

Terms of Reference (TOR) – SSOT ICB Primary Care Forum (PCF)

1. Introduction

Staffordshire and Stoke on Trent ICS (SSOT ICS) has been established to:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

The SSOT PCF has been established to oversee the Staffordshire and Stoke on Trent ICB's (SSOT ICB) exercise of its statutory powers relating to the provision of primary medical services under the NHS Act 2006, as amended by the Health and Care Act 2022.

2. Purpose

The PCF will have oversight of the full SSOT area to function as the corporate decision-making forum for the management of the delegated functions and the exercise of the delegated powers relating to Primary Medical Services.

3. Statutory Framework

The Health and Care Act 2022 amends the NHS Act 2006 by inserting the following provisions:

13YB Directions in respect of functions relating to provision of services

- (1) *NHS England may by direction provide for any of its relevant functions to be exercised by one or more integrated care boards.*
- (2) *In this section "relevant function" means—*
 - (a) *any function of NHS England under section 3B(1) (commissioning functions);*
 - (b) *any function of NHS England, not within paragraph (a), that relates to the provision of—*
 - (i) *primary medical services,*
 - (ii) *primary dental services,*
 - (iii) *primary ophthalmic services, or*
 - (iv) *services that may be provided as pharmaceutical services, or as local pharmaceutical services, under Part 7;*
 - (c) *any function of NHS England by virtue of section 7A or 7B (exercise of Secretary of State's public health functions);*
 - (d) *any other functions of NHS England so far as exercisable in connection with any functions within paragraphs (a) to (c).*

82B Duty of integrated care boards to arrange primary medical services

(1) *Each integrated care board must exercise its powers so as to secure the provision of primary medical services to such extent as it considers necessary to meet the reasonable requirements of the persons for whom it has responsibility.*

(2) *For the purposes of this section an integrated care board has responsibility for— (a) the group of people for whom it has core responsibility (see section 14Z31), and (b) such other people as may be prescribed (whether generally or in relation to a prescribed service).*

In exercising its functions, SSOT ICB must comply with the statutory duties set out in NHS Act, as amended by the Health and Care Act 2022, including:

- a) Having regard to and acting in a way that promotes the NHS Constitution (section 2 of the Health Act 1989 and section 14Z32 of the 2009 Act);
- b) Exercising its functions effectively, efficiently and economically (section 14Z33 of the 2006 Act);
- c) section 14Z34 (improvement in quality of services),
- d) section 14Z35 (reducing inequalities),
- e) section 14Z38 (obtaining appropriate advice),
- f) section 14Z40 (duty in respect of research),
- g) section 14Z43 (duty to have regard to effect of decisions)
- h) section 14Z44 (public involvement and consultation),
- i) sections 223GB to 223N (financial duties), and
- j) section 116B(1) of the Local Government and Public Involvement in Health Act 2007 (duty to have regard to assessments and strategies).

In addition, SSOT ICB will follow the Procurement, Patient Choice and Competition (no2) Regulations 2013 and any subsequent procurement legislation that applies to the ICB.

4. Delegated Powers and Authority – Role of the PCF

The PCF is established as a sub-group of the Transitional Commissioning Committee in accordance with the NHS Act, as amended by the Health and Care Act 2022, and is subject to any directions made by NHS England (NHSE) or by the Secretary of State.

The PCF has been established in accordance with the above statutory provisions to enable collective decision-making on the review, planning and procurement of primary care services in relation to GP primary medical services as part of the SSOT ICS statutory commissioning responsibilities under delegated authority from NHSE.

In performing its role, the PCF will exercise its management of the functions in accordance with the agreement entered into between SSOT ICB and NHSE. The agreement will sit alongside the delegation and terms of reference in accordance with the SSOT ICB constitution.

The functions of the PCF are undertaken in line with SSOT ICB desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

4.1 Commissioning of Primary Medical Services

The role of the PCF shall be to oversee the commissioning of primary medical services under section 82B of the NHS Act in relation to GP primary medical services. This includes the following:

- Oversight of Primary Medical Services contract management including contract monitoring, decisions relating to contract boundary changes and taking contractual actions such as issuing breach/remedial notices, practice/branch practice closures and contract terminations
- Monitoring of Directed Enhanced Services including the Primary Network DES, Local Enhanced Services and make decisions regarding the designing of new enhanced services
- Agree and approve newly designed local incentive schemes which are in addition or as an alternative to the national contractual frameworks
- Manage and make decisions on discretionary payments or discretionary support
- The commissioning of urgent care for out of area registered patients
- Approve establishing new Primary Medical providers in the area
- Approve practice mergers
- Performance and quality monitoring, oversight and assurance, on contracts and agreed schemes and services, and compliance to NHSE; escalating issues on to NHSE in line with first level Delegation (including managing poorly performing Primary Medical Services providers)
- Oversight on the Premises cost directions functions
- Decisions relating to procurements and the planning in terms of provider landscape and establishing new contracts relevant to the exercise of delegated functions
- Commissioning of ancillary support services including clinical waste, provision of translation and interpretation services, occupational health services relating for performers registered on the performers list, special allocations scheme and security services
Review and consider the aggregate position of agreed service specifications and contractual proposals for all SSOT ICB commissioned services from primary care providers
- To co-ordinate a common approach to the commissioning, and delivery of primary care services
- To manage the budget for commissioning of primary care services, including delegated rents and rates in line with Premises Directions.

4.2 Additional activities

- To plan, including needs assessment, for primary care services across SSOT and to support planning at scale for primary care
- To consolidate risk reviews of primary care services, aggregating findings and supporting solutions/ mitigations at places
- To ensure contract proposals achieve health improvement and value for money
- Ensure that conflicts of interest have been mitigated in line with the SSOT ICB Conflicts of Interest Policy, and all actions/ decisions involving consultation with Forum members or GPs will record any declarations of interest.

4.3 Risk Management

The PCF will ensure the appropriate management of risks in relation to primary care; receiving

regular reporting of primary care related Corporate Risks, and relevant Board Assurance Framework (BAF).

5. Membership & Attendance

5.1 Members

The membership shall consist of the following voting members:

Chair – Chief Transformation Officer and Primary Care SRO

- Primary Care Portfolio Programme Director
- Primary Care Clinical Director
- Associate Director of Primary Care
- Heads of Primary Care (Programme Leads)
- Quality and Nursing Directorate Representative
- Finance Directorate Representative
- Corporate Governance Representative
- Medical Directorate Representative
- Independent GP (TBC)

Other specialist advice, knowledge and expertise will be invited to represent the following organisations when required – Local Medical Committee, Healthwatch, Public Health

All PCF members may appoint a deputy to represent them at meetings. Members should inform the Chair of their intention to nominate a deputy to attend/act on their behalf and any such deputy should be suitably briefed and suitably qualified (in the case of clinical members).

The PCF may also request attendance by appropriate individuals to present agenda items and/or advise the PCF on particular issues.

5.2 Attendees

Only members of the PCF have the right to attend meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Forum.

Meetings of the PCF may also be attended by the following individuals who are not members of the PCF for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote.

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 particular matters.

6. Meetings

6.1 Leadership

The PCF is Chaired by the Chief Transformation Officer and Primary Care SRO

6.2 Quorum

A meeting of the PCF is quorate if the following are present:

- At least:
 - Chief Transformation Officer or Portfolio Director for Primary Care
 - Primary Care Clinical Director or deputy
 - Associate Director of Primary Care or 1 x Heads of Primary Care

If regular members are not able to attend, they should make arrangements for a representative to attend and act on their behalf.

6.3 Decision-making and voting

Decisions should be taken in accordance with the financial delegation of the Executive Directors and directors present and/or any authority delegated to the PCF by the ICB. These terms of reference will be reviewed against the ICB Scheme of Reservation and Delegation once that document is formally approved by the ICB.

The PCF will usually make decisions by consensus. Where this is not possible, the Chair may call a vote.

Only voting members, as identified in the "Membership" section of these terms of reference, may cast a vote.

A person attending a meeting as a representative of a PCF member shall have the same right to vote as the PCF member they are representing.

In accordance with ICB policy, no member (or representative) with a conflict of interest in an item of business will be allowed to vote on that item.

Where there is a split vote, with no clear majority, the Chair will have the casting vote.

6.4 Frequency

The PCF will normally meet in private.

The PCF will normally meet monthly and arrangements and notice for calling meetings are set out in the Standing Orders. Additional or extraordinary meetings may take place as required.

The Board, ICB Chair, PCF Chair, or Chief Executive may ask the Forum to convene further meetings to discuss particular issues on which they want advice.

In accordance with the Standing Orders, the Forum may meet virtually when necessary and

members attending using electronic means will be counted towards the quorum.

6.5 Administrative Support

The PCF 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 with the support of the relevant executive lead
- Records of members' appointments and renewal dates are retained and the Board is prompted to renew membership and identify new members where necessary
- 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
- The Chair is supported to prepare and deliver reports to the Board
- The Forum is updated on pertinent issues/ areas of interest/ policy developments; and
- Action points are taken forward between meetings.

6.6 Accountability and Reporting Arrangements

The PCF is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The minutes of the meetings shall be formally recorded by the secretary.

The PCF will submit a 'key decisions/issues' report along with the minutes to the Transitional Commissioning Committee following each of its meetings.

On occasion, there may be decisions that are made that are by nature confidential. These decisions will be highlighted to the Transitional Commissioning Committee as confidential and should be regarded on a 'need-to-know basis.

The outputs of the group may be reported to NHSE supporting assurance, awareness and interaction.

7. Behaviours & Conduct

Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

Members of, and those attending, the PCF shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

All members shall comply with the ICB's Managing Conflicts of Interest Policy at all times. In accordance with the ICB's policy on managing conflicts of interest, Forum members should:

- Inform the chair of any interests they hold which relate to the business of the Forum.
- Inform the chair of any previously agreed treatment of the potential conflict / conflict of interest.
- Abide by the chair's ruling on the treatment of conflicts / potential conflicts of interest in relation to ongoing involvement in the work of the Forum.
- Inform the chair of any conflicts / potential conflicts of interest in any item of business to be discussed at a meeting. This should be done in advance of the meeting wherever possible.
- Declare conflicts / potential conflicts of interest in any item of business to be discussed at a meeting under the standing "declaration of interest" item.
- Abide by the chair's decision on appropriate treatment of a conflicts / potential conflict of

interest in any business to be discussed at a meeting.

As well as complying with requirements around declaring and managing potential conflicts of interest, PCF members should:

- Comply with the ICB's policies on standards of business conduct which include upholding the Nolan Principles of Public Life
- Attend meetings, having read all papers beforehand
- Arrange an appropriate deputy to attend on their behalf, if necessary
- Act as 'champions', disseminating information and good practice as appropriate
- Comply with the ICB's administrative arrangements to support the PCF around identifying agenda items for discussion, the submission of reports etc.

Equality diversity and inclusion

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

8. Review

The PCF will review its effectiveness at least annually

These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

SCHEDULE 1 – DELEGATED FUNCTIONS

- A. Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts, including but not limited to the following activities:
 - i. decisions in relation to Enhanced Services
 - ii. decisions in relation to Local Incentive Schemes (including the design of such schemes)
 - iii. decisions in relation to the establishment of new GP practices (including branch surgeries) and closure of GP practices
 - iv. decisions about 'discretionary' payments
 - v. decisions about commissioning urgent care (including home visits as required) for out of area registered patients
- B. The approval of practice mergers
- C. Planning primary medical care services in the Area, including carrying out needs assessments
- D. Undertaking reviews of primary medical care services in the Area
- E. Decisions in relation to the management of poorly performing GP practices and including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
- F. Management of the Delegated Funds in the Area
- G. Premises Costs Directions functions
- H. Co-ordinating a common approach to the commissioning of primary care services with other commissioners in the Area where appropriate; and
- I. Such other ancillary activities as are necessary in order to exercise the Delegated Functions.

SCHEDULE 2 – RESERVED FUNCTIONS OF NHSE

- A. Management of the national performers list
- B. Management of the revalidation and appraisal process
- C. Administration of payments in circumstances where a performer is suspended and related performers list management activities
- D. Capital Expenditure functions
- E. Public Health Section 7A functions under the NHS Act
- F. Functions in relation to complaints management
- G. Such other ancillary activities that are necessary in order to exercise the Reserved Functions