# NHS Wolverhampton
# Clinical Commissioning Group
# Constitution Appendix H6

# The NHS England and Wolverhampton CCG Primary Care Joint Commissioning Committee Terms of Reference

## 1. Introduction

1.1 Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting Clinical Commissioning Groups (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 and CCGs would jointly commission primary medical services.

1.2 The NHS England and Wolverhampton CCG Primary Care joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Wolverhampton.

## 2. Statutory Framework

2.1 The National Health Service Act 2006 (as amended) ("NHS Act") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

## 3. Role of the Joint Committee

3.1 The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act 2006 except those relating to individual GP performance management,

which have been reserved to NHS England. This includes the following activities:

- 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 (e.g., returner/retainer schemes).

3.2 The Committee will contribute to the delivery of the CCG's Primary Care strategy, ensuring that its work programme and decisions support the outcomes set out in the strategy. This will include:-

- Promoting the right care at the right time in the right place
- Developing strategies to support self care and improved information about services
- Improved access to community and primary care facing services
- Enhanced clinical leadership that ensures GPs are at the centre of a neighbourhood approach.
- Improved care coordination, particularly for individuals with complex, life limiting conditions or at risk of hospital admission
- Ensuring wider patient and key stakeholder engagement in the development of future primary care development plans.
- Improvements in the quality and performance of primary medical services

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

## 4. Geographical coverage

4.1 The Joint Committee will comprise NHS England West Midlands Sub-Region (The Sub-Regional Team) and the NHS Wolverhampton CCG (The

CCG). It will undertake the function of jointly commissioning primary medical services for Wolverhampton.

## 5. Membership

5.1 The Membership of the Joint Committee shall consist of:-

- The Deputy Chair of the CCG's Governing Body (Lay Member for Patient and Public Involvement)
- Two Executive Members of the CCG's Governing Body
- One of the 3 GP Locality Leads on the CCG's Governing Body who will attend meetings in rotation
- Three representatives from the Sub-Regional Team (One from each of the Medical, Finance and Primary Care Directorates)
- Two Patient (Lay) representatives

5.2 The Chair of the Joint Committee shall be the Deputy Chair of the CCG's Governing Body

5.3 The Vice Chair of the Joint Committee shall be the one of the lay patient representatives.

5.4 Any member of the committee may nominate a substitute to attend a meeting on their behalf, provided that they notify the Chair 24 hours before the meeting.

## 6. Invited Attendees

6.1 Both a representative of Healthwatch Wolverhampton and a representative of the Wolverhampton Health and Wellbeing Board (who must represent Wolverhampton City Council on the Board) shall be invited to attend meetings of the Committee as a non-voting observer.

6.2 The observers shall be invited to provide assurance that the provisions for managing conflicts of interest are being correctly applied and shall be entitled to attend private sessions of the Joint Committee.

6.3 Additional attendees will be invited to attend public committee meetings from the Local Medical Council, Local Pharmaceutical Council and the Public Health Department of Wolverhampton City Council. The Joint Committee may also call additional experts to attend meetings on an ad hoc basis to inform discussions.

## 7. Meetings and Voting

7.1 The Joint Committee shall adopt the Standing Orders of the CCG insofar as they relate to the:

- Notice of meetings;
- Handling of meetings;
- Agendas;
- Circulation of papers; and
- Conflicts of interest

7.2 Decisions of the Joint Committee should be reached by consensus where possible. Where this is not possible, a vote will be taken with a simple majority of the votes cast being required to reach a decision unless the decision relates to a statutory function of NHS England outlined in Paragraph 3.1. When the Joint Committee exercises these functions, the votes of the Sub-Regional team representatives shall be weighted so that, when cast together, they shall be sufficient to give the sub-regional team a casting vote. (E.g. If 4 of the CCG's representatives are present and voting, the sub-regional team's representatives votes will be weighted so that they total 5, etc.).

7.3 Meetings of the Joint Committee shall be held in public, unless the Joint Committee resolves to exclude the public from either 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.

7.4 Members of the Joint Committee have a collective responsibility for the operation of the Joint 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.

7.5 Members of the Joint Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate

confidentiality requirements are set out for the joint committee in which event these shall be observed.

## 8. Quorum

8.1 Meetings of the Joint Committee shall be quorate when there is at least one lay representative, one executive representative of the CCG and two representative of the Sub-Regional team present and the overall make up of those present is such that there is a majority of non-clinical members.

## 9. Frequency of Meetings

9.1 The Joint Committee shall agree a regular programme of meetings each year. In addition, the Chair may call additional meetings if they are required in line with the provisions for notice of meetings set out above.

## 10. Secretary

10.1 A named individual (or his/her nominee) shall be responsible for supporting the Chair in the management of the Joint Committee's business and for drawing members' attention to best practice, national guidance and other relevant documents as appropriate.

10.2 The Secretary will be responsible for circulating the agenda and papers 5 clear working days before the meeting and will circulate the minutes and action notes of the committee within 3 working days of the meeting to all members and present the minutes and action notes to the Sub-Regional Team and the governing body of the CCG.

10.3 The Secretary will also provide an executive summary report which will presented to the Sub-Regional team and the governing body of the CCG each month for information.

## 11. Decisions

11.1 The Joint Committee will make decisions within the bounds of its remit set out in paragraph 3 above. The decisions of the Joint Committee shall be binding on NHS England and NHS Wolverhampton CCG and will be published by both parties.

## 12. Annual Report

12.1 The Committee will review its performance annually and produce a report on its work. This report will include a summary of decisions taken and details of how any conflicts of interest have been managed.

## 13. Review of Terms of Reference

13.1 These terms of reference will be formally reviewed by the sub-regional team and the CCG in April and September of each year (to align with the timetable to amending the CCG constitution), following the year in which the joint committee is created, and may be amended by mutual agreement between both parties at any time to reflect changes in circumstances which may arise.