

## Appendix A V

# Lancashire & South Cumbria Integrated Care Board

## Primary Care Contracts Sub-Committee Terms of Reference

### 1 CONSTITUTION

- 1.1 The Primary Care Contracts Sub-Committee (the sub-committee) is established by the Integrated Care Board (the Board or ICB) as a sub-committee reporting to the ICB Executive Committee in accordance with its Scheme of Delegation and Reservation (SoRD) and Operational Scheme of Delegation (OSoD).

### 2 AUTHORITY

- 2.1 The Primary Care Contracts Sub-Committee is authorised by the Board to:
- Investigate any activity within its terms of reference
  - 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 sub-committee) as outlined in these terms of reference
  - commission any reports it deems necessary to help fulfil its obligations
  - 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 sub-committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
  - create groups as considered necessary by the sub-committee's members. The sub-committee shall determine the membership and terms of reference of any such groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD)
- 2.2 For the avoidance of doubt:
- the sub-committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.
- 1 The sub-committee does not hold responsibilities for functions retained by NHS England for example performers list concerns
  - 2 The sub-committee does not hold decision-making responsibility for launching a procurement or the award of a contract

### 3 PURPOSE

- 3.1 The Primary Care Sub-Committee has been established to oversee the review, planning and procurement of primary care services in relation to primary medical services, community pharmacy, primary dental and primary ophthalmic services and as part of the ICB's statutory commissioning responsibilities across Lancashire & South Cumbria under delegated authority from NHS England.
- 3.2 In performing its role, the sub-committee will exercise its functions in accordance with the agreement entered into between NHS LSC ICB and NHS England.
- 3.3 The sub-committee's remit covers the contracting of
- 3 All delegated primary care commissioning functions as defined by the Delegation Agreements
  - 4 all locally enhanced commissioned primary care services
- 3.4 The committee will provide oversight of the delivery of effective primary care services across the ICBs four places.
- 3.5 Whilst exercising its role the committee will:
- a) Ensure the exercise of functions across the ICB with regards to delegated primary care services, within the agreed ICB financial allocations, strategy and plans.
  - b) Promote a culture of continuous improvement and innovation with regards to clinical service delivery, effectiveness and patient experience
  - c) The sub-committee, and associated contracting groups, shall carry out the functions to the commissioning of primary care services under The NHS Act 2006, namely:
    - Primary Medical Services, under part 4
    - Pharmaceutical Services, under part 7
    - Dental Services, under part 5
    - Ophthalmic Services, under part 6

As defined by the Delegation Agreement
  - d) Take accountability in ensuring delegated primary care commissioning functions are delivered in-line with national policy and legislation.
  - e) Provide regular assurance updates and make recommendations to the Executive Committee as set out in these terms of reference.

- f) Provide assurance to the Quality and Outcomes Committee for primary care services, insofar as they relate to quality and safety, access to services and patient experience.
- g) Provide assurance to the Finance and Contracting committee for primary care services including Locally Enhanced Services and the GP Quality Contract, insofar as they relate to finance, and performance against contracted activity, and actions to mitigate any negative variation.

## **4 DUTIES**

### **4.1 Contract, Performance and Financial Oversight**

- a) Hold responsibility for contracting and financial oversight of primary care contracts
- a) Planning the Primary Medical Services Provider landscape in the ICB's area
- b) Managing the Primary Medical Services contracts and the performance of Primary Medical Services Providers (including making decisions in relation to the management of those who are poorly performing).
- c) Planning and making decisions in relation to the commissioning and management of Primary Dental Services, including by carrying out needs assessments.
- d) Undertaking reviews of the Primary Dental Services in the ICB's area and planning the dental provider landscape.
- e) Making decisions in relation to the management of poorly performing Dental Services providers.
- f) Establishing appropriate contractual arrangements with acute providers to commission acute dental services.
- g) Making decisions in relation to the management and provision of local Primary Ophthalmic Services
- h) Overseeing the performance of each of the relevant Primary Ophthalmic Services Contracts.
- i) Overseeing compliance of those who are party to Local Pharmaceutical Services Contracts with the terms of those contracts.
- j) Supporting the implementation and delivery of all elements of the Community Pharmacy Contractual Framework.
- k) Making recommendations on how the ICB's individual allocation for PM and PODs is spent
- l) Undertake the monitoring of contracts for the provision of ancillary support services as are required to support the ICB in the effective discharge of the Delegated Functions, including, but not limited to:
  - collection and disposal of clinical waste;
  - provision of translation and interpretation services;
  - occupational health services for performers registered on the Performers List.

- m) Oversight of all financial operations and decisions in relation to primary care services, within the ICB's area.
- n) Ensure robust financial budget management of delegated services

#### 4.2 Additional Activity and Enhanced Services

- a) Develop and recommend clinically supported schemes to support additional core activity within contracted budget levels to the ICB Executive Committee
- b) Design and recommend Locally Enhanced Service (LES) specifications as well as any existing local enhanced services using NHS Standard Contracts, on an annual basis where appropriate.
- c) Manage the commissioning of any agreed LES and monitor contractor performance against agreed activity and outcomes.
- d) Overseeing the design of Local Incentive Schemes for Primary Medical Services Providers, in addition to or as an alternative to the national contractual frameworks (including the Quality Outcomes Framework or enhanced services) and manage the commissioning and monitoring of any such schemes.

#### 4.3 Procurement and New Contracts

- a) To take overall responsibility in assessing the need for future procurements and/or extensions to existing contracts, including ancillary support services.
- b) To manage and oversee all agreed procurements, including the development of Procurement Evaluation Strategies and make recommendations on the launch of a procurement or award of a contract to the ICB Executive Committee
- c) Make recommendations for the award of new Primary Medical, Ophthalmic, and Dental services.
- d) Make recommendations on the award of ancillary support services.
- e) Ensure sufficient engagement and/or consultation has taken place prior to recommending any decision.

#### 4.4 Premises Costs Directions Function

- a) take overall responsibility for making decisions in relation to the Premises Costs Directions Functions (complying with guidance issued by NHS England and any decision-making limits) make decisions concerning:
  - i. applications for new payments under the Premises Costs Directions; and
  - ii. revisions to existing payments being made under the Premises Costs Directions.

#### 4.5 Risk Management

- a) To review and monitor risks on the Operational Risk Register which relate to Primary Care Contracts or the effective and safe delivery of Primary Care services, making recommendations to the Executive Committee on any escalation of risks that might impact on the delivery of the ICB's strategic objectives in line with the ICB's risk management policy and framework

#### 4.6 Other

- a) Ensure any commissioning decisions made by the relevant contracting group are made in-line with the agreed decision-making matrix and the ICB's SoRD and OSoD
- b) Review and approve policies specific to the sub-committee's remit.
- c) Oversee the identification and management of risks relating to the Committee's remit
- d) Monitor the quality of data that informs the work of the sub-committee; this includes review of the timeliness, accuracy, validity, reliability, relevance and completeness of data

The sub-committee will provide regular assurance updates to the ICB Executive in relation to all activities and items within its remit.

### 5 Groups of the Sub-Committee

5.1 In carrying out its role, the sub-committee has established six contracting groups:

- Primary Medical Services Group
- Pharmaceutical Services Group
- Dental Services Group
- Eye Health Services Group
- Primary Care Quality Group (Primary Care serious incidents and complaints will remain with the ICB's Quality and Outcomes Committee)
- Primary Care Estates Group

5.2 A comprehensive decision-making matrix and Terms of reference are in place for each group and each group will provide a summary report the Primary Care Contracting Sub-Group following each meeting and officers will escalate any areas of concern arising outside of scheduled meetings to the Director of Primary Care.

### 6 MEMBERSHIP AND ATTENDANCE

The sub-committee membership shall be agreed by the Board in accordance with the ICB Constitution.

The Chair of the sub-committee may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters, or where there is deemed to be a conflict of interest that cannot be managed within the meeting.

## 6.1 Chair and Deputy

The Committee will be chaired by a member of the ICB Executive Committee. In the event of the Chair being unable to attend all or part of the meeting, an executive from within the sub-committee's membership will be nominated to deputise for that meeting.

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

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives of the sub-committee as set out in these terms of reference.

## 6.2 Membership

The sub-committee will have 10 members, comprised as follows:

- a) Chief Operating Officer (Chair)
- b) Chief Nurse
- c) Medical Director
- d) Primary Medical Care Partner Member (GP)
- e) Associated Medical Director (GP)
- f) Director of Primary Care
- g) Director of Finance / Deputy CFO
- h) Director of Communications and Engagement
- i) Director of Quality Assurance and Safety
- j) Chief Pharmacist

GPs can and should be members of the Primary Care Sub-Committee so long as conflicts of interest are managed.

For the reasons set out below, GP members will **not** take part in any decision-making where decisions are in relation to Pharmaceutical delegated functions:

*NHS England Pharmacy Manual states that the following persons must be barred from taking part in decision-making on applications for inclusion in a pharmaceutical list or a dispensing doctor:*

- *A person who is included in a pharmaceutical list or is an employee of such a person.*

- *A person who assists in the provision of pharmaceutical services under Chapter 1 or Part 7 of the NHS Act 2006.*
- *A person who is an LPS chemist, or a person who provides or assists in the provision of LPS.*
- *A person who is a provider of primary medical services*
- *A person who is a member of a provider or primary medical service that is a partnership, or a shareholder in a provider of primary medical services that is a company limited by shares.*
- *A person who is employed or engaged by a primary medical services provider.*
- *A person who is employed or engaged by an alternative provider medical services contractor in any capacity relating to the provision of primary medical services.*

### **6.3 Regular Participants**

The sub-committee may invite specific individuals to participate in its meetings to support in discharging its responsibilities. The following may be invited as participants:

- Other Associate Medical Director(s)
- Primary Care Nurse
- Clinical advisor for Ophthalmic Services
- Clinical advisor for Dental Services
- Clinical advisor for Pharmaceutical Services
- Associate Director Primary Care- Blackpool, Lancashire (North), South Cumbria
- Associate Director Primary Care- Lancashire (Central)
- Director of Corporate Governance / Company Secretary
- Director of Strategic Estates, Infrastructure and Sustainability

### **6.4 Deputies and attendance by Invitation**

Nominated Deputies may attend at the approval of the Committee Chair, and it is expected that the nominated individual will be the regular deputy.

Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

## **7 MEETING QUORACY AND DECISIONS**

### **7.1 Quoracy**

The committee will be quorate with a minimum of 5 members present, to include at least two executive members and two Director members.

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of declaration of conflicts of interest, then that individual shall no longer count towards the quorum. Where known, all declarations of interest should be made in advance of the meeting to allow planning for changes in quoracy during the course of a meeting.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

## **7.2 Decision making and voting**

Decisions will be taken in according with the Standing Orders. The sub-committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the sub-committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. In no circumstances may an absent member vote by proxy.

Where there is a split vote, with no clear majority, the Chair of the Group will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication. Where such action has been. Where such action has been taken between meetings, then these will be reported and recorded at the next meeting.

## **8 BEHAVIOURS AND CONDUCT**

### **8.1 ICB values**

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

### **8.2 Equality and diversity**

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

## **9 REPORTING**

The sub-committee is directly accountable to the ICB Executive. The minutes of meetings shall be formally recorded, and a summary report prepared for the next ICB Executive Committee. The Chair of the Committee shall report to the Executive Committee after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The sub-committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement.

The sub-committee will receive scheduled assurance report from its groups.

## **10 MEETING ARRANGEMENTS**

Meetings of the sub-committee will be scheduled on a bi-monthly basis and the sub-committee will meet no less than five times per year. Members are expected to attend meetings wherever possible.

Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

Part 2 meetings may take place where due to a confidential nature the item requires restricted membership and attendance. Where such a meeting is called, the Chair must agree for any named deputies to be permitted.

**The committee shall normally meet virtually via MS Teams, unless agreed otherwise by the Chair of the committee.**

The Committee may meet virtually using telephone, video and other electronic means. Where a virtual meeting is convened, the usual process for meetings of the Committee will apply, including those relating to the quorum.

Virtual attendance at in-person meetings will be permitted at the discretion of the Chair.

There is no requirement for meetings of the sub-committee to be open to the public.

### **10.1 Secretariat and Administration**

The sub-committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates are held and the Board is prompted to renew membership and identify new members where necessary;

- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- A Summary Report of the minutes, including key discussions, decisions and any areas of concern or assurance is prepared for the Chair to present at the ICB Executive Committee;
- The sub-committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

## **11 DECLARATIONS OF INTEREST**

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 Chair.

## **12 REVIEW**

The sub-committee will review its effectiveness at least annually and report to the Executive Committee on an annual basis.

These terms of reference will be reviewed more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise 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:

Date of review: