

Subject to ratification at the next meeting

Minutes of the ICB Primary Care Commissioning Committee Held in Public on Thursday, 8 June 2023 at 10.00am via MS Teams

Name	Job Title	Organisation
<u>Members</u>		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Dr David Levy	Medical Director	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Neil Greaves (Left after Item 2.3) (Named deputy Lyndsey Shorrock attended the full meeting)	Director of Communications and Engagement Senior Communications and Engagement Manager	L&SC ICB L&SC ICB
Claire Lewis (named deputy for Kathryn Lord)	Associate Director of Quality Assurance	L&SC ICB
Corrie Llewellyn	Primary Care Nurse (Clinical Quality, Assurance and Governance Lead)	L&SC Primary Care Training Hub
Andrew White	Chief Pharmacist	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
<u>Participants</u>		
Umesh Patel	Clinical Advisor for Pharmaceutical Services (Professional Advisor)	NHS England
Dr Lindsey Dickinson	Associate Medical Director	L&SC ICB
Amy Lepiorz	Associate Director Primary Care - Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Donna Roberts	Associate Director Primary Care - Lancashire (Central)	L&SC ICB
Collette Walsh	Associate Director Primary Care - Blackburn with Darwen and Lancashire (East)	L&SC ICB
<u>In Attendance</u>		
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Sarah Mattocks	Head of Governance	L&SC ICB
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB
<u>Observer</u>		
Dr Paula Cowan	Regional Medical Director for Primary Care	NHS England

Item No	Item	Action
1. Introductory Section		
1.1	<p><u>Welcome and Introductions</u></p> <p>The committee Chair, Debbie Corcoran welcomed everybody to the inaugural meeting of the Primary Care Commissioning Committee which was held in public to support transparency and accountability. She extended a warm welcome to members of the public who were observing the meeting. A total of eight members of the public had requested the link to access the meeting which had been sent to them along with guidance for attending ICB meetings held in public.</p> <p>The papers for the meeting had been made available online seven days before the meeting via the Integrated Care Board's (ICB's) website. The Chair advised that whilst the inaugural meeting was being held virtually, it was likely to be an exception and the intention was that future meetings held in public would be 'face-to-face' where possible. Work was taking place with the communications and engagement team to ensure meetings were accessible.</p> <p>Members of the public had the opportunity to submit questions and the Chair advised that they would be answered either during the meeting or in writing within 20 days of the meeting. No questions had been received in advance of the meeting.</p> <p>The Chair commented that whilst every effort had been made to produce papers in plain English, there can be times when technical language is used, therefore, in order to support this, a detailed glossary was available on the ICB website which should help in describing phrases and acronyms and what they mean. The link to the glossary was also included on the meeting agenda.</p>	
1.2	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Craig Harris, Kathryn Lord (Claire Lewis, named deputy, attended on her behalf) and David Bradley.</p>	
1.3	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>The Chair should be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted.</p>	
2. Governance and Operating Framework		
2.1	<p><u>Primary Care Commissioning Committee Terms of Reference</u></p> <p>Sarah Mattocks, Head of Governance, spoke to a circulated report which included</p>	

	<p>the Terms of Reference (ToR) of the Primary Care Commissioning Committee (PCCC) which had been approved by the ICB Board on 29 March 2023. For completeness they were submitted to the committee to note that they were fully operational and could be utilised and were available on the ICB's website. Sarah advised that the ToR would be reviewed annually or earlier should there be any changes to the membership or via national guidance updates.</p> <p>The Chair advised that two PCCC development workshops had recently been held to support the review of ToR.</p> <p>Dr Geoff Jolliffe referred to the nominated deputies and sought clarification regarding approval. The Chair would agree the named deputies, to ensure colleagues are up to speed with the committee and to ensure the Register of Interests is up to date in respect of decisions. The committee governance manager would action on behalf of the Chair.</p> <p>The Chair referred to the membership of the committee in respect of current vacancies:</p> <ul style="list-style-type: none"> • Membership: <ul style="list-style-type: none"> - Second Lay Member will be the Deputy Chair and appointment to the role was awaited. In order to address this interim gap, meetings had been arranged to accommodate the Chair's availability in order that the committee was quorate. - Head of Delivery Assurance – currently vacant • Regular Participants: <ul style="list-style-type: none"> - Healthwatch Representative – being progressed - Clinical Advisor for Ophthalmic Services – currently vacant <p>The above vacancies would be added to the committee action log and there was recognition that appointments needed to be made as soon as possible.</p> <p>The Chair referred to Part 2 PCCC meetings (not held in public) and why there would be a requirement for these meetings to be held. She was mindful that it was important for the public to understand that there may be matters that are commercially sensitive or other reasons why discussions would need to be held in a closed meeting. A record of the rationale for items being in a Part 2 meeting rather than a meeting held in public would be kept.</p> <p>Reference was made to risks within the ToR and the committee would need to understand how the different risk registers are formulated in order that they are sighted on risks and have assurances accordingly. Debra Atkinson, Company Secretary/Director of Corporate Governance advised that a mapping exercise had been undertaken in respect of risk oversight for 2023/24. The PCCC would receive all risks relating to primary care on a quarterly basis and the ICB Board would receive the Board Assurance Framework. She was mindful that there needed to be interlinks with submission dates and she would provide a report for the next committee meeting. The frequency would be scheduled on the committee workplan.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the</p>	<p>LJT</p> <p>LJT</p> <p>LJT</p> <p>DA LJT</p>
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	Terms of Reference and the actions being taken forward.	
2.2	<p><u>Report on the Operating Model for the Primary Care Commissioning Committee</u></p> <p>Peter Tinson, Director of Primary Care and Neil Greaves, Director of Communications and Engagement had prepared a report which informed the committee of three aspects that had shaped how the committee will operate:</p> <ul style="list-style-type: none"> • The national delegation agreement • Ways of working • Principle of engagement/involvement, arrangements from the public perspective <p>It was noted that the ICB has delegated responsibility from NHS England for the commissioning of primary care services in four areas, each of which will have a specialist group to support progress, and are:</p> <ul style="list-style-type: none"> • Primary Medical Care Services (GP practices) • Primary Dental and Prescribed Dental Services (Dental practices) • Primary Ophthalmic Services (Optometry practices) • Pharmaceutical Services and Local Pharmaceutical Services (Pharmacies) <ul style="list-style-type: none"> • In addition and under-pinning this, was a need for delegated decisions in a fifth area relating to capital, with a specialist group also to be set up for this area. <p>The committee noted that the ICB holds a Delegation Agreement with NHS England which requires the ICB to make primary care commissioning decisions in line with relevant legislation, national policy and agreed processes. This includes the ICB's legal duty to involve patients and the public in shaping the provision of services.</p> <p>Peter advised that the groups for the five areas listed above also have interdependencies with other committees and groups within the ICB which have the responsibility for primary care quality, performance and transformation and they were demonstrated in a diagrammatical format within the report.</p> <p>Neil highlighted the principles of engagement and involvement from a public perspective in the committee's approach and ways of working, advising how the PCCC will operate in an open and transparent way.</p> <p>Dr Geoff Jolliffe was mindful that the reports contained a lot of detail, stressing the importance of engagement with primary care and colleagues having full knowledge and sight of that detail in place and it being made easily available to them. More detailed consultation would need to be held with the Local Medical Committee (LMC) and the other bodies for the other professions. Peter welcomed the suggestion of communicating the arrangements to all four contractor groups and would action this with Neil order to provide assurance to the committee.</p> <p>Claire Lewis, Associate Director of Quality Assurance referred to the diagram at paragraph 4.2 within the report suggesting that a stronger connection be made to</p>	PT/NG

	<p>the Primary Care Quality Group and Quality Committee and this was noted.</p> <p>There was also an amendment to the diagram – Finance and Procurement Committee would be corrected to Finance and Performance Committee.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the report and the actions to be undertaken as outlined above.</p>	<p>AL</p> <p>AL</p>
2.3	<p><u>Terms of Reference of Groups Supporting the Primary Care Commissioning Committee</u></p> <p>Amy Lepiorz, Associate Director of Primary Care spoke to a circulated report which sought approval for the Terms of Reference of four of the five groups which would support the committee in safely and effectively discharging its duties. It was proposed that there would be five groups, one for each primary care provider group and one for capital investments:</p> <ul style="list-style-type: none"> • Primary Medical Services Group • Primary Dental Services Group • Pharmaceutical Services Group • Primary Optometric Services Group • Capital Working Group – the Terms of Reference would be submitted at a later date <p>Amy drew members' attention to the supporting decision-making matrix, commenting that further work would need to be undertaken to streamline the process.</p> <p>The Chair conveyed her thanks to Amy and colleagues for the work undertaken in drawing up the ToRs commenting that the PCCC will review on an ongoing basis.</p> <p>John Gaskins, Finance Lead for Primary Care was mindful that the ToRs were reflective of what the PCCC would expect. He referred to discretionary payments advising that there may be occasions where it would not necessarily be discretionary in the context of rent reviews as they often link back to contractual agreements. The committee acknowledged this.</p> <p>The Chair would meet with the Group Chairs on a quarterly basis. She advised that a review of the scheme of financial delegation would be submitted to the Audit Committee and the ICB Board and by ratifying the Group ToRs, they would provide the golden thread recognising that as a committee of the Board, it holds all responsibility of the Groups, therefore a strong line of sight.</p> <p>Claire Lewis stressed the importance of the quality impact assessments which would also link across the Groups.</p> <p>The Chair asked that more detail regarding involvement and engagement on decisions in the decision-making matrix be submitted to the July meeting of the committee commenting that it would be helpful to continue to test this with the public to gain their valuable feedback. Neil advised that it was intended to co-</p>	

	<p>produce this with the public and test and engage with areas and groups including the ICB's Public Involvement and Engagement Advisory Committee (PIEAC).</p> <p>The Chair was mindful of the committee having assurance in respect of capacity of the Chairs leading the four Groups and sought clarification as to when they would be meeting in order that recommendations could be made to the PCCC in a timely way. Amy Lepiorz advised that dates of Group meetings were currently being arranged to be held in June with a report submitted to the July meeting of the PCCC. She advised that the Groups had met in shadow form. Capacity had been built within the workplan and the Chairs (who are herself, Peter Tinson, Donna Roberts and Collette Walsh) will have overall responsibility including the review of decisions and would monitor volume. Peter welcomed the quarterly reviews and provided assurance that capacity would be kept under review. Debra Atkinson also gave assurance to the committee as the responsibility previously sat with NHS England and the checks and balances were in place as staff had transferred from NHS England into the ICB thus bringing a good knowledge base with them.</p> <p>RESOLVED: That the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Approve the Terms of Reference for the four groups listed above and approve the decision-making matrix noting that it would be further refined as necessary. • Note that the Groups would be kept under review, that there was assurance in terms of capacity at the current time and that the committee is confident that the levels of decision-making are right but will test this on an ongoing basis. • Note that the ICB's scheme of financial delegation was being updated to ensure it fits with the corporate framework. • Recognise the importance of the discussion to be held at the July meeting in respect of public involvement and engagement and that work will be co-produced with the public to take us forward. <p><i>Neil Greaves left the meeting.</i></p>	NG
2.4	<p><u>Delegated Services Assurance Framework</u></p> <p>Amy Lepiorz spoke to a circulated report which provided the committee of the assurance requirements that NHS England will expect from the ICB in respect of the commissioning of delegated primary care services.</p> <p>It was noted that the ICB holds a Delegation Agreement with NHS England which requires the ICB to make primary care commissioning decisions in line with relevant legislation, national policy and agreed processes. NHS England had published an assurance framework which focuses on the responsibilities that have</p>	

	<p>been delegated to the ICB. The ICB would be required to complete a retrospective annual self-declaration to confirm compliance. To support ICBs in the completion of the return, NHS England had developed a suite of proposed evidence which would be gathered by our ICB to provide assurance against each domain. The four domains, associated assurance questions and suggested evidence had been collated into a local delegated services assurance framework.</p> <p>Dr Geoff Jolliffe sought clarification as to how the framework would work in terms of governance and the Chair explained that the PCCC has delegated authority in terms of business and there was no flexibility around it as it was a national assurance framework. She further advised that it would be used as a monitoring and assurance tool. From an internal audit perspective, it could be used to test the evidence in-year and the committee would escalate or alert the ICB Board via the triple A report (Alert, Advise and Assure). Debra Atkinson advised that the committee would work within its ToR but there was also delegated assurance and it could ask another committee to review an area that may be deemed as a risk. The triple A report and the minutes of the committee meeting would be submitted to the Board and Debbie Corcoran as Chair of the committee would raise any issues via this process.</p> <p>The Chair advised that there would be an opportunity to use the internal audit plan to test and Peter informed the committee that a meeting was scheduled with the ICB's internal auditors, MIAA, to look at contracting, quality and financial arrangements around delegated responsibilities. He anticipated that it internal audit in this area would commence before the end of Quarter 2.</p> <p>RESOLVED: That the Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Approve the local delegated services assurance framework and reporting • Note the assurance requirements from NHS England in respect of delegated primary care services. • Note and welcome the importance and added value of internal audit in this area. 	
2.5	<p><u>Primary Care Commissioning Committee Workplan 2023/24</u></p> <p>The Chair spoke to a circulated committee workplan for 2023/24 which had been drawn up via the committee's ToR and in line with delegated responsibilities. Discussion had been held at the committee development session on 25 May 2023 and comments had been reflected in the workplan which included items known to date. The workplan would be updated throughout the year as the committee's business evolves.</p> <p>The Chair advised that the workplan had been split into two sections; governance and operating framework and commissioning decisions, the latter to support with forward planning and the management of meetings however, it was noted that the scheduling of procurement decisions may be subject to change and updated.</p> <p>The Chair asked that quarterly reviews with Groups Chairs be included in the workplan. It was also noted that AAA be referred to in full, ie, Alert, Advise and Assure.</p>	LJT

	<p>It was commented that as part of the planning process for meetings in public, should the agenda include an item relating to a specific area/geographical location, consideration would be given where possible in holding meetings close to that particular area.</p> <p>RESOLVED: That the Primary Care Commissioning Committee approve the workplan for 2023/24 noting that further updates would be made throughout the year as the committee's business evolves.</p>	
3. Commissioning Decisions		
3.1	<p><u>Decisions made direct/remit of the Primary Care Commissioning Committee</u></p> <p>RESOLVED: That the Primary Care Commissioning Committee note that there were no decisions to be considered.</p>	
3.2	<p><u>Minutes and any recommendations from sub-committees</u></p> <p>RESOLVED: That the Primary Care Commissioning Committee note that there were no minutes or recommendations to receive.</p>	
4. Other Items for Approval		
4.1	<p>RESOLVED: That the Primary Care Commissioning Committee note that there were no items for approval.</p>	
5. Items to Receive and Note		
5.1	<p><u>Delegated Services Contractual Notices</u></p> <p>Contractual Notice for the Commissioning of Ancillary Support Services – Amy Lepiorz spoke to a circulated report which provided information on a contractual notice for Ancillary Support Services which was served to the ICB by NHS England as part of the delegation agreement as at April 2023. The report provided the committee with the current arrangements in respect of Ancillary Services. As set out in the Delegation Agreement, ICBs are responsible for the procurement, management and monitoring of contracts for the provision of Ancillary Support Services as required to support the ICB in the effective discharge of the Delegated Functions. These include Clinical Waste, Translation and Interpretation Services and Occupational Health Services. It was noted that in Lancashire and South Cumbria only a clinical waste service has transferred.</p> <p>RESOLVED: That the Primary Care Commissioning Committee receive the contractual notice.</p>	
5.2	<p><u>Primary Care 2022/23 Month 12 Outturn and 2023/24 Budgets</u></p> <p>John Gaskins, Finance Lead for Primary Care spoke to a circulated report which provided an update on primary care expenditure for 2022/23 and budgets for</p>	

	<p>2023/24 and provided context and information in respect of the budget setting approach and principles. It covered locally commissioned primary care services and delegated co-commissioning (primary medical), dental, ophthalmic and pharmacy budgets.</p> <p>The Chair asked whether for future reports or via the ICB website information could be made available that sets out headline information on which budget lines the committee has oversight of. She suggested that the communications and engagement team could review information and work with the finance team to clarify the delegated budgets and related funding streams so that public has a clear line of sight.</p> <p>The Chair stressed the importance of the committee having assurance that when decisions are made that the funding is available to make those decisions and this needs to always be included within papers and recommendations.</p> <p>RESOLVED: That the Primary Care Commissioning Committee receive the month 12 financial summary and 2023/24 budgets and note the context and planning principles including the QIPP (Quality, Innovation, Productivity and Prevention) and mitigation assumptions.</p>	<p>JG/ NG</p> <p>ALL</p>
6. Items for the ICB Risk Register		
6.1	RESOLVED: That there were no items identified for the ICB Risk Register.	
7. Committee Highlights Report to the ICB Board		
7.1	<p>The Chair advised that each committee is required to provide the ICB Board of highlights arising out of meetings in the form of Assure, Advise and Alert (AAA). She provided the following summary of the discussion held and welcomed any comments or additions:</p> <ul style="list-style-type: none"> • Assure: <ul style="list-style-type: none"> • Operating Model of the PCCC and Assurance Framework put in place to understand how the delegations will work. • Terms of reference of the committee and the groups reporting to the committee. • Advise: <ul style="list-style-type: none"> • Further clarity required in respect of involvement and engagement mapping back to the decision-making matrix – further discussion to be held at the July meeting. • Alert: <ul style="list-style-type: none"> • Membership (two members and two participants) of the committee not yet complete and general capacity would be kept under review. 	<p>PT/NG/ AL</p> <p>DA/LJT</p>
8. Any Other Business		
8.1	RESOLVED: That there were no other items of business raised.	
9. Reflections on the Meeting		

9.1	<p>Reflections of the inaugural meeting of the Primary Care Commissioning Committee were as follows:</p> <ul style="list-style-type: none"> • Is a one hour meeting sufficient? The Chair advised that two hours in total have been scheduled and on this occasion, one hour used for Part 1 and one hour for Part 2. • Recognition of, and thanks for, the work undertaken in the background in drawing up the papers which were clear and concise. • Discussion held had set good foundations in going forward. • Need to ensure the public is supported to have a clear understanding of the information contained within the agenda and papers. The Chair asked Neil Greaves and the team to review and seek feedback. • A rolling list of ideas for improvement would be captured and held to review. 	<p>NG</p> <p>NG/ LJT</p>
10. Date, Time and Venue of Next Meeting		
10.1	<p>The next meeting would be held on Thursday, 20 July 2023 at 10.00am-12noon – venue to be confirmed.</p>	<p>NH/SM/ LJT</p>
<p>Exclusion of the public: <i>“To resolve, that representatives of the press and other members of the public be excluded from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest” (Section 1(2) Public Bodies (Admission to Meetings Act 1960).</i></p>		