

Paper 2.

Terms of Reference for South West London Joint Committee (JC) for Primary Care Commissioning

Introduction

1. In May 2014 NHS England invited 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 jointly commission primary medical services.
2. One of the aims of co-commissioning is to help align the commissioning system and to develop better integrated out of hospital services based around the diverse needs of local populations.
3. The NHS England and NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG joint commissioning committee is a Joint Committee established for the purpose of jointly commissioning primary medical services for the people of South West London.

Statutory Framework

4. 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

5. The role of the Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the

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NHS Act except those relating to individual GP performance management, which have been reserved to NHS England.

6. 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 breach/remedial notices, and removing a contract);
- Enhanced services (both “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, retirements, closures and terminations; and
- Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).

7. 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 the CCGs listed at paragraph 3 above, which will sit alongside the delegation and terms of reference.

Geographical coverage

8. The Joint Committee will comprise NHS England London Area Team, and the following CCGs:

- a) NHS Croydon CCG;
- b) NHS Kingston CCG;
- c) NHS Merton CCG;
- d) NHS Richmond CCG;
- e) NHS Sutton CCG; and
- f) NHS Wandsworth CCG.

9. It will undertake the function of jointly commissioning primary medical services for South West London.

Membership

10. The Joint Committee shall consist of:
 - a) Three representatives from each CCG, which must include at least one Lay Member and can include the CCG Chair, Chief Officer and Lay Member;
 - b) Three representatives from NHS England's London Area Team, as follows: the Medical Director, Area Director and Head of Primary Care (or a named deputy of appropriate seniority for any of these representatives);
 - c) The membership will meet the requirements of each of the named CCGs' constitutions.

11. The Chair of the Joint Committee shall be elected, by the members of the Joint Committee present at its first meeting, from the Lay Members selected by the CCGs listed in paragraph 8 above to represent them on the Joint Committee.

12. The Lay Vice Chair of the Joint Committee shall be elected by the members of the Joint Committee present at its first meeting.

13. When electing to the positions of Chair and Lay Vice Chair in accordance with paragraphs 11-12 above, the Joint Committee will ensure that each position is held by a representative from a different CCG listed in paragraph 8 above.

14. The following non-voting attendees will be invited to attend meetings of the Joint Committee:
 - a) One nominated representative from each relevant borough's Health and Wellbeing Board ;
 - b) One representative from each relevant borough's Healthwatch; and
 - c) One representative from each relevant Local Medical Committee, including the Surrey and Sussex Local Medical Committee.

15. The members and non-voting attendees of the Joint Committee are listed in Schedule 1. For the avoidance of doubt, the relevant boroughs are:
 - a) The London Borough of Croydon;

- b) The Royal Borough of Kingston upon Thames;
- c) The London Borough of Merton;
- d) The London Borough of Richmond;
- e) The London Borough of Sutton; and
- f) The London Borough of Wandsworth.

Meetings and Voting

16. The Joint Committee shall adopt the Standing Orders set out in Schedule 2 of these Terms of Reference. The Standing Orders will include provision for the following:
- a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers; and
 - e) Conflicts of interest.
17. Each CCG listed in paragraph 8 above shall have one vote. NHS England shall have six votes. If a vote is required, the Joint Committee shall reach decisions by a majority, with NHS England having the casting vote.
18. Where a decision is to be made relating to the exercise of NHS England functions in respect of a single CCG, such a decision shall be made between that CCG and NHS England (with NHS England having the casting vote), with the remaining CCGs abstaining from the decision in question.
19. The Joint Committee will be quorate if the following are in attendance and the provisions regarding lay and executive majority for conflicts of interest management are complied with:
- One voting representative from each CCG listed in paragraph 8 above; and
 - One voting representative from NHS England.

20. The Joint Committee will meet at least once a quarter in public, except as otherwise agreed by the members.
21. Meetings of the Joint Committee:
 - a. Shall, subject to the application of paragraph 21(b), be held in public.
 - 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.
22. 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.
23. The Joint Committee may establish working groups reporting to the Committee. The Terms of Reference for any such working groups will be included as an Annex to this document.
24. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions. Such experts may include, for example, GP representatives from CCGs not included at paragraph 8 above.
25. The Joint Committee may receive reports and recommendations from relevant experts and/or from any working-groups established by the Joint Committee.
26. 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.

27. The Governance Lead for SWL CC shall act as Secretary to the Joint Committee and will:
- a) Circulate to all members, the minutes and action notes of the Joint Committee within 3 working days of the meeting.
 - b) Present the minutes and action notes to the London Area Team of NHS England and the governing body of each of the CCGs listed in paragraph 8 above.
28. These Terms of Reference will be reviewed from time to time, reflecting experience of the Joint Committee in fulfilling its functions and the wider experience of NHS England and CCGs in primary medical services co-commissioning.

Decisions

29. The Joint Committee will make decisions within the bounds of its remit.
30. The decisions of the Joint Committee shall be binding on NHS England and the following CCGs:
- a) NHS Croydon CCG;
 - b) NHS Kingston CCG;
 - c) NHS Merton CCG;
 - d) NHS Richmond CCG;
 - e) NHS Sutton CCG; and
 - f) NHS Wandsworth CCG.
31. Decisions will be published by both NHS England and each of the CCGs listed in paragraph 30 above.
32. The Business Manager of Wandsworth CCG will produce an executive summary report which will be presented to the London Area Team of NHS England and the governing body of each of the CCGs listed in paragraph 30 above every two months for information.

Review of Terms of Reference

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33. These Terms of Reference will be formally reviewed by the London Area Team of NHS England and the CCGs listed in paragraph 30 above in April of each year, following the year in which the Joint Committee is created, and may be amended by mutual agreement between the London Area Team of NHS England and the CCGs listed in paragraph 30 above at any time to reflect changes in circumstances which may arise.

Withdrawal from Joint Committee

34. A CCG listed in paragraph 30 above may withdraw from the Joint Committee in accordance with a decision made under its constitution.

[Signature provisions]

Schedule 1 - List of Members and non-voting attendees [- populate once membership agreed]

Schedule 2 – Standing Orders

Schedule 1 – List of Members and non-voting attendees

Voting Members

Chair – TBA

Vice Chair – TBA

SWL Clinical Commissioning Group Chairs

- Dr Tony Brzezicki – Croydon CCG
- Dr Naz Jivani – Kingston CCG
- Dr Andrew Murray – Merton CCG
- Dr Graham Lewis – Richmond CCG
- Dr Brendan Hudson – Sutton CCG
- Dr Nicola Jones – Wandsworth CCG

SWL Clinical Commissioning Group Chief Officers

- Paula Swann – Croydon CCG
- Tonia Michaelides – Kingston CCG
- Eleanor Brown – Merton CCG
- Jacqui Harvey – Richmond CCG
- Dr Chris Elliot – Sutton CCG
- Graham Mackenzie – Wandsworth CCG

SWL Clinical Commissioning Group Lay Members

- Helen Pernelet – Croydon CCG
- David Knowles – Kingston CCG
- Peter Derrick – Merton CCG
- Bob Armitage – Richmond CCG
- Sally Brearley – Sutton CCG
- Carol Varlaam – Wandsworth CCG

NHS England – South London

- Dr Jane Fryer – Medical Director South London
- David Sturgeon – Head of Primary Care South London
- Matthew Trainer – Area Director South London

Non-voting Attendees

SWL Health & Well-being Board Representatives

- Cllr Maggie Mansell – Croydon Health & Well-being Board
- Cllr Julie Pickering – Kingston Health & Well-being Board
- Cllr Maxi Martin – Merton Health & Well-being Board
- Cllr Christine Percival – Richmond Health & Well-being Board
- Cllr Ruth Dombey – Sutton Health & Well-being Board
- Cllr James Madden – Wandsworth Health & Well-being Board

SWL Healthwatch Representatives

- Charlie Ladyman – Healthwatch Croydon
- Steve Hardisty – Healthwatch Kingston
- Dave Curtis – Healthwatch Merton
- Paul Pegden-Smith – Healthwatch Richmond
- TBC – Healthwatch Sutton
- Jamie Gillespie – Healthwatch Wandsworth

London-wide LMCs Representatives

- Dr Marek Jarzembowski – Chair (Merton & Sutton)
- Dr Amer Salim – Vice Chair (Wandsworth)

Surrey & Sussex LMCs Representative

- Dr Julius Parker – Chief Executive (Kingston & Richmond)

Schedule 2 – Standing Orders

1. Calling meetings

Ordinary meetings of the Joint Committee shall be held at regular intervals at such times and places as the Joint Committee may determine.

2. Agenda, supporting papers and business to be transacted

All Agenda items and relevant papers will be circulated to members and published on the website of each CCG on the Joint Committee at least 5 working days in advance of the meeting.

The Agenda will be prepared by the Business Manager of Wandsworth CCG, and approved by the Chair of the Joint Committee (or, if they are not available, the Lay Vice Chair) at least seven working days before the meeting.

3. Chair of Meeting

At any meeting of the Joint Committee the Chair of the Joint Committee shall preside. If the Chair is absent from the meeting, the Lay Vice Chair, if any and if present, shall preside.

If the Chair is absent temporarily on the grounds of a declared conflict of interest the Lay Vice Chair, if present, shall preside.

If both the Chair and Lay Vice Chair are absent, or are disqualified from participating, or there is neither a Chair or Lay Vice Chair of the Joint Committee a Chair shall be chosen by the members present, or by a majority of them, and shall preside.

4. Suspension of Standing Orders

Except where it would contravene any statutory provision or any direction made by the Secretary of State for Health or NHS England, any part of these Standing Orders may be suspended at any meeting, provided at least two-thirds of the members are in agreement.

A decision to suspend Standing Orders together with the reasons for doing so shall be recorded in the minutes of the meeting.

A separate record of matters discussed during the suspension shall be kept. These records shall be made available to each CCG's governing body's audit committee for review of the reasonableness of the decision to suspend the Standing Orders.

5. Record of Attendance

The names of all members of the meeting present at the meeting shall be recorded in the minutes of the Joint Committee's meetings. The names of all members of the Joint Committee and all non-voting attendees present shall be recorded in the minutes of the Joint Committee meetings.

6. Minutes

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The minutes of the proceedings of a meeting shall be drawn up by the Business Manager of Wandsworth CCG and submitted for agreement at the next ensuing meeting where they will be confirmed as a true record of the meeting by the Chair and others present at the meeting to which the minutes have been presented.

The minutes of the Joint Committee will be made available to the public on each member CCG's website. Minutes of meetings or parts of meetings from which members of the public are excluded shall not be made public.

7. Conflicts of Interest

Conflicts of interest shall be dealt with in accordance with Wandsworth CCG's conflict of interest policy, which shall be applied *mutatis mutandis* to the Joint Committee.