

**DRAFT 2023/25**

**Governance Handbook Appendix F Primary Care Commissioning and Assurance Committee Terms of Reference**

**1.0 Constitution**

- 1.1 The Primary Care Commissioning and Assurance Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution.
- 1.2 These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3 The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

**2.0 Authority**

- 2.1 The Primary Care Commissioning and Assurance Committee is accountable to the ICB Board and shall report to the Board on how it discharges its delegated primary care commissioning functions for primary medical services from July 2022 and primary community pharmacy, optometry and dental services from April 2023.
- 2.2 The ICB holds only those powers as delegated in these Terms of Reference as determined by the NHS England Commissioning Board.
- 2.3 The Committee is authorised by the Board to:
  - a) Investigate any activity within its terms of reference.
  - b) Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference.
  - c) Commission any reports it deems necessary to help fulfil its obligations.
  - d) Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.
  - e) Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the

ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation but may not delegate any decisions to such groups.

- 2.4 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.

### **3.0 Purpose**

- 3.1 The Committee exists to scrutinise and provide assurance to the ICB Board that there is an effective system of primary care services including medical, community pharmacy, optometry and dental services commissioning that supports it to effectively deliver its statutory and strategic objectives and provide sustainable, high quality primary care.

- 3.1.1 The Committee acknowledges in exercising the ICB's functions (including those delegated to it), it must comply with the statutory duties as set out in the NHS Act 2006 (as amended by the Health and Care Act 2022), 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).
  - k) Delivery of the ICB & Health & Care Partnership strategic objectives for primary care commissioning.

- 3.1.2 The Committee acknowledges that it is subject to any directions made by NHS England or the Secretary of State to the ICB.

### **3.2 Role of the Committee**

- 3.2.1 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 medical services, community dental services. The Committee will receive assurance reports on community pharmacy market entry requests through the regionally established ICBs Pharmaceutical Services Regulatory Committee (PSRC) which includes BLMK under delegated authority from NHS England, and Optometry reports

to provide the committee with assurance from the hosted ICB that Optometry services are being commissioned in line with statutory functions.

- 3.2.2 The role of the Committee shall be to carry out the functions relating to the commissioning of primary care services including primary medical, community pharmacy, optometry and dental services under section 83 of the NHS Act 2006 (as amended by the Health and Care Act 2006).
- 3.2.3 In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and Bedfordshire Luton and Milton Keynes ICB which will sit alongside the Scheme of Reservation and Delegation and these terms of reference.
- 3.2.4 The functions of the Committee are undertaken in the context of a desire to promote increased quality, efficiency, productivity and value for money and to remove administrative barriers.
- 3.2.5 NHS Bedfordshire Luton and Milton Keynes to receive assurance from the regional Pharmaceutical Services Regulatory Committee (PSRC) in relation to community pharmacy services including market entry requests.

#### **4.0 Membership and attendance**

- 4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2 The Board will appoint nine members of the Committee including two who are Non-Executive Members of the ICB Board. Other attendees of the Committee need not be members of the Board, but they may be.
- 4.3 When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.
- 4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

#### **Chair and Deputy Chair**

- 4.5 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If the Chair has a conflict of interest, then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

4.7 Members with Voting rights:

- a) Non-Executive Member (Chair)
- b) Non-Executive Member
- c) ICB Chief Primary Care Officer
- d) ICB Chief Finance Officer
- e) ICB Chief Nursing Director
- f) ICB Chief Medical Director
- g) Three Clinical Representatives who have primary care leadership experience delivering either primary medical, primary dental and primary ophthalmic services or services that may be provided as pharmaceutical services, following appointment of the ICB Partner Members or clinical lead roles. One of these members will be the Deputy Chair of the Committee.

4.8 Other attendees – non-voting.

The following non-voting attendees will be invited to attend the meetings of the Primary Care Commissioning and Assurance Committee, as subject area specialists and as pertinent to Agenda items:

- a) Deputy Chief Primary Care Officer
- b) Associate Director of Primary Care Contracting and Development
- c) Associate Director of Primary Care and Prevention
- d) Associate Director of Pharmacy & Medicines Optimisation
- e) Non-Executive Member
- f) One representative from each Healthwatch in BLMK (4)
- g) One representative from each Local Medical Committee (2)
- h) One representative from the Local Pharmaceutical Committee
- i) One representative from each Local Optometry Committees (2)
- j) One representative from each Local Dental Committees (2)
- k) One representative from each Health and Wellbeing Board in BLMK (4)
- l) One Public Health representative for each Local Authority area (2)

## **5.0 Meeting Quoracy and Decisions**

5.1 The Primary Care Commissioning and Assurance Committee shall meet in private quarterly. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

## Quorum

- 5.2 For a meeting to be quorate the following four members need to be present: one non-executive member (Chair for the meeting), ICB Chief Primary Care Officer or ICB Chief Medical Director, ICB Chief Finance Officer plus one other ICB Executive Board Member.
- 5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

## Decision making and voting

- 5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 5.5 Only voting members of the Committee, or deputies for members required for quoracy, may vote. Each voting member is allowed one vote and a majority will be conclusive on any matter.
- 5.6 Where there is no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

## **6.0 Responsibilities of the Committee**

- 6.1 The responsibilities of the Primary Care Commissioning and Assurance Committee are authorised by the Board of the ICB. The Committee is responsible for providing the ICB Board with assurance in relation to its decisions for the commissioning, procurement and management of Primary Care contracts including primary medical (GP), community pharmacy, optometry and dental services including but not limited to the following activities:
  - a) Review and approve recommendations made by the Primary Care (Medical services (GP), Community Pharmacy, Optometry and Dental) Delivery Group to ensure the ICB is meeting its statutory responsibility for commissioning and overseeing delegated primary care services and functions to include:
    - i. General Medical Services (GMS) and Alternative Provider of Medical Services (APMS) contracts (including the design of APMS contracts, performance of contracts, appropriate contractual action such as issuing breach/remedial notices and removing a contract) has been applied.

- ii. Assurance on contractual compliance and decision making in relation to the management of poorly performing medical, (GP), community pharmacy, optometry and dental practices and including, without limitation, decisions and liaison with the Care Quality Commission where the Care Quality Commission has reported non-compliance with standards (but excluding any decisions in relation to the performers list).
  - iii. Receive Optometry reports to provide the committee with assurance from the hosted ICB that Optometry services are being commissioned in line with statutory functions.
  - iv. Receive Pharmaceutical Services Regulatory Committee (PSRC) reports to provide the committee with assurance the PSRC is implementing the requirements of the community pharmacy regulatory framework.
  - v. Approve the development (subject to financial authorisation) of newly designed services for all contractor groups and implementation of financial services or local incentive schemes and other ancillary activities as appropriate.
  - vi. Decision making on whether to establish new GP and community dental practices (including branch surgeries) and closures of GP and dental practices.
  - vii. Agree the Primary Care procurement plans and approve the recommendations by the delivery group to award new contracts on completion of procurements.
  - viii. Ensure compliance with the Premises Cost Directions (2015) for primary medical services.
  - ix. Oversee the planning and preparedness for the delegation of NHS England Public Health (section 7a) services of vaccinations and immunisations with recommendation to the ICB Board for the services to be delegated to the ICB in 2025
- b) Utilise local clinical knowledge to influence the development of and investment in primary care to improve access to all primary care commissioned services and taking a population health management approach.
  - c) Develop and commission end to end care and increased autonomy to shape future primary care services including medical services (GP), community pharmacy, optometry and dental services.
  - d) Take an active role in driving forward the NHS Long Term Plan.
  - e) Provide assurance on the delegated budget for commissioning of primary medical services including community pharmacy, optometry and dental services in Bedfordshire Luton and Milton Keynes.
  - f) Plan, primary medical care, community pharmacy, optometry and dental services in the BLMK area in response to population health assessments.

- g) Undertake reviews of primary care services in the BLMK area, including primary medical services, community pharmacy, optometry and dental services.
- h) Co-ordinate a common approach to the commissioning of primary care services.
- i) Ensure collaborative working on monitoring and addressing issues of quality in primary care based on the principle of continuous improvement.
- j) Recommend the key primary care priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities in care.
- k) Oversee and monitor delivery of primary care related ICB key statutory requirements.
- l) Review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to primary care, and high-risk operational risks which could impact on care. Ensure the Board is kept informed of significant risks and mitigation plans, in a timely manner.
- m) Oversee and scrutinise the ICB's response to all relevant (as applicable to primary care) Directives, Regulations, national standards, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England and other regulatory bodies / external agencies (e.g., Care Quality Commission, National Institute of Clinical Excellence), to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.
- n) Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the Board that these are disseminated and implemented across all sites.
- o) Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place.
- p) Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services.
- q) Oversee the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
- r) Have oversight of and recommend approval of the terms of reference and approve work programmes for the groups reporting into the Primary Care Commissioning and Assurance Committee.
- s) Provide assurance on the transformation and integration programme for primary care which includes the ambitions in the NHSE 'Fuller Stocktake Report' (May 2022), the NHSE 'Delivery Plan for Improving Access to Primary Care' (May 2023) and the ICBs 'Delivery Plan for Prevention in Primary Care Settings' (January 2024).

- t) The Committee will provide regular assurance updates to the Board in relation to activities and items within its remit.

## 6.2 **Delegation of functions and decisions to the Primary Care Delivery Group**

The following operational functions and decisions in relation to General Practice, community pharmacy, optometry and dental services are delegated to the Executive led Primary Care Delivery Group, from the Primary Care Commissioning and Assurance Committee and these are:

- i. Oversee commissioning and operational delivery of primary care contracts including the design of Alternative Provider of Medical Services and Personal Dental Service contracts.
- ii. Monitoring of contracts taking contractual action such as issuing remedial and breach of contract notices and or termination of contracts in line with the terms of the contracts and national policy guidance manuals.
- iii. Oversee the programme of Alternative Provider of Medical Services and Personal Dental Service and other procurements and make recommendations to the PCCAC for contract award.
- iv. Oversee the development (subject to financial authorisation) of newly designed enhanced services “Local Enhanced Services” and implementation of “Directed Enhanced Services” and “Local Incentive Schemes
- v. Approving practice mergers.
- vi. Approving contractors change of boundary requests and relocation requests.
- vii. Approve dental contractors change of hours of service delivery.
- viii. Approving requests to convert General Dental contracts to Personal Dental contracts.
- ix. Approving primary care medical and dental incorporation applications
- x. Oversee and approve the rebasing of dental contracts.
- xi. Making decisions on discretionary payments including Section 96 emergency financial support, within the Chief Primary Care Officer Executives SFO authorisation limits
- xii. Making decisions relating to Primary Care Estates issues.
- xiii. Making decisions relating to Primary Care Digital issues.
- xiv. Making decisions relating to Primary Care Workforce.

6.2.1 The Primary Care Delivery Group will report decisions it has made to the Primary Care Commissioning and Assurance Committee at each meeting to provide oversight and assurance.



## **7.0 Behaviours and Conduct**

### ICB Values

- 7.1 Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and Diversity

- 7.2 Members must consider the equality and diversity implications of decisions they make.

### Declarations of Interest

- 7.3 All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

## **8.0 Accountability and reporting**

- 8.1 The Primary Care Commissioning and Assurance Committee is directly accountable to the Board. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board after each meeting and provide a report on assurances received, escalating any concerns where necessary.
- 8.2 The Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.
- 8.3 The Committee will receive scheduled assurance report from its delegated group the Executive led Primary Care Delivery Group which will include quarterly assurance reports from the Primary Care Workforce & Education Network Training Hub Steering Group, the Estates Working Group the region wide Secondary Care Dental Steering Group and the region wide Pharmaceutical Services Regulatory Committee. Any delegated groups would need to be agreed by the ICB Board.

## **9.0 Secretariat and Administration**

- 9.1 The Committee shall be supported with a secretariat function which will include ensuring that:
- i. The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having

- been agreed by the Chair with the support of the relevant executive lead.
- ii. Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
  - iii. Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
  - iv. Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
  - v. The Chair is supported to prepare and deliver reports to the Board.
  - vi. The Committee is updated on pertinent issues/ areas of interest/ policy developments.
  - vii. Action points are taken forward between meetings and progress against those actions is monitored.

## **10.0 Review**

- 10.1 The Committee will review its effectiveness at least annually.
- 10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.
- 10.3 The Committee will use a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

**Date of Approval : March 2024**

**For review : March 2025**

## Appendix 1 Bedfordshire Luton & Milton Keynes – ICB Committee Structure

