

Title of meeting:				Primary Care Joint Commissioning Committee Committee in Common			
Date of Meeting		12 July 2016		Paper Number		3	
Title				Terms of Reference <ul style="list-style-type: none"> Joint Commissioning Committee Committee in Common Primary Care Quality Improvement Team 			
Sponsoring Director (name and job title)				Fiona Slevin-Brown, Director of Strategy and Commissioning			
Sponsoring Clinical / Lay Lead (name and job title)				Clive Bowman, Lay primary care representative WAM CCG and Chair of the Joint Commissioning Committee, Committee in Common			
Author(s)				<ul style="list-style-type: none"> Joint Commissioning Committee Committee in Common, Jacky Walters, Co-Commissioning Lead Primary Care Quality Improvement Team, Sarah Bellars, Director of Nursing & Quality 			
Purpose				The Committee are requested to note the two Terms of Reference			
The Primary Care Joint Commissioning Committee Committee in Common is required to (please tick)							
Approve		Receive		Discuss		Note	
						x	
Risk and Assurance <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)			
Legal implications/regulatory requirements				Constitutional change			
Public Sector Equality Duty				Equality Impact Assessment was conducted.			
Links to the NHS Constitution (relevant patient/staff rights)				<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>			

	The NHS is accountable to the public, communities and patients that it serves
Strategic Fit <i>Primary Care strategy? and Other relevant strategies</i>	Reflects strategy for 3 CCG's to work closely together
Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?)</i> <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>	No financial implications Date Deputy CFO sign off
Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets)</i> <i>Include date the Director of Nursing has signed off the quality implications)</i>	Date Director of Nursing sign off.....
Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i>	Consultation with each CCG members council
Consultation, public engagement & partnership working implications/impact	The terms of reference for the Joint Commissioning Committee, Committee in Common were previously discussed by the 3 separate meetings in January and the Joint meeting in April. The terms of reference for the Primary Care Quality Improvement Committee were developed and agreed through the primary care quality improvement meeting.
NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below:</i> <i>Please note there may be more than one Domain.</i>	Domain 1 Preventing people from dying prematurely; Domain 2 Enhancing quality of life for people with long-term conditions; Domain 3 Helping people to recover from episodes of ill health or following injury; Domain 4 Ensuring that people have a positive experience of care; and Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.
Co-Commissioning governance	
Which CCG does this Paper relate to or potentially effect?	Slough <input checked="" type="checkbox"/> WAM <input checked="" type="checkbox"/> Bracknell & Ascot <input checked="" type="checkbox"/>
Is this paper related to a CCG statutory function?	Yes delegated

Is this paper related to a NHS England statutory function?	Yes, the commissioning of Primary Care services (Medical)
Potential conflicts of interest (who for?) <i>GP's, Practice Managers, Federations, Councils,</i>	GP's
Are all voting members eligible to vote?	YES
<p><u>Executive Summary</u></p> <p>This paper contains the Terms of Reference for the following:</p> <ul style="list-style-type: none"> • Updated Terms of Reference for the Joint Commissioning Committee Committee in Common, these were previously approved at the last meeting on the 12th April 2016 subject to amendments, therefore these amendments have now been incorporated and the final version is attached for the Committee to note. • Primary Care Quality Improvement Group, the Terms of Reference have previously developed and agreed by the been approved and therefore attached for this Committee to approve 	
<p><u>Recommendation(s)</u></p> <p>The Joint Commissioning Committee Committee in Common is asked to note its Terms of Reference attached and approve the Terms of Reference for the Primary Care Quality Improvement Group .</p>	

<u>Chairs Use Only</u>	
Any known conflicted committee members from Declarations of Interest register?	No

Primary Care Joint Commissioning Committees (JCC) Committees in Common (CIC)

TERMS OF REFERENCE

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

1. PURPOSE OF THE COMMITTEE

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 Joint Commissioning Committee, Committee in Common 'JCC CIC'.

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.

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.

2. ACCOUNTABILITY

Accountable to:

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).

3. OBJECTIVES

The objectives 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.

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).
- 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.
- 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.

The key responsibilities of this committee are to work together to:

- plan, including needs assessment, primary medical care services in the CCG* area;
- undertake reviews of primary medical care services in the CCG* area;
- co-ordinate a common approach to the commissioning of primary care services generally;
- manage the budget for commissioning of primary [medical] care services in CCG* area;
- ensure collaborative working on monitoring and addressing issues of quality in primary care;
- support the development of a joint strategy for primary care estates which meets current and future needs;

4. DECISION MAKING AND REPORTING

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

NHS England retains accountability for the discharge of its statutory duties in relation to primary care commissioning.

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.

Decisions will be published by both NHS England and the CCG*.

Where it is necessary to make decisions outside of the planned JCC CIC meetings then the process will follow the NHSE Operating Model for Co-commissioning of Primary Care Version 2.1 as amended.

5. MEMBERSHIP

The Joint Committee shall consist of:

Voting Membership

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)
- NHS England South (South Central) Officers x2 or nominated deputies

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.

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:

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 x3.
- Governing Body Executive Nurse, Director of Finance, and Director of Strategy and Operations and Associate Director of Primary Care (4)
- GP Governing Body Member or deputy x3 (up to a maximum of 2 GP's for each CCG)
- NHS England South (South Central) Primary Care Programme Lead x1
- NHS England South (South Central) 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.

6. QUORACY AND VOTING

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 South (South Central) 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.

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

7. MEETING FREQUENCY AND CONDUCT

Meetings of the JCC CIC:

- 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.
- 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.

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.

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

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.

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

Secretariat

The JCC CIC will be supported by a Senior Manager, Primary Care.

Circulate the minutes and action notes of the committee with 5 working days of the meeting to all members

8. GOVERNANCE AND MANAGEMENT OF CONFLICTS OF INTEREST

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.

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*¹.

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.

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.

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.

9. REVIEW OF TERMS OF REFERENCE

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 2017 and in September of each year thereafter, 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.

An equality impact assessment will be reviewed annually with the Terms of Reference.

Date approved: 12 April 2016

Primary Care Quality Improvement Group

TERMS OF REFERENCE

1. PURPOSE OF THE COMMITTEE

The Primary Care Quality Improvement Group is a joint sub-group of the Primary Care Joint Commissioning Committee (JCC).

The Group will provide performance management and assurance to the JCC of the quality and safety of GP Primary Care services.

Key stakeholders and relationships:

- Primary Care Joint Operations Committee
- NHS England South (South Central)
- General Practices
- Bracknell & Ascot CCG Governing Body
- Slough CCG Governing Body
- Windsor, Ascot & Maidenhead CCG Governing Body
- Healthwatch Bracknell Forest
- Healthwatch Slough
- Healthwatch Windsor & Maidenhead

2. ACCOUNTABILITY

Accountable to:

Primary Care Joint Commissioning Committee (JCC)

3. OBJECTIVES

The objectives of the Primary Care Quality Improvement Group:

- Ensure appropriate mechanisms are in place to monitor and drive forward the quality and safety of services of GP Primary Care services, agreeing courses of action where concerns have been identified.
- Receive and mandate action on reports on quality in respect of the GP Primary Care services; the reports will cover provider performance; patient experience (including complaints and compliments received as commissioners) and clinical performance indicators.
- Ensure the patient voice is listened to in order to understand the diversity of the patient experience. This will include consideration of complaints and compliments received by GP practices within the CCGs.
- Receive, review and scrutinise reports on themes and trends of serious incidents (SIs) occurring in GP Primary Care services.
- Review performance against quality indicators in the NHS Outcomes Framework.
- Review non-financial performance indicators.
- Receive internal and external audits reports relating to quality and follow up action plans.

- Receiving reports from the CSU on performance (with commentary from CCG officers in respect of delivery of these services). Lead officers from the CSU may be invited to attend and report directly to the Committee at the discretion of the Chair.

4. DECISION MAKING AND REPORTING

The Group acts as a co-ordination group and provides the opportunity for discussions about quality and safety issues to enable decisions to be shaped for approval by the JOC.

The Committee has specific delegated authority to:

- Review quality and safety in Primary Care GP services and review and develop plans for improvement.

Reporting arrangements:

The Group is a formal sub-group of the JOC. The agreed minutes of Group meetings will be formally recorded and submitted to the JOC.

5. MEMBERSHIP

Director of Nursing (Chair)
 Associate Director of Quality and Safety
 CCG Infection Prevention and Control Nurse
 CCG Named Professional Safeguarding
 CCGs' Quality Team representative
 Primary Care Quality & Safety representatives, NHS England
 GP representative for the 3 CCGs
 Practice Manager representative for the 3 CCGs
 Governing Body Nurse
 Associate Director Primary Care & WAM
 Healthwatch Bracknell Forest
 Healthwatch Slough
 Healthwatch Windsor & Maidenhead

Other representatives may be invited by the Chair to attend the meetings on an ad hoc basis.

6. QUORACY AND VOTING

The Group will be considered quorate when at least 4 members are present, including at least the Director of Nursing or Deputy, one representative from NHS England and one representation from Healthwatch.

Should a vote need to be taken, only the members of the committee identified above shall be allowed to vote. In the event of a tied vote, the Chair shall have a second and casting vote.

7. MEETING FREQUENCY AND CONDUCT

The Committee will meet on at least a bi-monthly basis

The meeting will be coordinated by the Director of Nursing with meeting papers sent out members at least 5 days prior to the meeting.

The Committee will review its own performance, membership and terms of reference annually and make proposals for any changes to the JOC.

The Committee will submit an annual report to the JOC at the end of each financial year summarising achievement against its agreed work plan.