

Draft TERMS OF REFERENCE

Capital Working Group

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1. Purpose	
1.1	<p>Produce a General Practice infrastructure and prioritised investment plan, as part of the wider ICB infrastructure strategy, for agreement by the Primary Care Commissioning Committee.</p> <p>Ensure that the plan responds to strategic priorities such as the delivery of Integrated Neighbourhood Care and operational priorities such as premises improvements.</p>
1.2	Provide expert advice and recommendations on all capital matters relating to services for the Primary Care Commissioning Committee.
1.3	Make decisions as articulated within the decision-making matrix (appendix one), or as delegated to them by the Primary Care Commissioning Committee

2. Scope	
2.1	The Capital Group may make decisions in accordance with the agreed decision making matrix and will provide expert advice on General Practice infrastructure capital and revenue items.

2.2	<p>The group is responsible for producing a General Practice (encompassing Primary Care Networks) strategic infrastructure plan across the ICB, using the principles of one public estate wherever possible.</p> <p>The group is responsible for the development and implementation of a prioritised investment plan, aligned to the strategic infrastructure plan with investments in General Practice Digital (GPIT) and Capital Grants (Improvement Grants).</p>
2.3	<p>The group is responsible for the review and recommendation to approve all General Practice premise developments that have an impact upon the revenue costs of the ICB. This includes lease renewals, new leases, relocations, closures, extensions and periodic notional and cost rent increases as well as one off issues such as supporting practices with other premises related investments such a Stamp Duty Land Tax and or legal / professional fees.</p>

3. Roles and Responsibilities

3.1	<ul style="list-style-type: none"> • Inform the strategic direction for the investment of General Practice capital across the ICB, ensuring Strategic Infrastructure plans are aligned to the available capital in the most efficient and effective manner. • Make capital investment recommendations to the Primary Care Commissioning Committee to approve Project Initiation Documents (PIDs), Business Cases and Grant Applications. • Seek final authorisation from the NHS England NW Director of Finance for all capital investments in Primary Care in accordance with the delegation agreements. • Ensure all PIDs, Business Cases and Grant Applications are fully assessed and reviewed, including all technical and financial aspects prior to making recommendations to the Primary Care Commissioning Committee. • Maintain a clear pipeline of capital schemes and their status, identifying all practices and schemes that are in the pipeline, prioritising each scheme, and providing an update at each meeting on their progress. • Ensure there is a work plan to ensure all General Practice lease renewals are reviewed and align with the Strategic Infrastructure plans, to ensure leases are only ever renewed for premises identified as a strategic hold. • Ensure that the group oversees any practice or PCN proposals to adopt a new lease, proposals must be presented and reviewed in full and be supported by an appropriately detailed PID / Business Case. • Ensure all premises changes which have a direct & or indirect recurrent revenue impact are reviewed, and recommendations are provided to the governance groups on each case, all cases must be supported by the broad base of Primary Care Place leads, Primary Care Finance team and the Estates team. Examples of which will include but not limited to: changes to the practices occupancy of a building, changes to the practice premises ie relocations, extensions, improvements, sale & lease backs) All proposals first being reviewed by the Primary Medical Services sub group to ensure that the requirements of the primary medical services regulation and policy book are fully met, and all the required patient and public engagement has occurred.
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	<ul style="list-style-type: none"> • Ensure all advice given and recommendations are in-line with all relevant guidance and regulations including, but not limited to, NHS Premises Cost Directions, ICB Standing Financial Instructions, GP IT Operating Model, building regulation and planning requirements. • Agree and implement the criteria for the prioritisation of Capital investments (IT and Estates) across L&SC. • Ensure all applications by practices to fund additional or exceptional costs for Stamp Duty Land Tax and Legal Fees are reviewed, ensuring they're fully aligned to the Premises Directions, align to the Strategic Infrastructure plans, and make recommendations to fund or reject applications to the Primary Care Commissioning Committee. • Ensure the group receives and reviews all Notional Rent Reviews provided by the District Valuation Office, review each change, understand the financial consequences, and make appropriate recommendations to approve or not. • All action and decisions must be aligned to the decision matrix. • To identify and review risks on the Corporate Risk Register which relate to the remit of the group, escalating significant risks to the PCCC and support the PCCC as requested to manage and monitor specific risks.
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4. Decision Making and Voting	
4.1	The group will aim to make decisions by consensus wherever possible.
4.2	Where consensus is not achieved a decision will be made by a simple majority of members with the Chair having a casting vote. The Chair may escalate any matters to the Primary Care Commissioning Committee.
4.3	Capital investments on Improvement Grants should have the revenue decision pre-approved by the Medical Group.
4.4	All decisions must be as per the agreed decision making matrix (appendix 1)

5. Membership	
5.1	<p>The group shall consist of the following members:</p> <ul style="list-style-type: none"> • Associate Director Primary Care (Chair) • Head of Delivery Assurance (Vice Chair) • Delivery Assurance Senior Manager • Place based- Strategic Estates Lead x 3 • Primary Care Commissioning Lead representative- Blackpool, Lancashire (North), South Cumbria • Primary Care Commissioning Lead representative- Lancashire (Central) • Primary Care Commissioning Lead representative- Blackburn with Darwen, Lancashire (East) • Out of Hospital Digital Lead • Head of Primary Care Finance <p>The following people will be in attendance:</p>

	<ul style="list-style-type: none"> • Local Medical Committee • Strategic Estates Lead- NHS England • Head of Digital Technology- NHS England • NHS Property Services representative • Other technical support as required
5.2	The group may co-opt other members as appropriate
5.3	Administrative support shall be provided from the delivery assurance team

6. Quorum	
6.1	<p>The group shall be quorate with the following attendance:</p> <ul style="list-style-type: none"> • Associate Director Primary Care or Head of Delivery Assurance • Finance Lead • One x Strategic Estates Lead • One x Primary Care Commissioning lead • Digital representation (for digital items only)
6.2	Members are expected to attend 9 meeting per financial year or send a deputy

7. Frequency of Meetings	
7.1	Meetings will be held monthly.

8. Meeting arrangements and administration	
8.1	The agenda and supporting papers will be circulated at least five working days prior to the meeting.
8.2	All papers should be received by the appointed administrator to the group a minimum of seven working days in advance of the meeting.
8.3	Items that are late but urgent and important for circulation outside of the above can be done so with approval from the Chair.
8.4	Full minutes alongside and an action and decision log will be captured at each meeting.
8.5	A triple A report of the meeting will be produced within 7 days of the meeting. Once approved by the chair the report will be sent to the Primary Care Commissioning Committee.
8.6	The meeting shall have administrative lead
8.7	<p>The meeting shall have the following standard agenda items:</p> <ul style="list-style-type: none"> • Declarations of interest • Expressions of Interest and Pipeline review • Review of any capital or revenue investment proposals

9. Governance and Reporting	
9.1	The Capital Infrastructure Working Group shall report to the Primary Care Commissioning Committee on a monthly basis using the Triple A report

	<p>(Alert/Advise/Assure)</p> <p>The Capital Infrastructure Working Group are also accountable to the NHS England: North West Primary Care Capital Investment Steering Group to whom all investment decision made by the ICB must be reported to seek final authorisation for all capital investments.</p>
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10. Conflicts of Interest	
10.1	Individuals who are members of the sub-group will comply with the sub-group's standard of business conduct policy including the requirements for declaring conflicts of interest.
10.2	In order to facilitate this process, 'Declarations of Interest' will be a standing item on all agendas and copies of the minutes will be sent to the Corporate Programmes and Governance Manager for the purpose of maintaining the register of interests.
10.3	All new declarations of interest must be notified to the Chair within 28 days of a member taking office of any interest requiring registration, or within 28 days of a change to a member's registered interest. Copies of these notifications should be sent to the Corporate Programmes and Governance Manager.
10.4	Where a member of the sub-group has a conflict of interest, this must be brought to the Chair's attention before, if possible, or at the start of, or during, the meeting. The conflict should also be recorded in the minutes of the meeting. The Chair will be required to decide upon the individual's contribution and involvement in the meeting.

11. Review of Terms of Reference	
11.1	These Terms of Reference and membership will be reviewed annually.

Appendix One- Decision Making Matrix



Decision%20Making
%20Matrix.xlsx