NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 22 December 2016 at 1pm in the Boardroom, Hillder House 49/51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	1.00 pm
2.	Quorum			
3.	Questions from the public relevant to the agenda			1.00 pm 10 mins
4.	Declarations of Interest Relevant to the Agenda	Note	**PCCC 16/12/04** Chris Millington	1.10 pm 5 mins
5.	Minutes of the meeting held on 29 September 2016	Approve	**PCCC 16/12/05** Chris Millington	1.15 pm 5 mins
6.	Matters Arising Report	Approve	**PCCC 16/12/06** Chris Millington	1.20 pm 5 mins
	Strategy & Planning			
7.	GP Forward View	Verbal	Jackie Holdich Jamie Wike	1.25 pm 10 mins
8.	ETTF Update	Verbal	Jackie Holdich Jamie Wike	1.35 pm 10 m ins
	Quality and Patient Safety in Primary Medical Services			
9.	No Items			
	Contracting, investment, and procurement			
10.	No items			
	Finance, Governance and Performance			
11.	Quarterly Finance Update	Note	**PCCC 16/12/11** **Ruth Simms**	1.45 pm 15 mins
12.	Risk and Governance Exception Report		**PCCC 16/12/12** Richard Walker	2.00 pm 10 mins
	Other			
13.	Any other business			2.10 pm 5 mins
14.	Items for escalating to the GB Assurance Report			2.15 pm 5 mins
15.	**Date and Time of the Next Meeting:** The next meeting of the Primary Care Commissioning Committee will be held at 1.00pm on Thursday 23 March 2017 in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.			

NHS
Barnsley Clinical Commissioning Group
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PRIMARY CARE COMMISSIONING COMMITTEE

22 December 2016

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	x	*Information*	

2. REPORT OF

	Name	*Designation*
Executive Lead	Richard Walker	Head of Governance & Assurance
Author	Lynne Richards	Governance, Assurance and Engagement Facilitator

3. EXECUTIVE SUMMARY

A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.

The table below details what interests must be declared:

Type	**Description**
Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.

	This report is to provide the Primary Care Commissioning Committee with all members' declarations of interest. Appendix 1 to this report details all Committee members' current declared interests for members to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict. Members should also declare if they have received any Gifts, Hospitality or Sponsorship.
4.	**THE COMMITTEE IS ASKED TO:**
	• Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	**APPENDICES**
	• Appendix A – *Committee Members Declaration of Interest Report*

Agenda time allocation for report:	*5 minutes.*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1 and 5.2.
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

NHS Barnsley Clinical Commissioning Group Register of Interests

This register of interests includes all interests declared by members and employees of Barnsley Clinical Commissioning Group. In accordance with the Clinical Commissioning Groups constitution and the Clinical Commissioning Groups Accountable Officer will be informed of any conflict of interest that needs to be included in the register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the register will be updated regularly (at no more than 3-monthly intervals)

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	• Partner at St Georges Medical Practice (PMS) • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Mehrban Ghani	Medical Director	• GP Partner at White Rose Medical Practice, Cudworth, Barnsley • GP Appraiser for NHS England • Directorship at SAAG Ltd, 15 Newham Road, Rotherham • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG

Name	Current position (s) held in the CCG	Declared Interest
Madhavi Guntamukkala	GP Governing Body Member	• GP partner at The Grove Medical Practice • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Chris Millington	Lay Member	• Partner Governor Barnsley Hospital NHS Foundation Trust
Brian Roebuck	Lay Member	• Lay Member for the Governing Body of NHS Leeds South & East CCG. There is a potential risk that the interest of the organisation might conflict with the interests of Barnsley CCG.
Mike Simms	Secondary Care Clinician	No interests to declare
Lesley Smith	Governing Body Member	• Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS. • Board Member (Trustee), St Anne's Community Services, Leeds • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England • Chair, South Yorkshire Cancer Strategy Group Chief Officer lead, Working Together: - Living With and Beyond Cancer Programme (in conjunction with McMillan Cancer Support) - CVD Stroke • Chair, Working Together, Programme Executive Group

Name	Current position (s) held in the CCG	Declared Interest
Jamie Wike	Head of Planning, Delivery and Performance	NIL
Richard Walker	Head of Governance & Assurance	NIL
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	• Husband is a Senior Lecturer at Huddersfield University; undertakes Medical and Nursing research, teaches non - medical prescribing and is a Diabetes Specialist Nurse.

Minutes of the Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 29 September 2016 at 10am in the Boardroom, Hillder House, 49 – 51 Gawber Road S75 2PY.

MEMBERS PRESENT:

Mr Chris Millington (in the chair)	Lay Member
Dr M Guntamukkala	Governing Body member
Dr Mehrban Ghani	Medical Director
Mr Mike Simms	Secondary Care Clinician
Mr Richard Walker	Head of Governance and Assurance
Mrs Lesley Smith	Chief Officer

IN ATTENDANCE:

Mr Garry Charlesworth	NHS England Primary Care Manager
Ms Lynne Richards	Governance Assurance and Engagement Facilitator
Mr Jamie Wike	Head of Planning, Delivery and Performance

APOLOGIES:

Ms Julia Burrows	Director of Public Health
Ms Margaret Dennison	Healthwatch Barnsley
Mr Brian Roebuck	Lay Member
Dr Nick Balac	CCG Chairman

MEMBERS OF THE PUBLIC:

Mr Philip Watson	Member of the public

Agenda Item	Note	Action	Deadline
PCCC 16/09/01	**QUORUM**		
	It was advised that the Committee was quorate.		
PCCC 16/09/02	**QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA**		
	There were not any questions received from members of the public at this point in the meeting.		
PCCC 16/09/03	**DECLARATIONS OF INTEREST GIFTS, HOSPITALITY AND SPONSORSHIP**		

Agenda Item	Note	Action	Deadline
	The Committee noted the Declarations of Interest Report. The Chairman advised that Agenda item 10 - Integrated Urgent Care (including Out of Hours) had been delegated to the Committee by the Governing Body to facilitate the management of any conflicts. As has been disclosed in the Register of Interests, Dr Guntamukkala and Dr Ghani are both GPs in Practices affiliated to the Barnsley Healthcare Federation and as such have an indirect interest in this commissioning decision. As a result they will be asked to leave the meeting while Item 10 is under discussion. As the GP members of this Committee do not count towards the quorum the meeting will remain quorate.		
PCCC 16/09/04	**MINUTES OF THE MEETING HELD ON 25 AUGUST 2016**		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 16/09/05	**MATTERS ARISING REPORT**		
	The Committee noted all items on the Matters Arising Report marked as complete and updates were given as follows: • **PCCC 16/08/08 0 – 19 Pathway Re-procurement Update** It was advised that the Quality and Patient Safety Risk Register score for this item had been increased due to potential concerns on loss of staffing and transfer of services and the potential impact on service quality. It was agreed that the CCG needed assurance around the transition of this service going forward, the Chairman was attending a meeting with meeting with BMBC today on the pathway and therefore the risk narrative would need to be updated following this meeting.		
STRATEGY AND PLANNING			
PCCC 16/09/06	**GP 5 YEAR FORWARD VIEW**		
	The Chief Officer presented a report which detailed that		

Agenda Item	Note	Action	Deadline
	the General Practice Forward View had been published in April 2016 setting out a plan to stabilise and transform general practice. As part of the development of Sustainability and Transformation Plan and Local Place Based Plans, local areas had been requested to develop local plans in response to the GP Forward View. An early draft plan was appended to the report for members' information and comments before submission on the 21 October 2016.		
	Members noted the GP 5 Year Forward View Implementation plan for Barnsley.		
PCCC 16/09/07	**ACCOUNTABLE CARE UPDATE**		
	The Chief Officer presented and Accountable Care update to the Committee which detailed that Barnsley CCG had an ambitious strategy supported by commissioning partners to integrate the delivery of health and care for the people of Barnsley. The report detailed progress to date, the way forward and what this meant for Barnsley CCG and the CCG's commissioning partners. It was highlighted that NHS England had commented that Barnsley CCG was further ahead of other CCG's with regards to Accountable Care and the pace with which this was moving.		
	The Committee thanked the Chief Officer for the Accountable Care Update.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 16/09/08	**INTEGRATED URGENT CARE**		
	Dr Ghani and Dr Guntamukkala left the meeting at this point (10.27am) due to having a conflict of interest in this item. It was agreed at the Governing Body meeting on 8 September 2016 to delegate the procurement route decision for Integrated Urgent Care Services, including Primary Medical Out of Hours Services to the Primary Care Commissioning Committee in order to manage any potential conflicts of interest.		

Agenda Item	Note	Action	Deadline
	The Primary Care Commissioning Committee received a paper which provided them with the context in relation to Integrated Urgent Care services and a proposed approach to developing an integrated service. The proposed approach was to undertake a managed change process, working with current providers of GP Out of Hours and GP Extended Access Services to develop integrated urgent care services and take a joint, collaborative approach to move towards delivering joined up services. It was felt that this approach would ensure that local services were not destabilised whilst the change and transformation to more integrated services takes part and that better outcomes for patients can be delivered from working together in a collaborative way.		
	Agreed Actions: • **The Committee agreed the proposal to proceed via a managed change process for an integrated service, including both specifically GP Out of Hours services and GP Extended Access Services and that existing providers will be included in this approach (transparent co-production).**	**JW**	
PCCC 16/09/09	**RISK REGISTER AND ASSURANCE FRAMEWORK**		
	The Head of Governance and Assurance presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for. The Committee also received the updated Terms of Reference which had been approved by the Governing Body in September.		
	Agreed Actions: • **The Head of Assurance to work with the CCG Chairman to update the 0 – 19 Pathway Risk with the latest narrative and position.** • **It was also agreed to update the Risk Owner of risk CCG 15/02 relating to CQC reports to the Deputy Chief Nurse until the Head of Primary**	RW/NB MT	

Agenda Item	Note	Action	Deadline
	Care and Out of Hospital Care commenced in post.		
OTHER			
PCCC 16/09/10	**QUESTIONS FROM THE PUBLIC RELEVANT TO THE AGENDA**		
	A Member of the public queried if there was a reason why only 28 GP Practices in Barnsley were part of the Federation and why the remaining practices had not joined. It was advised that this was the individual practices decision however 28 out of 35 practices was a sizeable proportion which facilitated the provision of Primary Care at scale.		
	A Member of the public raised the Map of Medicine presentation which had been presented to the Patient Council. The main benefits to the system were highlighted to the member of the public and it was stated that it would be useful to have a clinician present at Patient Council meetings when clinical issues were being discussed.		
PCCC 16/09/11	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Primary Care Commissioning Committee will be held on 22 December 2016 at 1pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

Barnsley Clinical Commissioning Group

Putting Barnsley People First

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

22 December 2016

PUBLIC

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on 29 September 2016.

Minute ref	Issue	Action	Outcome/Action
PCCC 16/09/08	**INTEGRATED URGENT CARE** The Committee agreed the proposal to proceed via a managed change process for an integrated service, including both specifically GP Out of Hours services and GP Extended Access Services and that existing providers will be included in this approach (transparent co-production).	JW	Following approval of the approach Care UK have given notice on the Out of Hours contract and therefore a paper is to be presented to the Committee on 22 December 2016.
PCCC 16/09/09	**RISK REGISTER AND ASSURANCE FRAMEWORK** The Head of Assurance to work with the CCG Chairman to update the 0 – 19 Pathway Risk with the latest narrative and position. It was also agreed to update the Risk Owner of risk CCG 15/02 relating to CQC reports to the Deputy Chief Nurse until the Head of Primary Care and Out of Hospital Care commenced in post.	RW RW	**COMPLETE** **COMPLETE** Head of Primary Care and Out of Hours Care now in post.

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PRIMARY CARE CO-COMMISSIONING COMMITTEE

22 December 2016

FINANCE MONITORING STATEMENT - PRIMARY CARE CO-COMMISSIONING (DELEGATED BUDGETS)

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*		*Information*	X
2.	**REPORT OF**						

	Name	*Designation*
Executive Lead	Jackie Holdich	Head of Primary & Out of Hospital Care Delivery
Author	Victoria Wilkinson	Head of Finance (Financial Management)

3. EXECUTIVE SUMMARY

This report provides an update on the financial position for delegated Primary Care Co-Commissioning budgets as at Month 8.

At month 8 the year to date position shows an (£788k) underspend and a forecast outturn underspend of (£859k). Appendix A provides a full breakdown of the financial position.

NHSE and Barnsley CCG's finance team will continue to monitor expenditure, with any changes in the forecast position being reflected in the Integrated Performance Report considered by Governing Body.

4. THE GOVERNING BODY / COMMITTEE IS ASKED TO:

- Note the contents of the report

5. APPENDICES

- Appendix A - Finance Monitoring Statement - Primary Care Co-Commissioning (Delegated budgets) - Month 8

Agenda time allocation for report:	*10 Minutes*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	*N/A*
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	✓
	Wherever it makes safe clinical sense to bring care closer to home	✓
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	✓
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	✓
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*N/A*
	Are any financial implications detailed in the report?	*N/A*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*N/A*
	Is actual or proposed engagement activity set out in the report?	*N/A*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*N/A*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*N/A*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*N/A*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*N/A*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*N/A*

APPENDIX A

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Co-Commissioning (Delegated budgets) - Month 8

FOR THE PERIOD ENDING 30th November 2016

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			YEAR TO DATE (£)			FORECAST OUTTURN (£)	
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	BUDGET	ACTUAL	VARIANCE OVER / (UNDER)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)
ENHANCED SERVICES	1,452,598	-	1,452,598	968,032	807,513	(160,519)	1,313,083	(139,515)
GENERAL PRACTICE - APMS	1,244,379	-	1,244,379	829,592	757,289	(72,303)	1,135,933	(108,446)
GENERAL PRACTICE - GMS	9,278,979	-	9,278,979	6,185,934	6,148,156	(37,778)	9,222,234	(56,745)
GENERAL PRACTICE - PMS	11,788,954	-	11,788,954	7,859,278	7,883,334	24,056	11,825,001	36,047
OTHER GP SERVICES	985,784	-	985,784	658,684	698,082	39,398	987,320	1,536
OTHER GP SERVICES CONTINGENCY	713,635	-	713,635	475,753	175,433	(300,320)	576,735	(136,900)
OTHER PREMISES	355,391	-	355,391	236,921	151,582	(85,339)	227,373	(128,018)
PREMISES COST REIMBURSEMENT	4,984,030	-	4,984,030	3,343,110	3,255,453	(87,657)	4,972,374	(11,656)
QOF	3,450,250	-	3,450,250	2,299,928	2,192,481	(107,447)	3,135,199	(315,051)
1% NON RECURRENT HEADROOM RESERVE	-	346,000	346,000	-	-	-	346,000	-
TOTAL PRIMARY MEDICAL SERVICES	**34,254,000**	**346,000**	**34,600,000**	**22,857,232**	**22,069,323**	**(787,909)**	**33,741,252**	**(858,748)**

Barnsley Clinical Commissioning Group
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PRIMARY CARE COMMISSIONING COMMITTEE

22 December 2016

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*	✓	*Assurance*	✓	*Information*	

2. REPORT OF

	Name	*Designation*
Executive Lead	Richard Walker	Head of Governance & Assurance
Author	Richard Walker	Head of Governance & Assurance

3. EXECUTIVE SUMMARY

Risk Register and Assurance Framework

In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating. There are currently no risks on the GBAF allocated to the PCCC.

The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. The full risk register is submitted to the Committee on a six monthly basis and the red and amber rated risks are considered at each meeting of the Committee.

There are currently seven risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the seven risks, there is one red (extreme) rated risk, two amber risks (high), three yellow risks (moderate) and 1 green (low) risk. Members are asked to review the one risk rated as 'red' and two risks rated as 'amber' detailed on Appendix 1 to ensure that the risk is being appropriately managed and scored.

At the previous meeting of Primary Care Commissioning Committee held in November 2016 it was agreed:

	• That risk ref 15/14b (0-19 pathway) should be updated to reflect the views of the Membership Council and this has been done. • To consider adding a risk to the Risk Register around the continuation of the Out of Hours service from 21 July 2016. On reviewing the Risk Register it transpired that that there was already a risk relating to the Out of Hours of Service which reported through the Finance and Performance Committee. This risk has been reviewed, rearticulated and scored and will continue to be managed via the Finance and Performance Committee. **Committee Membership and Terms of Reference** NHS England's Statutory Guidance for the Management of Conflicts of Interest, issued in June 2016, makes a strong recommendation that CCG's appoint a third Lay Member to assist with the management of conflicts of interest. The guidance recommends that the Lay Member attends, and is either Chair or Vice Chair of, the Primary Care Commissioning Committee. The CCG has therefore decided to appoint a Lay Member for Accountable Care, who it is proposed will be the Vice Chair of the Primary Care Commissioning Committee. This will necessitate a change to the Committee's Terms of Reference. A draft amended Terms of Reference is attached for the Committee's consideration.
4.	**THE COMMITTEE IS ASKED TO:**
	Review the Risk Register attached and: • Consider whether the 'red' and 'amber' risks identified are appropriately described and scored • Consider whether there are other risks which need to be included on the Risk Register. Approve the proposed amendments to the Committee's Terms of Reference
5.	**APPENDICES**
	• Appendix 1 – Risk Register • Appendix 2 – Draft revised Terms of Reference

Agenda time allocation for report:	10 mins

PCCC 16/12/12

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

PCC RISK REGISTER – December 2016

Domains
1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	6	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	21	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	9	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

The initial risk rating is what the risk would score if no mitigation was in place. The residual/current risk score is the likelihood/consequence (impact) of the risk sits when mitigation plans are in place

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
15/14(b)	4	In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.	4	4	**16**	As for risk 15/14(a) Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time.	MG (Primary Care Commissioning Committee)	Governing Body	4	4	**16**	12/16	**December 2016** The Membership Council received an update on 22 November on the 0 -19 Service from the Public Health Service Director & the Head of Public Health 0 – 19 Service. The next steps were to work with staff and partners to co-produce a new model for the service. Both CCG and the LMC would be closely involved in	01/17

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
													re-modelling of the service which needs to support Multi-disciplinary Team working, co-location of services and locality models. **November 2016** Service transferred on 1/10/16 to BMBC. CCG Chair on Transition Board New Head of Service in post from 3/11/16 and coming to Membership Council on 17/11/16 **October 2016** CCG Chair & Chief Nurse met with colleagues from the LA. CCG Chair is part of the transition Board, meeting fortnightly overseeing the	

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
													change**.**	
CCG 15/02		If there is not an adequate response to the CQC reports in respect of those practices deemed to be inadequate, there is a risk that when they are re-inspected the practices will not meet the requirements potentially leading to poor quality or unsafe services; reputational damage to the CCG; and the practices involved not maintaining their registration.	**3**	**3**	**9**	The CCG has provided resources and support to the affected practices to ensure robust action plans were provided to CQC in accordance with their required timescales. The Head of Quality for Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary improvements. Practice visits have been undertaken to all GP practices who have not yet had a CQC inspection. This has provided an opportunity to share best practice and to help practices put systems and processes in place to meet the regulations. An information matrix on what contributes "good" and" outstanding" practice has been developed and shared with all practices.	JH (Primary Care Commissioning Committee)	CQC reviews	**3**	**3**	**9**	12/16	**December 2016** No further CQC Inspections have taken place **August 2016** All practices have now been inspected the CCG has supported the 5 practices where issues were highlighted **June 2016** The two practices that were in special measures following the inspection visit in Nov/Dec 2014 are now out of special measures. One scoring good in all domains the other sill requires improvement in three of the domains. A	03/17

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
						CQC is a main agenda item at the practice manager forum.							further practice has been put into special measures and support has been given by the CCG. The majority of practices have now been inspected by the CQC. The CQC will be inspecting the practices that have merged by the end of the year. Two practice have scored requires improvement in there safety domain	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	**3**	**4**	**12**	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.	JH (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	12/16	**December 2016** All controls and working arrangements are being followed to manage this residual risk **September 2016** All controls and working	03/17

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
						The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).							arrangements are being followed to manage this residual risk. **March 2016** All controls and working arrangements are being followed to manage this residual risk.	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	**3**	**5**	**15**	CCG considered its strategic capacity & capability as part of the successful application process. The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services. The CCG is undertaking a review of management capacity including delegated responsibilities.	RW (Primary Care Commissioning Committee)	Risk Assessment	**2**	**3**	**6**	11/16	**November 2016** Position remains as at August. The CCG has recruited a Head of Primary Care who commences her role in November 2016, and is in the process of recruiting an additional 2 members of the primary care team. **August 2016** PCCC to review this risk score	05/17

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
													The CCGs delegated functions are being managing through CCG capacity in conjunction with support from NHSE **January 2016** BCCG is managing its delegated functions through internal resource and links to central NHSE expertise.	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in June 2016 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	**3**	**3**	**9**	Standards of Business Conduct Policy and procurement Policy updated. Registers of Interests extended to incorporate relevant GP practice staff . Declarations of interest tabled at start of every meeting to enable updating.	RW (Primary Care Commissioning Committee)	Risk Assessment	**2**	**3**	**6**	11/16	**November 2016** The CCG has continued to embed the requirements of the revised statutory conflicts of interest guidance. NHSE has agreed in principle to the CCg appointing	05/17

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
						Minutes clearly record how any declared conflicts have been managed. PCCC has Lay Chair and Lay & Exec majority, and GP members are non voting. Register of Procurement decisions established to record how any conflicts have been managed. Guidance provided to minute takers on recording decisions re managing conflicts of interest.								an Associate Lay Member to add additional Lay capacity – thgis person once recruited will become a member of the PCCC. **September 2016** PCCC TOR have been updated to include Secondary Care Clinician in membership and remove voting rights from GPs. T **August 2016** New COI guidance received the CCG are currently working through the implications of this guidance and ensure full compliance is achieved.	
CCG		If GP Practices opt to	2	4	**8**	Impact could be mitigated by	JH		1	4	**4**	09/16	**September 2016**	03/17

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
16/02		cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.				local provision e.g. BHF APMS Contracts allow increased diversity of provision.	(Primary Care Commissioning Committee)						Individual contract are monitored through the Primary Care Commissioning Committee's Contractual Issues Report. **July 2016** Proposed new risk. Requires Scoring	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.	**2**	**3**	**6**	The CCG has a well-established and effective PPE function. This was brought in house from the CSU earlier in the year, as well as robust governance supporting the function. The existing primary care commissioning resource and expertise within the Area Team can be accessed by the CCG. The CCG considered its strategic capacity & capability as part of the successful application process.	JR (Primary Care Commissioning Committee)	Risk Assessment	1	3	**3**	10/16	**October 2016** – general update to mitigation and treatment **August 2016** The CCG continues to hold practice engagement events with practices the last one being at the end of June **June 2016** Estates issues resolved, the CCG held a	10/17

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
													practice Engagement event scheduled for 30th June 2016	

Barnsley Clinical Commissioning Group

Putting Barnsley People First

Primary Care Commissioning Committee

Terms of Reference

~~September~~ December 2016

Terms of Reference – NHS Barnsley CCG Primary Care Commissioning Committee

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Barnsley CCG. The delegation is set out in Schedule1.

3. The CCG has established the NHS Barnsley CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a committee comprising representatives of the following organisations:
    - NHS Barnsley CCG;
    - Healthwatch Barnsley (non-voting attendee);
    - Barnsley Metropolitan Borough Council (non-voting attendee).

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

   a) Management of conflicts of interest (section 14O);

   b) Duty to promote the NHS Constitution (section 14P);

   c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

   d) Duty as to improvement in quality of services (section 14R);

   e) Duty in relation to quality of primary medical services (section 14S);

   f) Duties as to reducing inequalities (section 14T);

   g) Duty to promote the involvement of each patient (section 14U);

   h) Duty as to patient choice (section 14V);

   i) Duty as to promoting integration (section 14Z1);

   j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the Governing Body of NHS Barnsley CCG in accordance with Schedule 1A of the “NHS Act”.

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Barnsley, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Barnsley CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

15. The specific obligations of the CCG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include:

a) Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including:
- the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes);
- 'Discretionary' payments (e.g., returner/retainer schemes);
- Commissioning urgent care for out of area registered patients.

b) Planning the primary medical services provider landscape in Barnsley, including considering and taking decisions in relation to:
- The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices;
- Approving practice mergers;
- Managing GP practices providing inadequate standards of patient care;
- The procurement of new Primary Medical Services Contracts;
- Dispersing the lists of GP practices;
- Agreeing variations to the boundaries of GP practices; and
- Co-ordinating and carrying out the process of list cleansing in relation to GP practices.

c) Decisions in relation to the management of poorly performing GP Practices 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).

d) Decisions in relation to the Premises Costs Directions Functions.

16. The CCG will also carry out the following activities:

a) Planning the Commissioning of Primary Medical Services, including:

- carrying out needs assessments for primary medical care services in Barnsley;
- recommending and implementing changes to meet any unmet primary medical services needs; and
- undertaking regular reviews of primary medical care needs and services in Barnsley.

b) Co-ordinate a common approach to the commissioning of primary care services generally;

c) Manage the delegated allocation for commissioning of primary medical care services in Barnsley

d) Obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley (this function to be exercised through the Quality and Patient Safety Committee).

17. The Primary Care Development Workstream will review operational contractual issues impacting on primary care delivery; however decision making will remain the responsibility of the Primary Care Commissioning Committee.

Geographical Coverage

18. The Committee will comprise the NHS Barnsley CCG.

Membership

19. The Committee shall consist of:

Lay / Executive Members:

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Lay Member for Accountable Care (Vice Chair)
- Governing Body Secondary Care Clinician ~~(Vice Chair)~~
- Lay Member for Governance
- Chief Officer
- Head of Governance and Assurance

Elected Practice Representatives (Non-Voting Clinical Advisors):

- Chair of the Governing Body
- Medical Director
- One other elected member of the Governing Body

(The list of members is included as Schedule 3).

20. In addition to the people stated above the Head of Delivery Integrated Primary and Out of Hospital Care a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, and other attendees (as necessary) will be invited to attend meetings and participate in the decision making discussions of the Primary Care Commissioning Committee in a non-voting capacity.

21. The Chair of the Committee shall be the Lay Member for Patient and Public Engagement and Primary Care Commissioning. The holder of this post is appointed for a period of 3 years under a process overseen by the Remuneration Committee in accordance with best guidance.

22. The Vice Chair of the Committee shall be the ~~Governing Body Secondary Care Clinician~~Lay Member for Accountable Care. The holder of this post is appointed for a period of 3 years under a process overseen by the Remuneration Committee in accordance with best guidance.

23. There will be a standing invitation to a HealthWatch Barnsley representative and a Local Authority representative of the Health and Wellbeing Board to attend the Committee as non-voting attendees.

Meetings and Voting

24. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

25. Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of voting members present, but with

the Chair or Vice Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

26. No meeting of the Committee shall be held without a minimum of three members present (excluding non-voting Clinical Advisors and attendees), including either the Chair or Vice Chair. The Committee may call on additional lay members or CCG members when required, for example where the Committee would not be quorate because of conflicts of interest.

25. An Officer in attendance but without formal acting up status may not count towards the quorum.

Urgent decisions

26. Where urgent decisions are required to be made outside Committee meetings. including where decisions must be taken in accordance with externally-driven timescales, these can be made by a minimum of two voting members of the Committee, including at least one of the Primary Care Commissioning Committee Chair and the Chief Officer. Decisions taken under these provisions will be reported back to the next meeting of the Committee for ratification.

Administration

27. Secretarial support for the Committee will be provided by the CCG's administration function, overseen by the Head of Governance and Assurance.

Frequency and conduct of meetings

28. The Committee will meet at least quarterly with more frequent meetings if required, either by circumstances, the Governing Body or the Committee.

29. Meetings of the Committee shall:
    a) be held in public, subject to the application of 29(b);

    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business

or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

30. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

31. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

32. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

33. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Confidentiality Code of Conduct.

34. The Committee will present its minutes to NHS England (North) area team of NHS England after each meeting for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 30 above. An assurance report will be presented to the Governing Body of the CCG after each meeting.

35. The CCG will also comply with any reporting requirements set out in its constitution.

36. These Terms of Reference will be reviewed annually, reflecting the experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

37. The Committee will make collective decisions on the review, planning and procurement of primary care services in Barnsley, including functions under

delegated authority from NHS England. The Committee will manage the delegated allocation for commissioning of primary care services in Barnsley.

38. The Committee will operate in such a way as to ensure appropriate consultation and engagement takes place with members of the public. For example:
    - The Committee will be Chaired by the Lay Member for Patient and Public Engagement
    - It will be attended by a representative of Healthwatch Barnsley
    - Meetings will be held in public (subject to the application of paragraph 28(b) above)
    - The minutes of every meeting will be made publicly available on the website of NHS Barnsley CCG except where those minutes record Committee business conducted in private.

Procurement of Agreed Services

39. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the delegation agreement. In doing so the CCG will comply with public procurement regulations and with statutory guidance on conflicts of interest.

Decisions

40. The Committee will make decisions within the bounds of its remit.

41. The decisions of the Committee shall be binding on NHS England and NHS Barnsley CCG.

42. The Committee will produce an executive summary report which will be presented to NHS England (North) area team of NHS England and the governing body of NHS Barnsley CCG at least quarterly for information.

43. As soon as practicable after the end of each Financial Year the CCG must provide to NHS England a report on how the CCG has exercised the Delegated Functions during the previous Financial Year.

Schedule 1 – Delegation

The CCG and NHS England signed the Delegation Agreement on 26 March 2015. The Agreement became effective on 1 April 2015. The Agreement sets out the arrangements that apply in relation to the exercise of the Delegated Functions by the CCG.

Schedule 2 – Delegated functions

NHS England has delegated to NHS Barnsley CCG the following functions relating to the commissioning of primary medical services under section 83 of the NHS Act:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payments (e.g., returner/retainer schemes).

Delegated commissioning arrangements will exclude individual GP performance management (medical performers' list for GPs, appraisal and revalidation). NHS England will also be responsible for the administration of payments and list management.

Schedule 3 - List of Members Lay / executive members:

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Governing Body Secondary Care Clinician (Vice Chair)
- Lay Member for Governance
- Chief Officer

Head of Governance and Assurance

Elected Governing Body members (Non-voting Clinical Advisors) :

- Chair of the Governing Body
- Medical Director
- One other elected member of the Governing Body

In addition to the people stated above, a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, and other attendees (as necessary) will be invited to attend meetings and participate in the decision making discussions of the Primary Care Commissioning Committee in a non-voting capacity.

GB Approved September 2016

Review June 2017