

NHS Hambleton, Richmondshire & Whitby Clinical Commissioning Group
Joint Commissioning of Primary Care Committee
Terms of Reference

Introduction

1. The Joint Commissioning of Primary Care Committee (the Committee) is established in accordance with NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group's constitution. These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the committee and shall have effect as if incorporated into the constitution.
2. The Committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Hambleton, Richmondshire & Whitby.

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 Committee

4. 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.
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 its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Hambleton, Richmondshire and Whitby CCG, which will sit alongside the delegation and terms of reference. – This is the proposed agreement to deal with such as information sharing, resource sharing, contractual mechanisms for service delivery (and ownership) and interplay between contractual and performance list management.

Geographical coverage

7. The Committee will comprise NHS England Yorkshire and Humber and the NHS Hambleton, Richmondshire and Whitby CCG. It will undertake the function of jointly commissioning primary medical services for Hambleton, Richmondshire & Whitby.

Membership

8. The Committee shall consist of the following voting members:
- LAY Member (Governing Body and responsible for patient and public engagement) (Chair of this committee)
 - LAY Member (Governing Body) (Vice Chair of this committee)
 - LAY Member (Audit and Integrated Governance Committee Chair)
 - Chief Finance Officer
 - Governing Body Nurse
 - 2 x NHSE representatives

9. **non-voting members required attendees:**

- 2 x Governing Body GP's
- GP Practice Manager
- Deputy Chief Operating Officer
- Heartbeat Alliance representative
- Local Healthwatch representative
- Health and Wellbeing Board representative
- Public Health representative
- 13 x Health Engagement Network representative

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10. Invited attendees (if required):

- Deputy Chief Finance Officer
- Heads of Strategy

The membership will meet the requirements of Hambleton, Richmondshire & Whitby CCG's constitution.

11. The Chair of the Committee shall be a LAY member of NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group – to be determined
12. The Vice Chair of the Committee shall be a LAY member of the Hambleton, Richmondshire and Whitby Clinical Commissioning Group
13. In the event of the Committee Chair being unable to attend a meeting he/she will contact a member of the Committee and request that they deputise. This would normally only be in the event of unforeseen circumstances as committee meetings are arranged a year in advance and in conjunction with the availability of the Committee Chair.
14. Regular attendance at committee meetings leads to improved engagement and governance. Members are expected to attend at least 75% of all meetings. Attendance will be documented in the Annual Governance Report.
15. Frequency of attendance by members will be reviewed by Committee Chairs at least annually.

Meetings and Voting

16. The Committee shall adopt the Standing Orders of Hambleton, Richmondshire & Whitby CCG insofar as they relate to the:
 - Notice of meetings;
 - Handling of meetings;
 - Agendas;
 - Circulation of papers; and
 - Conflicts of interest
17. Each member of the Committee shall have one vote. The Committee shall reach decisions by (a simple majority of members present).
18. On the rare occasion that there is a need for a casting vote in decision-making:
 - CCG members of the Committee should have a casting vote on any decision pertaining to one of their statutory functions. This is because the CCG has ultimate accountability for the delivery of its functions.
 - Likewise, NHS England members will have the casting vote for any decision pertaining to one of NHS England's statutory functions. This is because NHS England has ultimate accountability for the delivery of its own functions. Some committees have agreed veto arrangements and in the interest of providing absolute clarity, a casting vote would be stronger than any veto

arrangements. Committees should always strive to reach consensus and we would hope casting votes are rarely required.

19. Subject to the reserved functions above, all Committee members are able to vote on all functions included within the Committee's Terms of Reference. This means that CCG members of the Committee are able to vote on the primary care (general medical) functions that NHS England have that are included in the scope of the Committee, except where they relate to an individual CCG.
20. The Committee will be quorate with executive and lay representation (a minimum of 3 voting members) from the CCG, and a representative from NHSE.
21. Frequency of meetings will be quarterly.
22. Meetings of the Joint Committee:

Shall, subject to the application of 7(b), be held in public.
23. The 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.
24. Members of the Committee have a collective responsibility for the operation of the 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.
25. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
26. Members of the Committee shall respect confidentiality requirements as set out in the Standing Orders referred to above unless separate confidentiality requirements are set out for the Committee in which event these shall be observed.
27. Secretarial services will be provided by the HRWCCG.
28. The secretariat to the Committee will:
 - Circulate the minutes and action notes of the committee with 3 working days of the meeting to all members.
 - Present the minutes and action notes to NHS England Yorkshire and Humber and the governing body of NHS Hambleton, Richmondshire and Whitby CCG.

29. These Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.
30. Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the secretary at least 10 working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least 8 working days before the meeting takes place. The agenda and supporting papers will be circulated to all members of a meeting at least 5 working days before the date the meeting will take place.
31. The secretary will be responsible for supporting the Chair and for drawing the committee's attention to best practice, national guidance and other relevant documents, as appropriate.

Decisions

32. The Committee will make decisions within the bounds of its remit.
33. The decisions of the Committee shall be binding on NHS England and NHS Hambleton, Richmondshire and Whitby CCG.
34. Decisions will be published by both NHS England and NHS Hambleton, Richmondshire and Whitby CCG.
35. The secretariat will produce an executive summary report which will be presented to NHS England Yorkshire and Humber and the governing body of NHS Hambleton, Richmondshire and Whitby CCG for information.

KEY RESPONSIBILITIES

Review of Terms of Reference

36. These Terms of Reference will be formally reviewed by NHS England Yorkshire and Humber and the Governing Body of NHS Hambleton, Richmondshire and Whitby CCG in April of each year, following the year in which the Committee is created, and may be amended by mutual agreement between NHS England Yorkshire and Humber and the Governing Body of NHS Hambleton, Richmondshire and Whitby CCG at any time to reflect changes in circumstances which may arise.

Relationship with the Governing Body

37. The Committee's Terms of Reference shall be approved by the Governing Body.
38. The minutes of the Committee shall be formally recorded and presented to the Governing Body at the earliest practicable meeting, either in public or private session as appropriate.

The Chair of the Committee shall draw to the attention of the Governing Body any issues that require disclosure to the Council of Members, or require executive action.

39. The Governing Body of the CCG shall require, in all joint commissioning arrangements that the CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
40. Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period. Model wording for amendments to CCGs' constitutions.
41. The composition of the Committee shall be published in the Annual Report.

Policy and best practice

42. The Committee will apply best practice in the decision making processes.
43. The Committee will have full authority to commission any reports or surveys it deems necessary to help it fulfil its obligations where appropriate funding is in place.

Declaration of Interests

44. Members are required to declare interests prior to the commencement of the Committee meeting and a register of interests will be maintained. The Chair is required to reconfirm this as a standing item on Committee agendas. As per Standing Orders, individuals may be required to withdraw from the meeting for relevant agenda items at the discretion of the Committee and will no longer count towards the quorum.

Conduct of the Committee

45. The Committee will conduct its business in accordance with any national guidance and relevant codes of conduct / good governance practice, for example, Nolan's seven principles of public life.
46. The Committee shall undertake a review of its effectiveness at least annually.
47. The Committee shall be subject to any review of CCG committees as required.

48. Any resulting changes to the Terms of Reference should be approved by the Governing Body.

Date agreed by JCPCC:
Signed:

Date Agreed by Governing Body:
Signed: