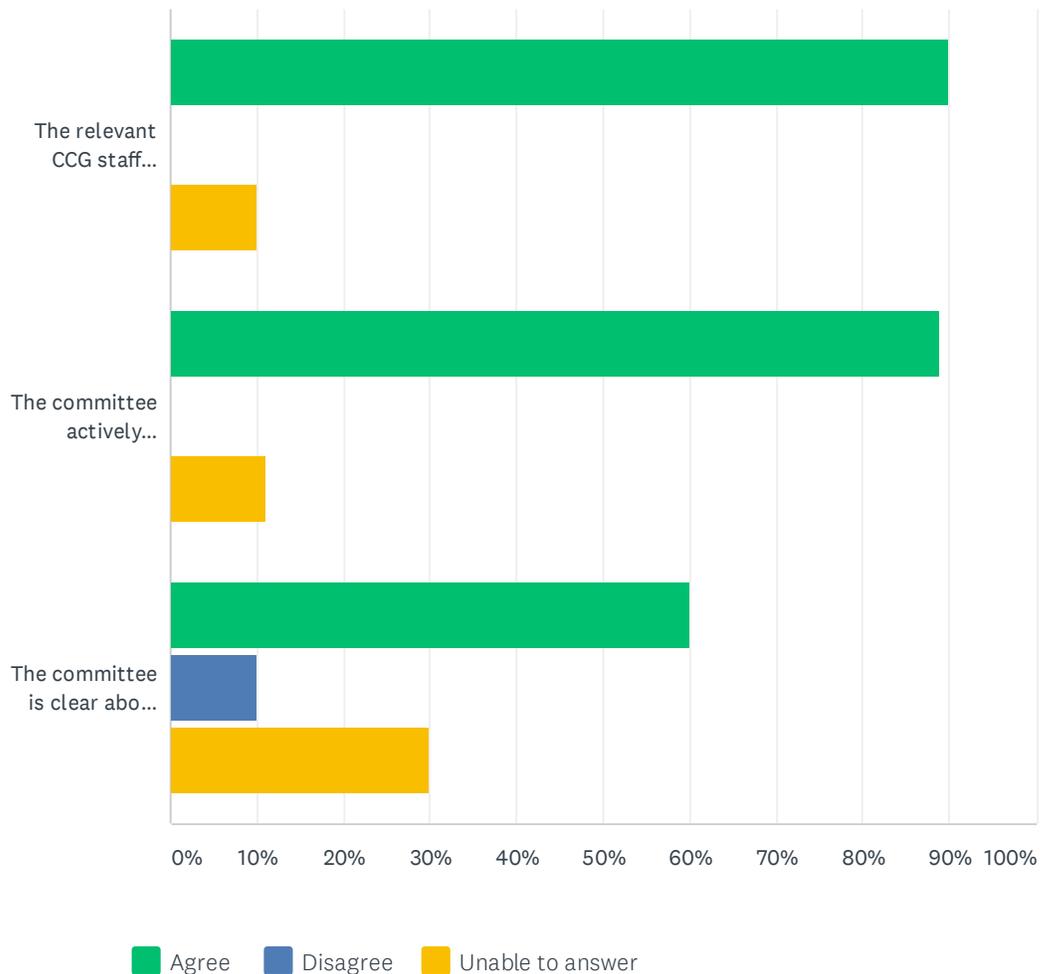
| # | WHAT IS WORKING WELL?  | DATE               |
|---|--|--------------------|
| 1 | well supported   | 3/3/2020 1:47 PM   |
| 2 | this committe has a clear remit and runs well  | 2/27/2020 9:53 AM  |
| 3 | The committee is effective and its members are happy to challenge where appropriate                                    | 2/26/2020 7:49 PM  |
| 4 | Quality of papers high;  | 2/26/2020 2:31 PM  |
| 5 | effective committee, everyone with ability to contribute, huge amount of business to get through, high quality papers. | 2/26/2020 1:31 PM  |
| 6 | Well chaired and effective in process  | 2/26/2020 11:45 AM |

| # | WHAT IS WORKING LESS WELL?  | DATE               |
|---|---|--------------------|
| 1 | Not always time to review outcomes at the end of meetings   | 2/26/2020 7:49 PM  |
| 2 | Sometimes too much information to absorb ahead of a meeting   | 2/26/2020 2:31 PM  |
| 3 | It is often a highly pressurised agenda and reflecting on the meeting is rarely done due to time constraints. | 2/26/2020 11:50 AM |

| # | WHAT COULD BE IMPROVED?   | DATE              |
|---|---|-------------------|
| 1 | i am not sure we reflect on decisions made at the end                                   | 2/27/2020 9:53 AM |
| 2 | Schedule in time for outcome review at the end of the meeting                           | 2/26/2020 7:49 PM |
| 3 | Time to reflect regularly on strategic context and whether actions are addressing these | 2/26/2020 2:31 PM |
| 4 | add in committee reflections on how the meeting went                                    | 2/26/2020 1:31 PM |
| 5 | Dont always reflect back on decisions made due to a lack of time                        | 2/26/2020 1:22 PM |

**Q8 We want to now review the extent of engagement the committee has with management and other Governing Body committees. Please review the following statements and indicate whether you agree or disagree with each statement.**

Answered: 10 Skipped: 0



|   | AGREE       | DISAGREE    | UNABLE TO ANSWER | TOTAL |
|---|-------------|-------------|------------------|-------|
| The relevant CCG staff attend meetings to help the committee understand the information and reports it receives | 90.00%<br>9 | 0.00%<br>0  | 10.00%<br>1      | 10    |
| The committee actively challenges management to gain a clear understanding of key matters                       | 88.89%<br>8 | 0.00%<br>0  | 11.11%<br>1      | 9     |
| The committee is clear about the complementary relationship it has with the other Governing Body committees     | 60.00%<br>6 | 10.00%<br>1 | 30.00%<br>3      | 10    |

## Q9 Please reflect on your answers above and summarise your reflections on the engagement this committee has with management and other Governing Body committees?

Answered: 4 Skipped: 6

| ANSWER CHOICES             | RESPONSES |
|----------------------------|-----------|
| What is working well?      | 75.00% 3  |
| What is working less well? | 25.00% 1  |
| What could be improved?    | 75.00% 3  |

| # | WHAT IS WORKING WELL?   | DATE              |
|---|---|-------------------|
| 1 | some members also are GB members so clear links                           | 2/27/2020 9:53 AM |
| 2 | There is good and appropriate challenge in the committee                  | 2/26/2020 7:49 PM |
| 3 | quarterly reports to Governing Body, cross reference to Quality committee | 2/26/2020 1:31 PM |

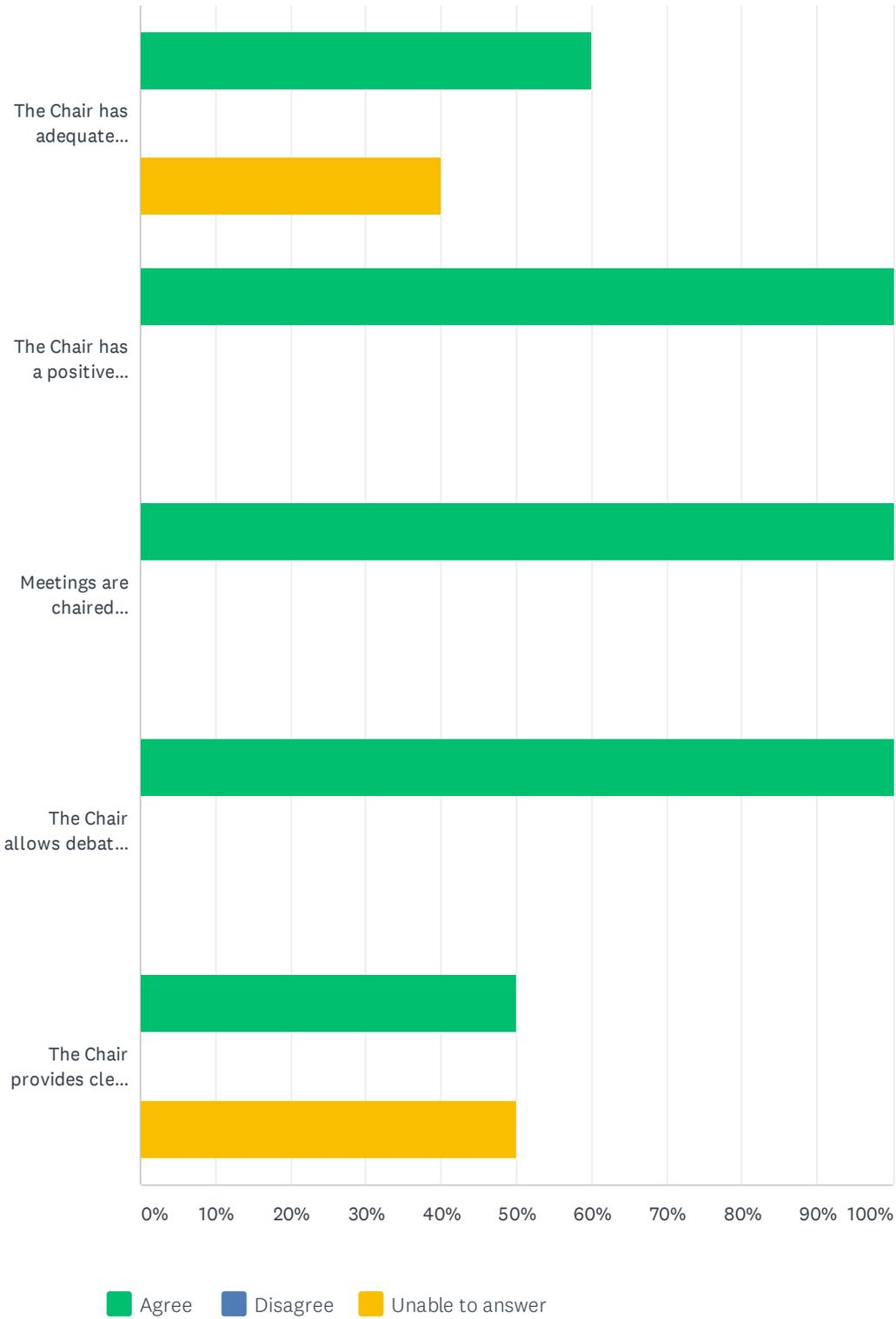
| # | WHAT IS WORKING LESS WELL? | DATE              |
|---|----------------------------|-------------------|
| 1 | No concern                 | 2/26/2020 7:49 PM |

| # | WHAT COULD BE IMPROVED?   | DATE              |
|---|---|-------------------|
| 1 | No obvious recommendation   | 2/26/2020 7:49 PM |
| 2 | Maybe make this clearer. As I'm not a CCG employee I think I find this harder to understand.                              | 2/26/2020 2:31 PM |
| 3 | strengthening links to quality committee and absolute clarity on what is discussed where to avoid duplication or omission | 2/26/2020 1:31 PM |

## Q10 Finally we would like you to reflect on the committee leadership and Chair. Please review the following statements and indicate whether you agree or disagree with each statement.

Answered: 10 Skipped: 0

Primary Care Commissioning - Committee Effectiveness Survey 2019/20



Primary Care Commissioning - Committee Effectiveness Survey 2019/20

|   | AGREE        | DISAGREE   | UNABLE TO ANSWER | TOTAL |
|---|--------------|------------|------------------|-------|
| The Chair has adequate support from CCG staff   | 60.00%<br>6  | 0.00%<br>0 | 40.00%<br>4      | 10    |
| The Chair has a positive impact on the performance of the committee                                       | 100.00%<br>9 | 0.00%<br>0 | 0.00%<br>0       | 9     |
| Meetings are chaired effectively and with clarity of purpose and outcome                                  | 100.00%<br>9 | 0.00%<br>0 | 0.00%<br>0       | 9     |
| The Chair allows debate to flow freely and allows all to have an equal voice                              | 100.00%<br>9 | 0.00%<br>0 | 0.00%<br>0       | 9     |
| The Chair provides clear and concise information to the Governing Body on the activities of the committee | 50.00%<br>4  | 0.00%<br>0 | 50.00%<br>4      | 8     |

### Q11 Please reflect on your answers above and summarise your reflections on the leadership of this committee?

Answered: 6 Skipped: 4

| ANSWER CHOICES             | RESPONSES |   |
|----------------------------|-----------|---|
| What is working well?      | 100.00%   | 6 |
| What is working less well? | 16.67%    | 1 |
| What could be improved?    | 16.67%    | 1 |

| # | WHAT IS WORKING WELL?                                     | DATE               |
|---|---|--------------------|
| 1 | well chaired  | 3/3/2020 1:47 PM   |
| 2 | experienced chair who is able to manage the meeting       | 2/27/2020 9:53 AM  |
| 3 | Excellent leadership and good management of the committee | 2/26/2020 7:49 PM  |
| 4 | Well chaired and feels like open debate.                  | 2/26/2020 2:31 PM  |
| 5 | not able to comment on chair role as am chair!            | 2/26/2020 1:31 PM  |
| 6 | Alison chairs the meeting very effectively                | 2/26/2020 11:50 AM |

| # | WHAT IS WORKING LESS WELL?       | DATE              |
|---|----------------------------------|-------------------|
| 1 | Time pressure with packed agenda | 2/26/2020 7:49 PM |

| # | WHAT COULD BE IMPROVED?                     | DATE              |
|---|---|-------------------|
| 1 | More time for meeting or less agenda items. | 2/26/2020 7:49 PM |

**Bristol, North Somerset and South Gloucestershire  
Clinical Commissioning Group  
Primary Care Commissioning Committee  
Terms of Reference**

| Version Control |          |                                      |
|-----------------|----------|--------------------------------------|
| Version         | Date     | Consultation                         |
| Version 2       | 26/03/19 | Primary Care Commissioning Committee |
|                 |          |                                      |
|                 |          |                                      |

# **Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group**

## **Primary Care Commissioning Committee**

### **Terms of Reference**

#### **1. Introduction**

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 1 to these Terms of Reference to NHS Bristol, North Somerset and South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG).

The CCG has established the Primary Care Commissioning 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.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's constitution.

The Committee will function as a corporate decision making body for the management of the delegated functions and the exercise of the delegated powers.

The Committee is authorised by the Governing Body to act within its terms of reference. All members and employees of the CCG are directed to co-operate with any request made by the Committee.

#### **2. Statutory Framework**

NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in appendix 1 of these terms of reference in accordance with section 13Z of the NHS Act.

Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board (NHS England) and the CCG.

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); and
- j) public involvement and consultation (section 14Z2).

The CCG will also need, in respect of the delegated functions from NHS England, to pay due regard to the following duties:

- duty to have regard to impact on services in certain areas (section 130);
- duty as respects variation in provision of health services (section 13P).

### **3. Purpose of the Committee**

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 BNSSG, under delegated authority from NHS England.

In performing its role, the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and the CCG, which will sit alongside the delegation and these terms of reference.

The Committee function (as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated functions set out in appendix 1 in accordance with section 13Z of the NHS Act) shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

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

### **4. Remit and Responsibilities of the Committee**

The Committee will make collective decisions on the review, planning and procurement of primary care services in BNSSG, under delegated authority from NHS England. This includes the following activities:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (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 Locally Commissioned Services (This could include Locally Commissioned Services (LCSs) offered by the CCG as

an alternative/addendum to Directed Enhanced Services (DESS). By definition this would be optional; it remains a practice's right to participate in a DES and to opt to do so with or without local amendments);

- design of local incentive schemes as appropriate, including the management and administration of the Quality Outcomes Framework (QOF);
- decision making on whether to establish new GP practices in an area, including approval and management of list dispersal;
- approving practice mergers;
- making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

The Committee will also carry out the following activities:

- ensuring that the work of the Committee aligns with and enables delivery of the primary care element of the CCGs Commissioning Plan;
- planning, including needs assessment, primary medical care services in BNSSG;
- responsibility for engaging in the development and delivery of the CCG's primary care strategy;
- undertaking reviews of primary medical care services in BNSSG;
- coordinating a common approach to the commissioning of primary care services generally;
- providing oversight of the financial planning and budget management for the commissioning of primary medical care services in BNSSG;
- providing oversight across a number of functions, including but not limited to: Primary Care Quality; Primary Care Workforce; Primary Care Premises; Primary Care Information Management and Technology (IM&T)

## **5. Membership**

The membership of the committee shall comprise:

- Independent Clinical Member - Registered Nurse (Chair)
- Independent Lay Member - Audit, Governance and Risk
- Independent Lay Member – Patient and Public Engagement (Vice Chair)
- Chief Executive
- Chief Financial Officer
- Director of Commissioning
- Director of Nursing and Quality
- Medical Director, Primary Care and Commissioning
- Two Independent out of area GPs
- An Area Director who shall also be the Chair of the CCG's Primary Care Operational Group (PCOG)

- A representative Director of Public Health to be identified by the Local Authorities

## **6. Chair**

The meeting will be chaired by Independent Clinical Member - Registered Nurse or in their absence by the Independent Lay member – Patient and Public Engagement

## **7. Attendance at Meetings**

The following members may be in attendance at meetings:

- NHS England representative
- A Clinical Commissioning Locality Lead from each of the BNSSG Areas (3)
- A BNSSG Practice Manager
- A BNSSG Healthwatch representative
- A representative of the BNSSG Health and Wellbeing Boards (to be nominated by the three local authorities)
- LMC Chair or Chief Executive

Other persons may be invited to attend, as appropriate, to enable the Committee to discharge its functions effectively. The Committee may also invite guests to attend to present information and/or provide the expertise necessary for the Committee to fulfil its responsibilities.

The Corporate Secretary or their deputy will be in attendance at all meetings to advise the Committee on governance matters.

## **8. Quorum**

A quorum shall be 4 voting members, to include an independent member, a clinical member and an executive member.

## **9. Meetings and Voting**

The Committee will operate in accordance with the CCG's Standing Orders. The Corporate Secretary or a nominated deputy will give notice of meetings. Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will be provided confirming the venue, time and date together with an agenda of items to be discussed.

All members or attendees at the Committee are required to declare potential or actual conflicts of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings

The Chair of the meeting, with support of the Corporate Secretary and, if required, the Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed,

including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

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

The aim will be to reach consensus without the need to resort to a vote. A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee shall have a second and deciding vote.

In an emergency or for an urgent decision, the Chair (or in their absence the Vice Chair) may take action in agreement with the Chief Executive or the Chief Financial Officer, together with one other member of the Committee. The actions and the reasons for the action will be formally reported to the next meeting of the Committee and recorded in the minutes.

### **10. Conduct of the Committee**

The Committee shall conduct its business in public in accordance with national guidance and relevant codes of practice including the Nolan Principles and the CCG's Conflict of Interests Policy. Members of the Committee shall respect confidentiality where specified as set out in the BNSSG CCG constitution and relevant policies.

All members of the Committee or attendees must undertake conflict of interest training and have declared their interest on the CCGs register of interests. In respect of potential conflicts of interest, the minutes of the meeting will record:

- the name of the person noting the interest;
- the nature of the interest and why it gives rise to the conflict;
- the item of the agenda to which the interest related;
- how it was agreed that the conflict should be managed;
- evidence that the conflict was managed as intended.

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.

Non-voting members may be asked to withdraw from the confidential part of the meeting

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.

Where there are dissenting views, Committee members can request to have their dissenting view recorded in the minutes. All Committee members are expected then to support the majority decision following the meeting.

The Committee may delegate tasks to operational working groups or individual members as it shall see fit, provided that any such delegations are consistent with relevant governance arrangements, are consistent with the CCG's scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

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

### **11. Administration**

A named administrator will be responsible for the provision of administrative support to the Committee and they will ensure that minutes of the meeting are accurately produced and agreed with members.

The Director of Commissioning will be responsible for supporting the Chair in the management of the Committee and in drafting agendas, forward planner which details the annual cycle of business for the Committee and specifying content of reports.

Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will normally be provided confirming the venue, time and date together with an agenda of items to be discussed. Supporting papers will normally be issued 5 working days before the meeting.

The Committee is authorised by the Governing Body to investigate any activity within its terms of reference.

### **12. Frequency of Meetings**

The Committee shall meet at least 4 times per year and may meet more frequently if required.

Any two members of the Committee can request an additional meeting which should be convened within 21 days.

### **13. Reporting arrangements**

The minutes of the Committee shall be formally recorded and submitted to the CCGs Governing Body. These minutes should be supported by a summary of decisions made and recommendations from the Committee. The Chair of the Committee shall draw to the attention of the Governing Body issues that require disclosure or which require Executive action.

Approved minutes of public meetings will be made available on the CCGs website. Minutes or sections of minutes which are of a confidential nature will not be disclosed.

The Committee will present its minutes to NHS England for information, including the minutes of any sub-committees to which responsibilities are delegated.

The Primary Care Operational Group will report to the Committee.

The Committee will receive reports relevant to its responsibilities from any other group or working group as appropriate.

#### **14. Review of the Committee's Performance**

The Committee will undertake a review of its effectiveness on an annual basis and report this to the Governing Body. It will use this exercise to inform the review of its Terms of Reference.

#### **15. Approval and Review**

These Terms of Reference will be reviewed on an annual basis or sooner if required with recommendations made to the Governing Body for approval.

#### **Review History**

| Version | Reviewed and Approved by: | Date Approved | Review date |
|---------|---------------------------|---------------|-------------|
| v1      | <b>Governing Body</b>     | June 2018     | June 2019   |

## Appendix 1

### **Schedule 1 –Delegated Functions**

- a) decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
- i) decisions in relation to Enhanced Services;
  - ii) decisions in relation to Local Incentive Schemes (including the design of such schemes);
  - iii) decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices;
  - iv) decisions about 'discretionary' payments;
  - v) decisions about commissioning urgent care (including home visits as required) for out of area registered patients;
- b) the approval of practice mergers;
- c) planning primary medical care services in the Area, including carrying out needs assessments;
- d) undertaking reviews of primary medical care services in the Area;
- e) decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list);
- f) management of the Delegated Funds in the Area;
- g) Premises Costs Directions functions;
- h) co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- i) such other ancillary activities as are necessary in order to exercise the Delegated Functions.

### **Schedule 2- Reserved Functions**

- a) management of the national performers list;
- b) management of the revalidation and appraisal process;
- c) administration of payments in circumstances where a performer is suspended and related performers list management activities;

- d) Capital Expenditure functions;
- e) section 7A functions under the NHS Act;
- f) functions in relation to complaints management;
- g) decisions in relation to the Prime Minister's Challenge Fund; and
- h) such other ancillary activities that are necessary in order to exercise the Reserved Functions;