

<b>Title of meeting:</b>		<b>Primary Care Joint Commissioning Committee (JCC) Committees in Common (CIC).</b>					
<b>Date of Meeting</b>	12 <sup>th</sup> April 2016	<b>Paper Number</b>	3				
<b>Title</b>	Terms of Reference and Roles & Responsibilities						
<b>Sponsoring Director</b> (name and job title)	Nicky Cartwright Interim Director of Strategy & Commissioning						
<b>Sponsoring Clinical / Lay Lead</b> (name and job title)	Clive Bowman						
<b>Author(s)</b>	Jacky Walters						
<b>Purpose</b>	For discussion and approval						
<b>The Primary Care Joint Commissioning Committee is required to (please tick)</b>							
<b>Approve</b>	<input checked="" type="checkbox"/>	<b>Receive</b>	<input type="checkbox"/>	<b>Discuss</b>	<input checked="" type="checkbox"/>	<b>Note</b>	<input type="checkbox"/>
<b>Risk and Assurance</b> <i>(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)</i>	Accuracy essential as effects Constitutional update for all 3 CCG's and NHS England (South)						
<b>Legal implications/regulatory requirements</b>	Constitutional change						
<b>Public Sector Equality Duty</b>	Equality Impact Assessment was conducted.						
<b>Links to the NHS Constitution</b> <b>(relevant patient/staff rights)</b>	<p>The NHS provides a comprehensive service available to all.</p> <p>Access to NHS services is based on clinical need, not an individual's ability to pay</p> <p>The NHS aspires to the highest standards of excellence and professionalism</p> <p>The NHS aspires to put patients at the heart of everything it does</p> <p>The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population.</p> <p>The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources</p> <p>The NHS is accountable to the public, communities and patients that it serves</p>						

<p><b>Strategic Fit</b> <i>Primary Care strategy? and Other relevant strategies</i></p>	<p>Reflects strategy for 3 CCG's to work closely together</p>
<p><b>Commercial and Financial Implications</b> <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	<p>No financial implications</p> <p>Date Deputy CFO sign off .....</p>
<p><b>Quality Focus</b> <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>No quality implications</p> <p>Date Director of Nursing sign off.....</p>
<p><b>Clinical Engagement</b> <i>Outline the clinical engagement that has been undertaken</i></p>	<p>Consultation with each CCG members council</p>
<p><b>Consultation, public engagement &amp; partnership working implications/impact</b></p>	<p>Discussed by all 3 JCC's in January 2016</p>
<p><b>NHS Outcomes</b> <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i></p> <p><i>Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>
<p><b>Co-Commissioning governance</b></p>	
<p>Which CCG does this Paper relate to or potentially affect?</p>	<p>Slough <input checked="" type="checkbox"/> WAM <input checked="" type="checkbox"/> Bracknell &amp; Ascot <input checked="" type="checkbox"/></p>
<p>Is this paper related to a CCG statutory function?</p>	<p>Yes delegated.</p>
<p>Is this paper related to a NHS England statutory function?</p>	<p>Yes, the commissioning of Primary Care services (Medical)</p>
<p>Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i></p>	<p>GP's</p>

Are all voting members eligible to vote?	YES
<p><b><u>Executive Summary</u></b></p> <p>This paper contains the draft Terms of Reference and Roles and Responsibilities as recommended for the coming together of three separate Primary Care Joint Commissioning Committees to meet as one 'Committees in Common' each quarter.</p> <p>There has been extensive consultation since January in order to respond to queries and concerns and to adopt suggestions in order for the committee to be successful in its business and in public.</p> <p>There is opportunity for final amendment prior to recommendation to the Joint Governing Body meeting on 27<sup>th</sup> April 2016, where after, NHS England is asked to formally approve the constitutional amendments.</p>	
<p><b><u>Recommendation(s)</u></b></p> <p><b>The recommendation</b> is that the Committee approves the Terms of Reference and Roles and Responsibilities in order that they can be recommended to the 3 CCG Governing Bodies and NHS England for constitutional update.</p>	

<b><u>Chairs Use Only</u></b>	
Any known conflicted committee members from Declarations of Interest register?	

**Draft Terms of Reference  
Primary Care Joint Commissioning Committees (JCC)  
Committees in Common (CIC)**

*\*(Important note: When the term CCG\* is used, it relates equally to Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG).*

**Introduction**

1. NHS England, **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG** have agreed to meet once and 'in common' as part of their strategic commitment to working more closely together when this is possible. This is known as the 'JCC CIC'.

2. Although this JCC CIC will operate together as one group meeting, for legal reasons it is NOT possible for the 3 CCGs and NHS England to form one single committee to deliver joint commissioning, as functions CAN NOT be delegated into “committees-in-common”. However, decisions can be made in a more joined up way, simultaneously and reduce the bureaucratic duplication of running 3 meetings, while respecting the individual sovereignty of the individual JCCs.

### **Statutory Framework**

3. 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 Committees, Meeting as Committees in Common**

4. The role of the Joint Committees, meeting as Committees in Common, 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.
5. 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).

6. In performing their roles, the Joint Committees will exercise their management of the functions in accordance with the agreement entered into between NHS England and **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG**, which will sit alongside the delegation and terms of reference.
7. There is a requirement for the CCG\* Governing Bodies to engage with the Primary Care Commissioning Joint Committees on all key strategic areas that have an impact on Primary Care.

### Responsibilities

8. The key responsibilities of this committee are to work together to:
  - a) plan, including needs assessment, primary medical care services in the CCG\* area;
  - b) undertake reviews of primary medical care services in the CCG\* area;
  - c) co-ordinate a common approach to the commissioning of primary care services generally;
  - d) manage the budget for commissioning of primary [medical] care services in CCG\* area;
  - e) ensure collaborative working on monitoring and addressing issues of quality in primary care;
  - f) support the development of a joint strategy for primary care estates which meets current and future needs;

### Accountability

9. As a delegated committee, the JCC CIC is directly accountable to the Governing Body of each, **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG**. In addition, the JCC CIC is Joint with NHS England South (South Central).

### Geographical coverage

10. The JCC CIC will comprise NHS England and the geographical areas served by **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG**. It will undertake the function of jointly commissioning primary medical services for these three areas.

## **Membership**

11. The Joint Committee shall consist of:

## **Voting Membership**

12. The voting membership has been allocated to non-practice affiliated members to manage any conflict of interest in instances where decisions are to be made about commissioning from all CCG practices.

Voting membership:-

- Lay Chairs x3 or nominated deputy (1 from each CCG Governing Body)
- CCG\* Accountable Officer x1 (can be deputised by Executive Director)
- NHSE Officers x2 or nominated deputies

13. The Chair of the Joint Committee shall be the Lay Representative of the Windsor, Ascot and Maidenhead CCG for the initial rotation, planned to be of one year unless agreed otherwise. The role of the Chair is to ensure that the JCC CIC is run in line with principles of good governance, and acting in the best interests of all three CCGs.

14. The two Vice Chairs of the Joint Committee shall be the Lay Representatives of Bracknell & Ascot CCG and Slough CCG

## **Non-voting attendees will be:**

15. The same as the requirements for existing CCG\* Primary Care Joint Co-Commissioning Committees. X3 reflects 1 member from each CCG. x1 reflects one representative for that role.

- Healthwatch x3
- Local Councillor members x3
- Lay governing body member for patient participation. Governing Body Executive Nurse, Director of Finance, and Director of Strategy and Operations and Associate Director of Primary Care (5)
- GP Governing Body Member or deputy x3 (up to a maximum of 2 GP's for each CCG)
- NHSE Primary Care Programme Lead x1
- NHSE Primary Care Finance Lead x1

- CCG\* Co-Commissioning Lead & secretariat x2

Other attendees will be invited to support discussions as defined by the items on the agenda including finance support, Local Medical Committee (LMC) representation and other subject matter experts.

### **Governance and management of Conflicts of interest**

16. The roles of the appointed Lay chair and Vice Lay chairs are of utmost importance to the open and transparent governance arrangements for the JCC CIC.
20. The JCC CIC will ensure that all potential conflicts of interest are managed in an open and transparent manner and following the *NHS England Managing conflicts of interest: statutory guidance for CCGs 2014*<sup>1</sup>.
21. CCGs must maintain a register of interest of the members of the committee and must publish these registers and make arrangements to ensure that members of the public have access to these registers on request.
22. CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the committee as soon as they become aware of it, and in any event within 28 days.
23. Members must declare any interests at the start of the meeting and will have to exclude themselves from any part of the decision making process in relation to the agenda item in question. This will include discussion beforehand if so requested by the Chair.

### **Meetings and Voting**

24. The Joint Committee shall adopt the Standing Orders of the CCG\* insofar as they relate to the:
  - a) Notice of meetings; (14 days)
  - b) Handling of meetings;
  - c) Agendas; (5 Days)
  - d) Circulation of papers; (5 days)
  - e) Conflicts of interest

25. NHS England Members of the Joint Committee shall each have weighted votes, shared between them, to equal the total vote of all other members on the committee. The Joint Committee shall reach decisions by a simple majority of votes present however:
- NHS England has a casting vote for any functions within NHS England’s statutory obligations.
  - CCG\* members have a casting vote on any of the CCG’s statutory functions that are included within the scope of the joint committee’s responsibilities.
  - In order to make a strategic decision that would affect **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG** then all three CCG’s would be required to vote individually and this would be recorded in the minutes as three separate votes. However, the discussion prior to the decision would be shared as one.
  - Where there is an issue or decision that impacts only one CCG, then only the **ONE CCG** voting membership would be required to vote (Lay Chair for the **ONE CCG**, Accountable Officer (or deputy) for the CCG and two members from NHS England).
  - Should any voting members have to exclude themselves from a topic, then the deputy for that member will be required to vote.
  - The Chair and at least one lay member for governance will have the final decision on whether exclusion is necessary in the event of uncertainty.

### Quoracy

25. Quoracy of the JCC CIC will reflect the existing JCC’s and will require **four voting members** to be present from each JCC.

2 NHS England voting members

1 CCG Accountable Officer (or deputy)

1 Lay Chair/Vice Chair or deputy, who must be a lay member of that CCG.

As a result, votes will be shown for **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG** as 4, 4 and 4.

In the event of neither of the CCG lay members being present, the meeting’s decisions will need to be validated post meeting with the Lay Chair (or deputy) before they can be enacted.

## Frequency

26. Meetings of the JCC CIC
  - a) Shall, subject to the application of (b) below, be held in public each quarter. A sub group, the Joint Operations Group (JOG) for Primary Care Co-Commissioning, meets monthly all year.
  - 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.
27. 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.
28. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
29. 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.

## Decisions

30. The Joint Committee will make decisions within the bounds of its remit.
31. NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning.
32. The decisions of the Joint Committee shall be binding on NHS England and the CCG\*. Where a decision affects all three CCGs, it shall be binding on each of them.
33. Decisions will be published by both NHS England and the CCG\*.

#### Secretariat

34. The JCC CIC will be supported by a Senior Manager (Primary Care) from the NHS South, Central and West Commissioning Support Unit.
35. Circulate the minutes and action notes of the committee with 5 working days of the meeting to all members.

#### Review of Terms of Reference

36. These terms of reference will be formally reviewed by NHS England South (South Central) and **Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG** in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement between NHS England South (South Central) and Windsor, Ascot and Maidenhead CCG at any time to reflect changes in circumstances which may arise.
37. An equality impact assessment will be reviewed annually with the Terms of Reference.

Draft Date: 29th March 2016

Date Approved:

## PRIMARY CARE JOINT CO-COMMISSIONING (JCC)

### COMMITTEES IN COMMON (CIC)

#### DRAFT MEMBER ROLES & RESPONSIBILITIES

##### Committee roles

The NHS England and (Bracknell and Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG) Joint Commissioning Committee (JCC) is a joint meeting of Committees in Common (CIC) with the primary purpose of jointly commissioning primary medical services for the population of East Berkshire. The JCC's meet in public quarterly and an internal Primary Care Joint Operations Group (JOG) meets monthly in private.

##### General roles and competencies:

All members of the JCC, however nominated, must have previous experience of working in a collective decision-making group and a track record of securing or supporting improvements for patients or the wider public. They must demonstrate:

- a commitment to commissioning services in such a way as to improve outcomes and deliver best value-for-money for the taxpayer;
- an understanding of effective governance, accountability and stewardship of public money;
- an understanding of, and a commitment to upholding, NHS principles and values as set out in the NHS Constitution;
- knowledge of primary care commissioning processes or a willingness to acquire the knowledge required to make decisions; and
- a commitment to delivering sustainable and enhanced primary care provision for patients as set out in our local Primary Care Strategy.

##### Roles of individual members:

###### *Chair/Vice chair (Voting):*

Nominated on an annual basis on rotation with the other CCG Lay Governing Body members.

###### *Key aspects of role:*

- Chairing meetings in such a way as to ensure that the governance and decision-making processes set out in the JCC CIC's Terms of Reference are followed and conflicts of interest are managed appropriately;
- Ensuring that the meeting, including preparation and follow-up, is conducted in such a way as to serve the best interests of all three CCGs, and the populations they serve while respecting the provisions for local JCC determination of issues that affect only one CCG;
- Receiving questions from members of the public in accordance with CCG processes;
- Contributing to discussions. Holds delegated authority to vote on primary care commissioning decisions on behalf of their CCG's Governing Body where these relate to their individual CCG;

- Sharing information across all three Lay Governing Body member roles, so as to ensure transparency and effective decision making.
- Developing and approving a quarterly report to the CCG Governing Bodies.

***Accountable Officer or CCG Executive Directors (Voting):***

Identified in accordance with the JCC Terms of Reference.

*Key aspects of role:*

- Hold delegated authority to vote on primary care commissioning decisions on behalf of the three CCG Governing Bodies;
- Supporting flow of information between the JCC and the three CCG Governing Bodies;
- Ensuring the JCC processes reflect broader CCG governance arrangements and appropriate linkages are in place with other bodies;
- Providing expert input into discussions in relation to own lead areas e.g. finance, quality; and
- Overseeing governance arrangements, decision-making processes and the management of conflicts of interest so as to ensure the committee operates effectively and efficiently.

***NHS England (South Central) Director representatives (Voting):***

Identified by NHS England (South Central) in accordance with JCC Terms of Reference.

*Key aspects of role:*

- Identifying agenda items in liaison with the Joint Operations Group (JOG) including presenting papers relating to changes to primary care contracts;
- Providing expert primary care commissioning guidance and input into decision-making;
- Providing oversight to ensure that the JCC is conducting its business in accordance with NHS England guidance on co-commissioning and the management of conflicts of interest.
- Hold delegated authority to vote on primary care commissioning decisions on behalf of NHS England (South Central);
- Hold casting and weighted voting rights in on NHS England statutory matters as set out in the JCC Terms of Reference;
- Managing reporting back to NHS England (South Central);
- Ensuring appropriate links are in place with other primary care decision-making groups and processes e.g. management performers' list, CQC follow-up arrangements etc.

***GP Leads (Non-Voting):***

Nominated on an annual basis by the three CCG Governing Bodies.

*Key aspects of role:*

- Providing a clinical perspective on issues discussed and proposed approaches;
- Responsible for establishing two-way flow of information between the JCC and their CCG's Council of Members, and for ensuring that local issues and views are brought to the JCC attention and fed into discussions as appropriate;

***NHS England representatives (Non-Voting, all meetings):***

Identified by NHS England in accordance with JCC and JOG Terms of Reference.

*Key aspects of role:*

- Identifying agenda items in liaison with the CCG's Primary Care Team, including presenting papers relating to changes to primary care contracts;
- Providing expert primary care commissioning guidance and input into decision-making;
- Managing reporting back to NHS England (South Central);
- Ensuring appropriate links are in place with other primary care decision-making groups and processes e.g. management performers' list, CQC follow-up arrangements etc.

***Patient representative/Healthwatch (Non-Voting):***

Identified by the CCG in accordance with JCC Terms of Reference.

*Key aspects of role:*

- Providing a 'sense check' on proposed approaches from the point of view of patients using primary care services, based on experience of using NHS primary care services as a patient and/or carer and knowledge of local service configuration;
- Providing input to the JCC around communications and engagement activities based on own experience of this work and advising on how issues might best be presented to patients, particularly those in hard to reach groups.
- Identifying issues which may be of importance to patients and require further consideration by the JCC;
- Willingness to develop understanding of primary care commissioning and to research and bring new perspectives to the JCC for consideration.; and
- Readiness to challenge and seek to influence the work of the JCC.
- Undertaking research as requested to support delivery of the Primary Care Strategy.
- Presenting issues identified through the work of the Healthwatch organisations to the JCC for consideration;

***Health and Wellbeing Board Councillor Representatives (Non-Voting):***

Nominated on an annual basis by each of the three Health and Wellbeing Boards.

*Key aspects of role:*

- Working to ensure that the work of the JCC supports delivery of the three local Joint Health and Wellbeing Strategies;
- Acting as a link between the JCC and the Health and Wellbeing Boards; ensuring a two way flow of communication regarding issues being considered and decisions made; and
- Ensuring that primary care matters identified by Health and Wellbeing Boards are brought to the JCC for consideration and that Health and Wellbeing Board input is sought on issues identified by the JCC.