

Primary Care Commissioning Committee 2018/19

Date of Meeting:	09 November 2018
Agenda Item:	2.1
Subject:	Primary Care Commissioning Committee sub-committee changes
Reporting Officer:	Sarah Crossley
Aim of Paper:	To propose changes to the structure and frequency of the three primary care commissioning sub-committees

Governance route prior to Primary Care Commissioning Committee	Meeting Date	Objective/Outcome
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Click here to enter text.	

Primary Care Commissioning Committee Resolution Required:	Approval/Decision
Recommendation	The Committee are asked to note and approve the proposed changes to sub-committees as outlined in this paper

Link to Strategic Objectives		Contributes to: (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3:	To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	No
SO5:	To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)	No
SO6:	To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7:	To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Green
Comments (Document should detail how the risk will be mitigated)	Risks are being managed with mitigation plans against individual projects detailed within the report

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Associate Director of Integrated Commissioning, Karen Kenton
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Aim

This purpose of this paper is to propose changes to the structure and frequency of the three primary care commissioning sub-committees.

Background

Under current arrangements and CCG Governance structure there are three sub-committees that provide regular updates and report to the Primary Care Commissioning Committee (PCCC). The three sub-committees are the Primary Care Finance, Contracts and Estates sub-committee, the Primary Care Performance and Quality sub-committee and the Primary Care Innovation and Transformation sub-committee. Under the existing governance arrangements each of these committees also reports into each other and provides regular updates as a standing agenda item on each committee's agenda as well as each reporting into the PCCC.

Each committee has separate terms of reference which detail areas of responsibility, membership and each individual committee's governance arrangements. The sub-committees have been in place since August 2016 and have been effective and useful forum for discussion to support and progress various new initiatives and have been well attended by the range of relevant members.

However over recent months the number of new agenda items has significantly reduced as some of initial projects have moved into business as usual (BAU) phase and the majority of the individual committee's agenda items have consisted of the updates provided by each sub-committee to its other two committees. Attendance of members at the individual committees especially clinical representatives from member practices has also reduced significantly over the last few months.

Proposal

Following discussions with the chairs of each committee, clinical leads and the primary care, senior management it is therefore proposed that a number of changes to the structure and frequency of the committees are made as follows:

1. The Finance, Estates and Contracts committee is merged with the Performance and Quality

committee

2. The frequency of the primary care sub-committee reduces from monthly to bi-monthly meetings

The terms of reference of the Finance, Estates and Contracts and Performance and Quality committee will be reviewed and merged to form terms of reference for the new committee to ensure that all areas of responsibility and membership are included in the new format of the merged committee.

The intention is to test out these proposed changes over the next 6 months and to report back to the PCCC. It may be that these changes are only necessary for an interim period and during the test period current workflows and any wider governance changes that may impact on the role and function of these committees will be monitored. Should the need for further changes or to revert back to original structure of 3 separate committees arise this will be brought back to the PCCC again for consideration.

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