

Terms of Reference

Joint Committee for Primary Care Co-commissioning

Introduction

1. This Joint Committee has been established with the primary purpose of jointly commissioning primary medical services for the people of North East Lincolnshire. Its membership is drawn from North East Lincolnshire Clinical Commissioning Group (NEL CCG), NHS England (Yorkshire and Humber sub-region), and North East Lincolnshire Council (NELC).

Statutory Framework

2. 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.

Role of the Joint Committee

3. The role of the Joint Committee shall be to carry out all the functions relating to the commissioning of primary medical services under section 83 of the NHS Act with the exception of those listed at section 4; such CCG functions under sections 3 and 3A of the NHS Act as are directly relevant to the commissioning of primary medical services, and such council functions as are directly relevant to the commissioning of primary medical services.
4. This specifically excludes the following NHS England activities:

Version 5, Amended to reflect changes agreed in line with NHS England 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs' published June 2016

- GMS, PMS and APMS contract management (including monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - those related to the operational management, oversight or funding of primary care estate;
 - those relating to individual GP performance management
5. In performing its role the Joint Committee will exercise its management of functions in accordance with the agreement entered into between NEL CCG, NHS England and NEL Council, which shall sit alongside these terms of reference.

Geographical coverage

6. The Joint Committee will comprise North East Lincolnshire CCG and NHS England Yorkshire and Humber sub-region. Its membership shall include North East Lincolnshire Council. It will undertake the function of jointly commissioning primary medical services for the population of North East Lincolnshire.

Membership

7. The Joint Committee shall consist of:
- i. Lay member from NEL CCG governing body
 - ii. NELC member (or chair) of the Health and Wellbeing board
 - iii. NELC Director of Public Health who shall also be a Health and Wellbeing board representative
 - iv. NHS England representative
 - v. GP chair of the Council of Members in NEL CCG
 - vi. GP vice chair of the Council of Members in NEL CCG
 - vii. NEL CCG Chief Financial Officer

Each member will have an “approved deputy “who shall be eligible to vote in the absence of the member, and any deputy attending for the NHS England representative **shall** be able to vote. Each Deputy must have completed a CCG declaration of interest

This membership will meet the requirements of North East Lincolnshire CCG's constitution.

8. The Chair of the Joint Committee shall be the Lay member of the CCG governing body.
9. The Vice Chair of the Joint Committee shall be determined by the committee and shall be a non-GP member of the committee.
10. Non-voting members to represent other key primary care groups (e.g. Local Optical Committee, Local Pharmaceutical Committee representative and NEL Primary Care (non-GP) Member?

Non-voting attendees shall include (but not be limited to) a standing invitation to a HealthWatch representative. If no other members are a Local Authority representative from the local Health and Wellbeing Board, such a representative will be invited to attend in a non-voting capacity. The LMC shall be invited to attend all meetings, but may be excluded from parts (or all) of the agenda at the discretion of the meeting Chair, whenever that is deemed to be in the interests of managing potential conflicts of interest. Other attendees shall be invited as determined by the Chair.

Key Responsibilities

11. Key responsibilities shall include the following:
 - i. Setting the strategic direction for primary medical services, ensuring alignment with the CCG strategy and H&WB board strategy;
 - ii. Determining the annual priorities for primary medical services to inform budget and resource planning by all partners;
 - iii. Market Management including:
 - o Proposals for alteration to PMS/GMS/aPMS contract holders, to ensure alignment with the agreed strategic direction. This will include (but not be limited to) proposals for practice mergers, establishing new practices, retirement of the GP principle partners in small practices, and practice closures

Version 5, Amended to reflect changes agreed in line with NHS England 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs' published June 2016

- Design and development of PMS and APMS contracts;
- iv. Strategic development and utilisation of primary care estate;
- v. Existing and newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”);
- vi. Local incentive and quality improvement schemes, including any proposals for alternative(s) to the national Quality Outcomes Framework (QOF);
- vii. ‘Discretionary’ payments e.g., returner/retainer schemes;
- viii. Effective utilisation of any NEL primary medical service resources that are placed within a pooled commissioning budget, including determination of priorities for investment/disinvestment;
- ix. Overview of aligned primary medical services budgets (i.e. those budgets directly related to the commissioning of primary medical services held by each of the partners, which have not been placed in a pooled budget);
- x. Pooled budget arrangements and their management, including
 - Assuring that the annual pooled value is commensurate with the reasonably anticipated commitments and priorities (both collectively and for each accountable organisation)
 - Agreement of in-year adjustments to pooled funds by any organisation
 - Performance and financial risk management
 - Audits of pooled fund financial management;
- xi. Efficiency and effectiveness of primary medical services contract management arrangements;
- xii. Other matters as relevant to the remit of the committee.

Meetings and Voting

12. The Joint Committee shall adopt the Constitution requirements and Standing Orders of North East Lincolnshire CCG insofar as they relate to the:

- a) Notice of meetings;
- b) Handling of meetings;
- c) Agendas;
- d) Circulation of papers; and
- e) Conflicts of Interest

13. Voting

13.1 Each member of the Joint Committee shall have one vote.

13.2 For matters that relate to the statutory responsibilities of NHS England, the Joint Committee shall reach decisions by a simple majority of votes cast by the members present, but the NHS England member shall have a vote equal to that of all other members (e.g. if 6 other member present the NHS England vote shall be counted as 6) plus a casting vote.

13.3 For all other matters, the Joint Committee shall reach decisions by a simple majority of votes cast by the members present and the meeting Chair shall have a casting vote.

14. Quoracy shall be four voting members, one of whom must an NHS England voting member. GP votes must be in the minority to avoid conflicts of interest. In the absence of both the chair and vice chair, those present shall nominate a chair for the meeting; as the chair would hold a casting vote, the chair cannot be a GP.

15. The Joint Committee shall meet as frequently as necessary to effectively undertake its business, and at least 3 times a year.

Version 5, Amended to reflect changes agreed in line with NHS England 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs' published June 2016

16. Meetings of the Joint Committee:

- a. Shall, subject to the application of 7(b), be held in public. Publication of meetings shall be via the NEL CCG internet.
- b. The Joint 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.

17. Members of the Joint Committee shall 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.

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

19. 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.

20. Secretariat support shall be provided by North East Lincolnshire CCG

21. The secretariat to the Joint Committee will:

- a) Circulate to all members the draft minutes and summary of actions from the meetings within 14 working days.
- b) Individual members shall be responsible for ensuring the minutes are presented within their relevant organisations as appropriate.

Sub-committees and sub-groups

22. There are no regular sub-committees of sub-groups of the Co-Commissioning Committee; however, these can be constituted as and when needed, in line with NHS England conflict of interest guidance. The GP Development Group is not a formal sub-committee; its purpose is to provide an interface between the various commissioners of general practice and the individual practices. Ensuring that proposals for service/contract change including quality, consistency and general development are discussed and tested prior to formal decision and implementation.

Decisions

23. The Joint Committee will make decisions within the bounds of its remit.
24. The decisions of the Joint Committee shall be binding on NHS England, NEL council and NEL CCG.
25. Decisions shall be published by NHS England, NELC and NEL CCG, for example through placing summary of actions or minutes on their organisations internet site.
26. The secretariat will produce a summary of agreed actions and ensure that they are presented to the partnership board of NEL CCG after each meeting, for information. The NHS England and Council officer members of the committee shall similarly ensure that they are presented to their respective organisations as and when appropriate, for information.

Standards of Business Conduct/Conflict of Interest

27. All Committee Members must adhere to the CCG's Constitution and Standards of Business Conduct / Conflicts of Interest policies, together with NHS England statutory guidance on managing conflicts of interest.
28. Where a member of the committee believes that he /she has a conflict of interest in relation to one or more agenda items, they must declare this at the beginning of the meeting, wherever possible, and always in advance of the agenda item

Version 5, Amended to reflect changes agreed in line with NHS England 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs' published June 2016

being discussed. It will be responsibility of the Chair of Committee to decide how to manage the conflict and the appropriate course of action.

29. To further strengthen scrutiny and transparency of CCG's decision-making processes the CCG has an appointed Conflict of Interest Guardian. This role is undertaken by the CCG's Integrated Governance & Audit Chair.
30. Any interests declared at a meeting must be included on the CCG's Declaration of interest Register. Where this is not already the case, the individual with the conflict must ensure that the item is added to their declaration as soon as is practicable following the meeting.

Review of Terms of Reference

31. These terms of reference will be formally reviewed from time to time, and at least annually, reflecting experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England, Councils and CCGs in primary medical services co-commissioning.
32. Amendments shall be subject to mutual agreement

Approved by Joint Committee for Primary Care Co-commissioning– 26/01/2017
Ratified by Governing Body – 09/03/2017

Signatures

NEL Clinical Commissioning Group

NEL Council

Yorkshire and Humber Area sub-region of NHS England

Version 5, Amended to reflect changes agreed in line with NHS England 'Managing Conflicts of Interest: Revised Statutory Guidance for CCGs' published June 2016

Delivering joined up solutions

