

Northumberland Primary Care Commissioning Committee

This meeting will be held at 10.00am on Wednesday 10 October 2018
Ballroom, Morpeth Town Hall, Morpeth

AGENDA

Item	Time	Topic	Enc.	Presenter
1	1000	1.1 Welcome 1.2 Apologies 1.3 Declarations of conflicts of interest (agenda items) 1.4 Quoracy*		J Guy
2	1005	2.1 Minutes from the previous meeting and Matters Arising 2.2 Action Log	✓ ✓	J Guy J Guy
3	1015	Operational 3.1 Finance Update 3.2 PCCC Terms of Reference Review	✓ ✓	I Cameron S Young
4	1035	Strategic 4.1 Quality Assurance Report (Quarterly) - presentation		A Topping/ R Hudson
5	1055	Any other business		J Guy
6	1100	Date and time of next meeting: Wednesday 12 December 2018 - 10.00am Location TBC		

* 3 members, including at least the Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.



Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee

8 August 2018, Committee Room 1, County Hall, Morpeth

Members Present:

Janet Guy	Lay Chair, Northumberland CCG
Siobhan Brown	Chief Operating Officer, Northumberland CCG
Ian Cameron	Chief Finance Officer, Northumberland CCG
Dr Jane Lothian	Local Medical Committee

In attendance:

Pamela Phelps	Senior Head of Commissioning, Northumberland CCG
Wendy Stephens	NHS England
Paul Irvine	NHS England
Anne Armstrong	Healthwatch Northumberland
Stephen Young	Strategic Head of Corporate Affairs, Northumberland CCG
Melody Price	Executive Assistant, Northumberland CCG (Minutes)

NPCCC/18/32 Agenda item 1 Welcome and questions on agenda items from the public

Janet Guy welcomed all members to the meeting including a member of the public present. There were no questions from the public.

NPCCC/18/33 Agenda item 2 Apologies for absence

Apologies were received from David Thompson and Scott Dickinson.

NPCCC/18/34 Agenda item 3.1 Declarations of conflicts of interest

There were no conflicts of interest declared.

NPCCC/18/35 Agenda item 3.2 Quoracy

The meeting was quorate.

NPCCC/18/36 Agenda item 4.1 Minutes of the previous meeting and matters arising

The minutes of the previous meeting (13 June 2018) were agreed as a true and accurate record, subject to the following amendment:

- Page 1 NPCCC/18/23 Agenda Item 1 Welcome and questions on agenda items from the floor
 - Paragraph 2, sentence 2: 'Janet said the PCCC had only' replaced with Janet said the PCCC had not'

Matters arising

Pamela Phelps said the NHS England (NHSE) Contract Baseline Report presented at the June 2018 Primary Care Commissioning (PCCC) meeting had some errors. An amended report will be circulated to PCCC members.

Action NPCCC/18/36/01: Wendy Stephens to check accuracy and if required circulate amended NHSE Contract Baseline Report to PCCC members.

NPCCC/18/37 Agenda item 4.2 Action Log

Action NPCCC/17/79/01: Pamela Leveny to undertake a review of Northumberland branch surgery sustainability. Draft review criteria completed. Meeting planned with Derry Nugent, Healthwatch Northumberland regarding patient engagement.

NPCCC/18/38 Agenda item 5.1 Finance Update

Ian Cameron outlined NHS Northumberland Clinical Commissioning Group's (CCG) primary care services financial position for the period ending 31 July 2018.

The Month 4 forecast outturn position is breakeven. The PCCC should note the figures are draft as at time of publishing this report the financial ledger was still open.

General Practice General Medical Services (GMS) and Personal Medical Services (PMS) have both seen pressures materialise in month due to list size increases.

Quality and Outcomes Framework (QOF) is showing a pressure of £238k based upon current aspiration payments. Currently, this is being offset by prior year and current year underspends on Enhanced Services of £279k and Dispensing/Prescribing of £85k to deliver an overall breakeven position.

Risks remain relating to locum reimbursement for sickness and maternity.

The delegated Primary Care budgets are under more pressure than they have been in previous years. There is a possibility that increased costs in GP contracts, new patient registrations, and any further in year pressures, may require the CCG to subsidise delegated primary care payments via its own contingency. The position will continue to be closely monitored.

Karen Bower asked why there was a variation in the premises cost reimbursement for rent. Ian said that practices have rolling 3 year rent reviews that are subject to District Valuer valuations, and annual costs were estimated at the beginning of the year.

Siobhan Brown asked for an update regarding GP Forward View funding. Ian said the CCG now had part of the GP Forward View funding for GP Extended Access (£6 per head) in its baseline but further discussion was needed with NHSE regarding forward funding. A clear national view might not be available until the end of 2018. Jane Lothian said there were ongoing concerns nationally and Northumberland had received no new funding in the last 10 to 15 years. Janet Guy said there were increased costs in GP contracts but insufficient additional growth funding and that PCCC needed to monitor closely.

NPCCC/18/39 Agenda item 6.1 Primary Care Workplan

Pamela Phelps gave a presentation on the Primary Care Integrated Action Plan and said the plan was linked into the following areas:

- CCG Operational plan and priorities
- Delegated Commissioning and NHSE contracting cycle of business
- Quality Assurance
- In year contract change/issues
- GP Forward View
- Estates and Premises

The Primary Care Integrated Action Plan enables integrated working and provides more capacity to support primary care service delivery and development, and sustainability. Focus on all areas in the plan was being maintained by the Primary Care Commissioning Operational Group (PCCOG), which is accountable to PCCC.

A Primary Care Summit will be held in October 2018 focusing on sustainability and identifying solutions. It will be facilitated by independent GP Lead with working knowledge of delivering new models.

The action plan is supported by a comprehensive Primary Care dashboard which is linked to a database. The database holds both hard and soft intelligence on all practices in Northumberland including demographics, population health and core practice information. The dashboard has 5 areas of assessment and practice issues are RAG rated against each of the following areas: Quality, Workforce, Access, Estates and IT/Technology. Further work is being undertaken to expand the Primary Care dashboard and a refresh is planned every 6 months.

Information and support is being provided by NHSE, the Care Quality Commission (CQC), Public Health and the Local Medical Committee (LMC) for the Primary Care Integrated Action Plan. The CCG is working with Healthwatch Northumberland regarding engagement.

Pamela said the PCCOG will be merged with Quality Assurance (incorporating CQC and Public Health England). Stephen Young said PCCOG is an operational group and will continue to exception report to PCCC as deemed necessary.

Jane Lothian said the Primary Care Integrated Action Plan was much needed and the LMC wanted to have an operational role in supporting Primary Care.

Karen Bower said the 'early warning' RAG rating for the dashboard was an excellent development.

Wendy Stephens said the Primary Care Integrated Action Plan and dashboard were good but practices also needed to come forward to seek help and support. Pamela said the CCG encourages early discussions with practices wherever possible and support is available.

Siobhan Brown highlighted the age profile and skill mix Workforce information and noted that Primary Care will look very different in 10 years' time. She said new models and solutions were needed and it was a priority in the CCG's operational plan.

Janet asked how often the dashboard would be updated. Pamela said a refresh was planned every 6 months. Janet said practices should be encouraged to help update the dashboard and asked if support will be available to do this. Pamela said information is passed to the CCG's Business Intelligence team as soon as it was available. Workforce data is available on a quarterly basis.

NPCCC/18/40 Agenda item 6.2 Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Groups

Stephen Young outlined NHSE's Internal Audit Framework for delegated Clinical Commissioning Groups.

The CCG has been a delegated commissioner of primary medical care services since 1 April 2016. NHSE still retains overall responsibility for obtaining assurances that its functions in this respect are being discharged effectively. Since 2016, this responsibility has primarily been discharged through regular reporting to the regional team; this process will now be replaced with the following:

- Self-assessment of compliance through the Annual Primary Care Activity Report
- CCG report on outcomes achieved (this replaces the regular reporting to the regional team and now will form part of the Annual Governance Statement)
- Internal Audit (IA)

The framework is to be delivered as a 3 to 4 year programme of work to ensure this scope is subject to annual audit in a managed way and within existing internal audit budgets.

The framework was discussed at the CCG's Audit Committee in July 2018 as the committee is responsible for approving the annual IA plan. It was agreed it would be included in the annual IA plan from 2018/19 onwards.

Ian Cameron said discussions were taking place with IA to avoid any duplication of work. Janet Guy asked if there would be any additional cost. Ian said the cost would be covered within the CCG's budget.

NPCCC/18/40 Agenda Item 7 Any other business

No any other business.

NPCCC/18/41 Agenda item 8 Date and time of next meeting

10 October 2018 – 10.00am, Morpeth Town Hall.

NHS Northumberland Clinical Commissioning Group

Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: October 2018		Primary Care Commissioning Committee				
Number	Date Identified	Target Completion Date	Description and Comments	Owner	Status	Comment
NPCCC/17/79/01	20/12/2017	21/02/2018	Pamela Leveny to undertake a review of Northumberland branch surgery sustainability.	Pamela Leveny	Ongoing	Part of the work plan - work commenced in July 2018.
NPCCC/18/36/01	08/08/2018	10/10/2018	Wendy Stephens to check accuracy and if required circulate amended NHSE Contract Baseline Report to PCCC members	Wendy Stephens	Complete	Any amends will be reflected in the revised report to be presented in February 2019

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	10 October 2018	
Agenda item	3.1	
Report title	Finance Update Month 6	
Report author	Chief Finance Officer	
Sponsor	Chief Finance Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	✓
	Development/Discussion	✓
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks	Strategic Risk 946 – Financial Balance Operational Risk 1983 - Primary Care delegated allocation	
Resource implications	N/A	
Consultation/engagement	N/A	



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Quality and Equality impact assessment	Completed
Research	N/A
Legal implications	CCG statutory financial duties
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Finance Update – Month 6					
2. Project Lead	Director Lead	Project Lead			Clinical Lead	
	Chief Finance Officer	Chief Finance Officer			Clinical Director	
3. Project Overview & Objective	Primary Care finance update.					
4. Quality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
5. Equality Impact Assessment	Impact Details	Pos/ Neg	C	L	Scores	Mitigation / Control
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	N/A					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	N/A					
6. Research <i>Reference to relevant local and national research as appropriate.</i>	N/A					
7. Metrics <i>Sensitive to the impacts or risks on quality and equality and can be used</i>	Impact Descriptors	Baseline Metrics			Target	
	N/A					

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<i>for ongoing monitoring.</i>			
8. Completed By	Signature	Printed Name	Date
Chief Finance Officer		Ian Cameron	01/10/2018
Additional Relevant Information:			
8. Clinical Lead Approval by	Signature	Printed Name	Date
Additional Relevant Information:			
9. Reviewed By	Signature	Printed Name	Date
Comments			

Northumberland Primary Care Commissioning Committee
10 October 2018
Agenda Item: 3.1
Primary Care Finance Update – Month 6
Sponsor: Chief Finance Officer

Members of the Northumberland Primary Care Commissioning Committee are asked to:

- 1. Consider the financial summary for the period ended 30 September 2018 and provide comment.**

This report outlines NHS Northumberland Clinical Commissioning Group's (CCG) primary care services financial position for the period ending 30 September 2018.

Background

The table below sets out the annual budget, year to date position and the forecast outturn position as at 30 September 2018. This shows a forecast outturn pressure of £315k.

FMR Heading	Annual Budget 2018-19	YTD Budget	YTD Actual	YTD Variance	Forecast Outturn	Forecast Variance
	£ 000	£ 000	£ 000	£ 000	£ 000	£ 000
General Practice - GMS	8,648	4,330	4,525	195	9,050	402
General Practice - PMS	22,044	11,022	11,138	116	22,140	96
QOF	4,984	2,492	2,613	121	5,227	243
Enhanced Services	1,999	999	826	(173)	1,691	(308)
Premises Cost Reimbursement	4,323	2,161	2,063	(98)	4,124	(199)
Dispensing/Prescribing	1,651	825	782	(44)	1,566	(85)
Other GP Services	910	455	491	37	1,073	164
CCG Prescribing	(191)	(95)	(93)	2	(189)	2
Grand Total	44,368	22,189	22,345	156	44,683	315

The Primary Care Commissioning Committee (PCCC) should note that the year to date actual and forecast outturn values are draft values at Month 6. The report is produced prior to the finalisation of the CCG's monthly financial position.

Issues and Actions

Month 6 is in line with the position reported at Month 5.

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The Month 6 report reflects the cumulative impact of national GP contract changes within the General Medical Services (GMS) and Personal Medical Services (PMS) lines. Recently announced increases to the 2018/19 contract uplift equates to additional pressure of £360k based upon current list size data.

The reporting lines also include new registration payments to those practices receiving additional patients. These costs are estimated to be £130k. This along with the full year effect of list size changes contributes to the overall £498k pressure in this area.

Quality and Outcomes Framework (QOF) is showing a pressure of £243k based upon current aspiration payments.

Pressures in relation to locum costs total £168k relating to sickness, maternity and a risk share contribution for suspended GP's.

Pressures are partially offset by prior year and current year underspends on Enhanced Services of £308k, Premises Cost Reimbursement of £199k and Dispensing/Prescribing of £85k.

This results in an overall forecast overspend of £315k against the delegated budget that will need to be funded from the CCG's core allocation.

Further risks remain relating to locum reimbursement for sickness and maternity.

Other CCG Primary Care

The CCG has a number of other areas which it makes payments into primary care.

Out of Hours: The CCG has a contract with Northern Doctors Urgent Care (NDUC/Vocare) for the provision of GP access out of hours.

Local Enhanced Services: The CCG has a number of Local Enhanced Service schemes available for GP practices to sign up to, these include;

- Practice Engagement Scheme (PES)
- Practice Variation - GVIS
- Practice Activity Scheme (PAS)
- Practice Medicines Management (PMM)
- Dementia Diagnosis
- Flu Immunisation
- Proactive management of High Risk & End of Life Patients
- Diabetes Prevention Programme
- Deep Vein Thrombosis treatment and prophylaxis service (DVT)
- Prostate Specific Antigen blood monitoring service (PSA)
- Immune Modifying Drugs blood monitoring service (IMD) (formally DMARDs (disease-modifying anti-rheumatic drugs))

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GPIT: The North of England Commissioning Support Unit (NECS) manage this spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.

GP Forward View: The CCG now has in its baseline the GP Forward View funding for GP extended Access £6 per head. There will be other allocations to follow in year for GP Clerical training.

Appendix 1: Northumberland CCG Draft Month 6 - Primary Care Overview

Terms of reference for the Northumberland 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 Northumberland CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS Northumberland CCG Primary Care Commissioning Committee ("the 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 Northumberland CCG
- Northumberland Local Medical Committee
- Northumberland County Council
- Healthwatch Northumberland
- NHS England

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 NHS England 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:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);

- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);
- 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 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 Northumberland, 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 Northumberland 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 delegated 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. This includes, but is not limited, to the following:

- 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' payment (eg returner/retainer schemes).

In addition the Committee shall ensure that the CCG:

- Plans, including needs assessment, primary medical care services in Northumberland.
- Undertakes reviews of primary medical services in Northumberland.
- Co-ordinates a common approach to the commissioning of primary medical care services generally.
- Manages the budget for commissioning of primary medical care services in Northumberland.

Geographical Coverage

17. The geographical area covered by NHS Northumberland Clinical Commissioning Group is the area covered by Northumberland County Council.

Membership

18. The Committee shall consist of:

- CCG Lay Chair (or a Lay Governor nominated by him/her) (Chair of the committee).
- One other Lay Governor (vice chair of the committee).
- The CCG Chief Operating Officer or a nominated director.
- The CCG Chief Finance Officer.
- The Chair of the Local Medical Committee (or a deputy).

19. A standing invitation will be made to specific partners in a non-voting capacity, namely:

- Northumberland Health and Wellbeing Board.
- Healthwatch Northumberland.
- NHS England.

20. The Chair of the Committee shall be the CCG's Lay Chair who is appointed in accordance with the CCG's Standing Orders.

21. The Vice Chair of the Committee shall be the CCG's Lay Vice Chair who is appointed in accordance with the CCG's Standing Orders.

22. The Chief Clinical Officer or a GP Director nominated by him/her will be invited to attend all meetings. To ensure effective management of actual or potential conflicts of interest he or she will withdraw from the meeting as requested to do so by the Chair of the committee. Other CCG Governing Body members, officers, employees and practice representatives may be invited to attend all or part of meetings of the committee to provide advice or support particular discussions.

23. Those invited to attend will not be entitled to vote.



24. The Chief Operating Officer will be the lead officer for the committee, or will nominate a Director to undertake this role.

Meetings and Voting

25. The Committee will operate in accordance with the CCG's Standing Orders insofar as they relate to the:

- Notice of meetings.
- Handling of meetings.
- Agendas.
- Circulation of papers.
- Conflicts of interest.

26. The Strategic Head of Corporate Affairs, as 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 urgent circumstances to call a meeting at short notice, the notice period shall be such as he/she will specify

27. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

28. The quoracy for the committee is 3 members including:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

29. Where a conflict of interest arises which prevents committee members from being involved in the discussion and/or voting on any matters, and/or the quoracy of the meeting or for individual agenda items cannot be maintained, the quoracy of the meeting will be:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

Frequency of meetings

30. The committee will meet at regular intervals and not less than 5 times per year.

31. Meetings of the Committee shall:

- a) Be held in public, subject to the application of 23(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.

32. 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.

33. 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.

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

35. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

36. The Committee will present its minutes to the Cumbria and North East area team of NHS England and the governing body of NHS Northumberland CCG, at least four times a year at regular intervals, for information including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.

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

38. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting 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

39. The committee will be a committee of the governing body and therefore be accountable to the governing body and subject to the CCG's scheme of reservation and delegation.

Procurement of Agreed Services

40. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement as set out in the delegated agreement.

Decisions

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

42. The decisions of the Committee shall be binding on NHS England and NHS Northumberland



CCG.

Schedule 1 – Delegated commissioning arrangements.

Schedule 2 – Delegated functions

Schedule 3 - List of members

Clinicians commissioning healthcare
for the people of Northumberland

