

Item: 9.2
Appendix: 10

**Appendix 10**



**Integrated Care Board**

**Primary Care Strategy and Delivery Subcommittee**

**Terms of Reference**

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## 1. 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 Strategy and Delivery Sub Group is a sub committee 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.

## 2. 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 Sub Committees).

**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/>

## 3. Purpose

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

## 4. Roles and responsibilities

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

### 4.1 Duties

The scope of the sub committee's duties is as follows:

#### Primary Medical Services

All decisions except those delegated by the Board to Place Sub Committees or individuals

#### Pharmacy

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

#### Ophthalmology

All commissioning and contracting decisions

#### Dentistry

All commissioning and contracting decisions

The duties of the Primary Care Strategy and Delivery 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 - Assurance Framework outcome
2	Optometry National & Local Enhanced Services commissioning and contracting
3	New optometry contracts
4	Variations decisions affecting existing contracts

### **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
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)

## 5. Authority

<b>The subcommittee is authorised to:</b>	
<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 Executive Director of Finance.</p> <p>Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the sub committee.</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 sub committee must follow any procedures put in place by the ICB for obtaining professional advice.
<b>Create Groups</b>	Groups may be established by the sub committee, 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.

## 6. Accountability and reporting

The subcommittee is accountable to the Executive Committee and reports to the Executive Committee on how it discharges its responsibilities.

Accountabilities	Description
<b>Draft minutes and reports</b>	<p>The subcommittee receives scheduled assurance reports from its established groups.</p> <p>The secretary formally records the minutes of each meeting.</p> <p>The chair of the subcommittee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.</p>
<b>Monitor attendance</b>	<p>Attendance is monitored and profiled as part of the agenda at each subcommittee meeting.</p> <p>Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.</p>
<b>Draft annual work plans</b>	<p>The subcommittee produces an annual work plan in consultation with its parent committee.</p>
<b>Conduct annual self-assessment</b>	<p>The subcommittee undertakes an annual self-assessment of its performance against the annual plan and terms of reference.</p> <p>Any resulting proposed changes to the terms of reference are submitted to the parent committee for agreement and action as the 'Establishing Subcommittees' standard operating procedure.</p> <p>The subcommittee utilises a continuous improvement approach in its delegation.</p> <p>Members review the effectiveness of the meeting at each sitting.</p>
<b>Annual Report</b>	<p>The subcommittee provides the Executive Committee with an annual report, timed to support finalisation of the accounts and the governance statement.</p> <p>The report includes:</p> <ul style="list-style-type: none"> <li>• The governance cycle</li> <li>• A summary of the business conducted,</li> <li>• Frequency of meetings, membership attendance, and quoracy</li> <li>• The committee's self-assessment</li> </ul>

## 7. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

## 7.1 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>	Sub committee 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>Core Members:</p> <ul style="list-style-type: none"> <li>Executive Area Director (s) (Chair)</li> <li>Finance Director</li> <li>Medical Director</li> <li>Director of Medicines and Pharmacy</li> <li>Director of Place (1 x North and 1 x South) – representatives will be on a rolling 12-month basis</li> <li>Director of Transformation (Primary Care)</li> <li>Head of Primary Care</li> <li>Head of Primary Care Transformation</li> </ul> <p>Non-core members – attending for specific items/sections of the Committee as appropriate</p> <ul style="list-style-type: none"> <li>Senior Primary Care Manager (Pharmacy and Optometry)</li> <li>Senior Primary Care Manager (Dental)</li> <li>Senior Primary Care Manager (GP Commissioning and Transformation)</li> <li>Representative of Nursing and Clinical Quality</li> <li>Representative of Estates and Premises</li> <li>Representative of Primary Care Digital</li> <li>Representative of Workforce</li> </ul> <p>Deputies may be agreed with the Chair, and where agreed deputies will have the same voting rights as members.</p> <p><b>EDI:</b> When determining the membership of the sub committee, consideration will be given to diversity and equality.</p>



Composition/ quoracy	Description of expectations
	<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. However, the balance of decision making must sit with the ICB.</p> <p><b>Conflicts:</b> Consideration must be given to material conflicts in the appointment of members.</p>
<b>Attendees and procedure for absence</b>	<p>Only core members have the right to attend meetings.</p> <p>Non-core members: 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 sub committee is unable to attend a meeting, a suitable alternative 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> Either Chair or Deputy Chair to be present plus a minimum of half the membership</p> <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 sub committee 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.</p>

## 7.2 Frequency and formats

This section on Sub Committee 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>

Frequency/ format	Description
<b>Public vs closed</b>	Meetings will be held in private.  External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the subcommittee.
<b>Virtual meetings and extra-ordinary meetings</b>	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.

### 7.3 Procedures

Procedure	Description of rules and expectations:
<b>Agenda</b>	The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.  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.
<b>Conflicts of interest</b>	<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.  <b>Exclusions:</b> The sub committee 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.
<b>Decision-making</b>	<b>Decisions:</b> Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.
<b>Conduct</b>	The sub committee's 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

## 8. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the sub committee 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, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary.
<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.
<b>Support for Chair &amp; Committee</b>	Support the chair in preparing and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions.
<b>Provide updates</b>	Update the sub committee on pertinent issues/ areas of interest/ policy developments.
<b>Governance advice</b>	Provide easy access to governance advice for sub committee members

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## Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	28/3/2023	Board (TBC)	First Issue

## Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes

**Review date:** 01 October 2023 (annually thereafter)

**Contact:** ICB Corporate Governance Team

### 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

