



**North East and  
North Cumbria**

# **North East and North Cumbria Integrated Care Board**

## **Primary Care Subcommittee**

### **Terms of Reference**

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## Establishment

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), and, the Health and Care Act 2022, NHS England has delegated to ICBs the exercise of the functions specified in the Delegation Agreement.

The Primary Care Subcommittee is a Subcommittee of the Executive Committee as established by the Board, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution. The governance arrangements are depicted at Appendix 1.

## Terms of reference:

**Definition of terms:** The terms of reference are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions set out in this SOP (Establishing Subcommittee s).

**Publication:** The terms of reference will be published in the ICB's Governance Handbook which is accessible here: <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

## Purpose

The purpose of the Subcommittee is to support the Executive Committee to discharge its duties relating to primary care.

## Roles and responsibilities

This section describes the Subcommittee's duties, authority, accountability, and reporting.

- Developing, considering, and agreeing key decisions pertinent to the role of the committee, or, where appropriate within schemes of delegation, recommending action to the executive committee as parent committee.
- Development and oversight of the delivery of primary care strategic plan as primary care's contribution to aligned to Ageing Well
- Development and oversight of the delivery of individual general medical, pharmacy, optometry, and dentistry strategic plans
- Primary care transformation (general medical, pharmacy, optometry, and dentistry) plans
- Oversight and monitoring of the use of Primary Care System Development Funding (SDF)
- Overall co-ordination and oversight of the response to NENC
- Ensure standardisation and consistency of application of strategic frameworks and procedures, including signing off tools, frameworks, and SOPs
- Oversight of the response to local issues that have been escalated
- Coordination of relevant workstreams across NENC.
- Overall oversight of primary care financial performance, including SDF deployment
- Overall oversight of primary care performance and quality

- Oversight of the ICB's management of delegated commissioning of primary care (GP, pharmacy, optometry and dentistry) from NHSE
- Oversight of patient experiential and outcome data including GP patient surveys
- Alignment with quality boards and patient safety system for quality and assurance oversight

## Duties

The scope of the Subcommittee's duties is as follows:

### Primary Medical Services

All decisions except those delegated by the Board to Place Subcommittees or individuals.

### Pharmacy

All decisions except those delegated by the Board to the Pharmaceutical Service Regulations (sub) Committee (PSRC).

### Optometry

All commissioning and contracting decisions

### Dentistry

All commissioning and contracting decisions

The duties of the Primary Care Subcommittee are listed below:

## **ALL PRIMARY CARE SERVICES**

Reference	Delegation
1	Occupational health contract commissioning and management
2	Escalation of disputes
3	Forward plans for all functions
4	Enabler plans for all functions including estates, workforce and digital
5	Local professional network proposals (for decision)
6	Decisions in respect of Quality Assurance Frameworks
7	Commissioning needs analysis and commissioning of ad-hoc primary care services
8	Decisions in respect of investigations (commencement and outcome excluding Primary Medical Care Services)
9	Clinical Waste contract commissioning and management

## **OPTOMETRY**

Reference	Delegation
1	Primary Care Audits - Quality in Optometry Assurance Framework
2	Optometry National & Local Enhanced Services commissioning and contracting
3	New optometry contracts
4	Variations decisions affecting existing contracts

Reference	Delegation

## DENTISTRY

Reference	Delegation
1	Commissioning needs analysis for dental services
2	Primary Care Audits - Assurance Framework
3	Dental National & Local Enhanced Services commissioning and contracting
4	New dental contracts
5	Variations decisions affecting existing contracts

## PHARMACY

Reference	Delegation
1	Primary Care Audits- Community Pharmaceutical Assurance Framework (CPAF)
2	Community Pharmacy National & Local Enhanced Services commissioning and contracting
3	Pharmacy Integration Fund decisions

## PRIMARY MEDICAL SERVICES

Reference	Delegation
1	Decision to procure a new Primary Medical Services contract <sup>1</sup>
2	Decision to award (following procurement) of a new Primary Medical Services contract <sup>1</sup>
3	Interface and management of assurance to ICB Executive - ICB wide strategy development and delivery oversight
4	Govern and manage assurance of delegated commissioning from Place to ensure the ICB meets its duties in relation to delegation
5	Strategic oversight of Place operational planning, delivery and management in respect of Primary Medical Services
6	Interface and management of assurance to NHS E N&Y region
7	Clinical waste contract oversight (General Practice)
8	National funding scheme development and oversight
9	Quality and Outcomes Framework (QOF) annual sign off of scheme and approval of payments
10	Manage the design (where applicable) and commissioning of any regional services, including re-commissioning these services annually where appropriate

Reference	Delegation
11	Decision making and budget management regarding primary care estates strategies and overarching revenue consequences
12	Decision making and budget management regarding primary care GPIT
13	Revenue decisions relating to premises (affecting more than one Place)
14	Decisions escalated from Place where it exceeds financial limits and risk

#### Notes

<sup>1</sup> For contracts up to 5 years see Appendix 2a of SORD.

#### General Note

Any matter in relation to the primary medical delegated functions which is novel, contentious or repercussive must be referred to the ICB Chief Executive or Executive Director of Finance or ICB Chair (see Appendix 2a of SORD)

## Authority

The subcommittee is authorised to:	
<b>Investigate</b>	Investigate any activity within its terms of reference.
<b>Seek information</b>	Seek any information it requires within its remit, from any employee or member of the Board.
<b>Investigate</b>	<p>Commission reports required to help fulfil its obligations from NECS.</p> <p>Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer.</p> <p>Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the Subcommittee.</p>
<b>Obtain advice</b>	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Subcommittee must follow any procedures put in place by the ICB for obtaining professional advice.
<b>Create Groups</b>	Groups may be established by the Subcommittee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.

## Delegation by Scheme of Reservation & Delegation (SoRD)

Decisions Delegated by the Scheme of Reservation & Delegation	
1	Decision to procure a new Primary Medical Services contract <sup>1</sup>
2	Decision to award (following procurement) of a new Primary Medical Services contract <sup>1</sup>
3	Interface and management of assurance to the ICB Executive Committee - ICB wide strategy development and delivery oversight
4	Govern and manage assurance of delegated commissioning from Place to ensure the ICB meets its duties in relation to delegation
5	Strategic oversight of Place operational planning, delivery, and management in respect of Primary Medical Services
6	Interface and management of assurance to NHS England North East and Yorkshire region
7	Clinical waste contract oversight (General Practice)
8	National funding scheme development and oversight
9	Quality on Outcomes Framework (QOF) annual sign off of scheme and approval of payments
10	Manage the design (where applicable) and commissioning of any regional services, including re-commissioning these services annually where appropriate
11	Decision making and budget management regarding primary care estates strategies and overarching revenue consequences
12	Decision making and budget management regarding primary care GPIT
13	Revenue decisions relating to premises (affecting more than one Place)
14	Decisions escalated from Place where it exceeds financial limits and risk

#### Notes

<sup>1</sup> For contracts which have or are capable of having a term which exceeds five (5) years, see Appendix 2a (SoRD).

#### General Note

Any matter in relation to the primary medical delegated functions which is novel, contentious, or repercussive must be referred to the ICB Chief Executive or Executive Director of Finance or ICB Chair (see Appendix 2a) (SoRD)

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## Accountability and reporting

The subcommittee is accountable to its parent committee and reports (via minutes/actions) to its parent committee on how it discharges its responsibilities.

Accountabilities	Description
<b>Draft minutes and reports</b>	The secretary formally records the minutes of each meeting. Approved minutes will be provided to the parent committee after each meeting, providing assurances on the business considered and escalating any concerns, where necessary.
<b>Monitor attendance</b>	Attendance is monitored and profiled as part of the agenda at each Subcommittee meeting. Members should aim to attend at least 75% of meetings and read all papers beforehand.
<b>Cycle of business</b>	In order to aid agenda planning, the Subcommittee may produce an annual work plan and cycle of business in consultation with its parent committee.
<b>Draft annual work plans</b>	The Subcommittee produces an annual work plan in consultation with its parent committee.
<b>Continuous improvement</b>	The Subcommittee utilises a continuous improvement approach in its delegation. Members review the effectiveness of the meeting at each sitting.

## Committee meetings

This section sets out meeting:

Composition and quoracy

Frequency and formats

Procedures

## Composition and quoracy

This section sets out the meeting composition and quoracy requirements.



Composition/ quoracy	Description of expectations
<b>Chair</b>	Appointed for their specific knowledge skills and experience and suitability. (Note: does not need to be a member of the ICB board)
<b>Deputy Chair</b>	Subcommittee members may appoint a vice chair from amongst the members.
<b>Absence of Chair or Vice Chair</b>	In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the meeting.
<b>Membership</b>	<p>The membership will include the following or their deputies as agreed with the Chair:</p> <p><b>Core Members:</b></p> <ul style="list-style-type: none"> <li>• Chief Contracting &amp; Procurement Officer (Co-chair)</li> <li>• Chief Delivery Officer (Co-chair)</li> <li>• Director of Delivery with the lead for primary care</li> <li>• Strategic Head of Primary Care from the LDTs x 2 (1 north and 1 south)</li> <li>• Strategic Heads of Contracting for General Medical, Dentistry, and Pharmacy &amp; Optometry</li> <li>• Director of Transformation (Primary, community &amp; emergency care)</li> <li>• Deputy Director of Transformation (Primary, community &amp; emergency care)</li> <li>• Medical Director</li> <li>• Nursing / Quality lead</li> <li>• Clinical Director of Medicines Optimisation and Pharmacy</li> <li>• Clinical lead for Optometry</li> <li>• Clinical lead for Dentistry</li> <li>• Director of Finance</li> </ul> <p><b>Non-core members:</b> – attending for specific items/sections of the Committee as appropriate</p> <ul style="list-style-type: none"> <li>• Digital lead for primary care (non-voting)</li> <li>• Estates lead for primary care (non-voting)</li> <li>• Workforce lead (non-voting)</li> <li>• Healthwatch representative (non-voting)</li> </ul>

Composition/ quoracy	Description of expectations				
	<p>Deputies may be agreed with the Chair, and where agreed deputies will have the same voting rights as members.</p> <p>The financial delegation is enacted through the ICB members on the Committee as below:</p> <p><b>Contracting and Primary Care subcommittee commissioning budgets:</b></p> <table> <tr> <td>Up to £4,999,999</td><td>Chief Contracting and Procurement Officer <b>and</b> Director of Finance</td></tr> <tr> <td>Up to £4,999,999</td><td>Director of Contracting and Oversight <b>and</b> Director of Finance</td></tr> </table> <p><b>EDI:</b> When determining the membership of the group, consideration will be given to diversity and equality.</p> <p><b>Involvement:</b> In determining membership consideration will be given to the need for a patient and public involvement member.</p> <p><b>ICS:</b> Membership may be from across the Integrated Care System.</p> <p><b>Conflicts:</b> Consideration must be given to material conflicts in the appointment of members.</p>	Up to £4,999,999	Chief Contracting and Procurement Officer <b>and</b> Director of Finance	Up to £4,999,999	Director of Contracting and Oversight <b>and</b> Director of Finance
Up to £4,999,999	Chief Contracting and Procurement Officer <b>and</b> Director of Finance				
Up to £4,999,999	Director of Contracting and Oversight <b>and</b> Director of Finance				
<b>Attendees and procedure for absence</b>	<p>Only members have the right to attend meetings.</p> <p>Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any regular attendee of the Subcommittee is unable to attend a meeting, a nominated deputy may be agreed with the chair.</p> <p>The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p>				
<b>Quoracy and Procedure for Inquoracy</b>	<p><b>Threshold:</b></p> <p>A minimum of half the membership which must include:</p> <ul style="list-style-type: none"> <li>• Chair or Deputy Chair</li> <li>• One Clinician</li> </ul> <p><b>Absence:</b> Where members are unable to attend, they should agree this with the chair.</p> <p><b>Disqualification:</b> If any member of the Subcommittee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken (if a decision-making Subcommittee).</p>				

## Frequency and formats

This section on subcommittee meetings describes the meeting frequency and formats.

Frequency/ format	Description
<b>Meeting frequency</b>	<p>The Subcommittee will meet monthly and must meet a minimum of 10 times per year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Subcommittee chair.</p> <p>The parent committee chair may ask the Subcommittee to convene further meetings to discuss particular issues on which they want the Subcommittee's advice.</p>
<b>Public vs closed</b>	<p>Meetings will be held in private.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Subcommittee.</p>
<b>Virtual meetings and extra-ordinary meetings</b>	<p>In accordance with the Standing Orders, the Subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p>

## Procedures

Procedure	Description of rules and expectations:
<b>Agenda</b>	<p>The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.</p>
<b>Conflicts of interest</b>	<p><b>Declarations:</b> All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The Subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
<b>Decision-making</b>	<p><b>Decisions:</b> Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.</p>

<b>Conduct</b>	The Subcommittee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations.
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## Secretariat and administration

This section describes the functions of the secretariat whose role is to support the subcommittee in the following ways:

<b>Functions</b>	<b>Description</b>
<b>Distribute papers</b>	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the chair with the support of the relevant executive lead.
<b>Monitor attendance</b>	Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements.
<b>Maintain records</b>	Record conflicts of interest.
<b>Minute Taking</b>	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward within the minutes.
<b>Support for Chair &amp; Committee</b>	Support the chair in preparing and delivering reports to the parent committee (when required). Take forward action points between meetings and monitor progress against those actions.
<b>Provide updates</b>	Update the Subcommittee on pertinent issues/ areas of interest/ policy developments.
<b>Governance advice</b>	Provide easy access to governance advice for Subcommittee members

## Appendix 1: Approval History

<b>Version</b>	<b>Date</b>	<b>Approved by</b>	<b>Status</b>
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V1.0	28/03/2023	Board	First Issue
V2.0	26/02/2024	Primary Care Strategy and Delivery Subcommittee	Draft
V2.0	12/03/2024	Executive Committee	Second Issue
V3.0	11/02/2025	Executive Committee	Third Issue

## Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)
V2.0	19/02/2024	Senior Governance Lead	Y	Updated ToR template to bring in line with annual reviews. Job title changes to meet ICB 2.0 changes
V2.0	29/08/2024	Chair and Governance Lead	Y	Updated roles and responsibilities, membership and quoracy
V2.0	19/02/2024	Senior Governance Lead	Y	Updated ToR template to bring in line with annual reviews. Job title changes to meet ICB 2.0 changes
V3.0	13/12/2024	Senior Governance Lead	Y	Updated name of the subcommittee, roles and responsibilities, membership and quoracy

**Review date:** 19 January 2026

**Contact:** Marc Rice, Corporate Governance Manager

### Document control

The controlled copy of this document is maintained by the governance team in the Governance Handbook, here <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

Any copies of this document held outside of the Governance Handbook, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.



## Annex 1 – Governance and Decision Making



