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 delegate the exercise of certain specified primary care commissioning functions to a CCG~~would jointly commission primary medical services~~.

1.2 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 Wolverhampton CCG. The delegation is set out in Schedule 1.

~~1.2~~1.3 The CCG has established the ~~NHS England and~~ Wolverhampton CCG Primary Care ~~joint c~~Commissioning ~~c~~Committee ("the Committee"). The Committee will function as ~~a~~ a corporate decision-making body for the management of the delegated functions and the exercise of these delegated powers ~~is a joint committee with the primary purpose of jointly~~ for commissioning primary medical services for the people of Wolverhampton.

2. Statutory Framework

2.1 ~~2.1~~ NHS England has delegated authority to the CCG to exercise the commissioning functions set out in Schedule 2 in accordance with Section 13Z of 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,~~

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~~and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG~~.

2.2 Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

2.3 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).

2.4 The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those functions 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).

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

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

3. Role of the ~~Joint~~ Committee

3.1 ~~3.1~~ The ~~role of the Joint~~ 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 Wolverhampton, under delegated authority from NHS England.

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3.2 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.

3.3 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 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~~4 The Committee will also be responsible for maintaining an overview of the CCG's other activities in relation to the delegated functions related to Primary Care and ensuring ~~for the delivery of~~ that they are aligned with the CCG's Primary Care strategy. These activities~~,~~ include~~ing:~~:-

- ~~Developing and infrastructure that prioritises choice, community development and neighbourhood development to 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~~
- ~~Delivery of integrated primary care models than span primary and secondary care using population based local incentive schemes etc.~~
- ~~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~~

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- ~~Managing the budget for Primary Care Medical Services~~Planning for sustainable primary medical care services in Wolverhampton;
- Reviewing primary medical care services in Dudley with the aim of further improving the care provided to patients
- Co-ordinating the approach to the commissioning of primary care services generally;
- Managing the budget for commissioning of primary medical care services in Wolverhampton.

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 the ~~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
- The CCG Governing Body Lay Member for Finance and Performance
- Two Executive Members of the CCG's Governing Body (currently the Director of Strategy and Transformation and the Executive Director of Nursing and Quality)
- ~~One elected GP Member of the CCG's Governing Body~~
- ~~Three representatives from the Sub-Regional Team (One from each of the Medical, Finance and Primary Care Directorates)~~The Three GPs elected to the CCG Governing Body as Locality Leads (Non-Voting)
- Two Patient 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 CCG Governing Body Lay Member for Finance and Performance. ~~one of the representatives from the Sub-Regional Team.~~

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 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~~will operate in line with~~-~~ the CCG's 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~~ and Policy for Declaring and Managing Interests. The agenda and supporting papers will be circulated to all members at least five working days before the date the meeting will take place unless a shorter time period for circulation of papers is necessary due to a meeting being re-scheduled at short notice.

7.3 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 all 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.).~~ with the Chair having a second and casting vote in the event of a tie.

N.B. In line with national statutory guidance, the GP representatives on the Committee shall not be entitled to vote.

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.

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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 over 50% of its members, including ~~there is at least one lay or executive representative of the CCG and two representatives of the Sub-Regional team present and the~~the Chair or Vice Chair and at least one Executive Governing Body member is present and ~~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 circulate the minutes and action notes of the committee with 3 working days of the meeting to all members and present the minutes and action notes to ~~the Sub-Regional Team~~NHS West Midlands 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~~ NHS West Midlands and the governing body of the CCG each month for information.

11. Accountability of the Committee

11.1 The Committee will be directly accountable for the commitment of the resources / budget delegated to the CCG by NHS England for the purpose of commissioning primary care medical services. This includes accountability for determining appropriate arrangements for the assessment and procurement of primary care medical services, and ensuring that the CCG's responsibilities for consulting with its GP members and the public are properly accounted for as part of the established commissioning arrangements.

11.2 For the avoidance of doubt, the CCG's Scheme of Reservation & Delegation, Standing Orders and Prime Financial Policies will prevail in the event of any conflict between these terms of reference and the aforementioned documents.

11.3 The Committee is accountable to the governing body to ensure that it is effectively discharging its functions.

12. Procurement of Agreed Services

12.1 The procurement arrangements will be set out in the delegation agreement (Schedule 1 and 2 to this Terms of Reference between NHS Wolverhampton CCG and NHS England.

~~11.~~13. Decisions

~~11.1~~13.1 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.~~14. Review of Terms of Reference

~~12.1~~14.1 These terms of reference will be formally reviewed by the ~~sub-regional team and the CCG~~ Committee in April of each year, following the year in which the ~~joint~~ committee is created and any recommendations for changes will be made to the Governing Body~~, and may be amended by mutual agreement between both parties at any time to reflect changes in circumstances which may arise.~~.

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