



Croydon, Kingston, Merton, Richmond, Sutton, Wandsworth CCGs and NHS England

PAPER 04

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

Document Control

Version 5

Date: 3 September 2015

Action	Action Owner	Date	Notes
Draft TOR Version 3 submitted for approval to JC	Ginny Morley Assistant Director	14 May 2015	Joint Committee approved the TOR
Amendments to the TOR following comment and feedback from the JC on 14 May 2015 – Version 4	Clive Allanso Governance Lead	04 June 2015	
Amendments to the TOR following review of the work stream Working Groups: approved working groups ToR's to be inserted into Annex - Version 5	Gurvinder Chana Governance Lead	3 rd September 2015	

Annual Review of Terms of Reference

Date of Next Review: 1 April 2016

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 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 10 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

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

Voting Members

Chair – Carol Varlaam

Vice Chairs – Sally Brearley & Bob Armitage

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
- Adam Doyle – Merton CCG
- Kathryn Magson – 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 Caroline Cooper-Marbiah – Merton Health & Well-being Board
- Cllr Christine Percival – Richmond Health & Well-being Board
- Cllr Ruth Dombey – Sutton Health & Well-being Board
- Cllr James Maddan – 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
- Pete Flavell – Healthwatch Sutton
- Jamie Gillespie – Healthwatch Wandsworth

London-wide LMCs Representatives

- Dr Marek Jarzembowski – Chair (Merton & Sutton)

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

The minutes of the proceedings of a meeting shall be drawn up by the Governance Lead for SWL Joint Committee 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.

Annex 1

Approved TOR for working Groups in accordance with Section 23 above:

- **Quality, Prevention and Innovation Working Group**
- **Capital and Estates Forum**
- **Finance and Contracting Working Group**

Terms of Reference for South West London Primary Care Quality, Prevention and Innovation Working Group

Introduction

1. NHS England, NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG have established a South West London (SWL) Primary Care Joint Committee for the purpose of jointly commissioning General Practice Medical Services for the people of South West London.
2. In accordance with the Terms of Reference for the SWL Primary Care Joint Committee, section 23 and 25. The Joint Committee may establish working groups reporting to the Joint Committee and may receive reports and recommendations from relevant experts and/or from any working-groups established by the SWL Primary Care Joint Committee.
3. The SWL Primary Care Joint Committee, at its inaugural meeting on 14 May 2015 agreed to the establishment of 5 working groups (since reduced to 3). These Terms of Reference are written to support the establishment of the SWL Primary Care Quality, Prevention and Innovation Working Group.

Role of the SWL Primary Care Quality, Prevention and Innovation Working Group

4. The role of the SWL Primary Care Quality, Prevention and Innovation Working Group shall be to advise and support the SWL Primary Care Joint Committee. To this effect, the working group shall be hosted by SWL Collaborative Commissioning (SWL CC) and be led operationally jointly by SWL CC and NHS England London Regional Team. In particular, the working group will consider:
 - Personal Medical Services (PMS) review (to be delivered by March 2016)
 - Local Incentive Schemes (LIS)
 - ITM (Information and Technology Management)
 - Interoperability of technology in primary care
 - New procurements
 - Practice mergers
 - Prime Ministers Challenge Fund (PMCF) & Primary Care Infrastructure Fund (PCIF) & Workforce
 - GP Commissioning and Providers working together with Out of Hospital Provider leads - will consider how to improve primary care, working with Community Education Provider Networks and Health Education South London (CEPNs and HESL).
 - Working closely with the Communications Team and Patient Participation Groups (PPG's)

- Supporting the Quality Agenda; including:
 - Care Quality Commission (CQC) regulatory requirements for primary care
 - Infection control in General Practice
 - Implementation of the “Transforming Primary Care in London: A Strategic Commissioning Framework”, NHS England (17 Quality Specifications)
 - Sharing best practice and quality improvement activities across CCGs
 - Sharing clinical commissioning and/or primary care expertise and recommendations with the Joint Committee for issues identified by Joint Committee members
 - To ensure where appropriate that local influence is sought/included in the working group’s discussions.

The Working Group will focus primarily on supporting the work around the PMS review until April 2016.

Membership

5. The membership of the SWL Primary Care Quality, Prevention and Innovation Working Group shall consist of:
 - a) No less than two representatives from NHS England Primary Care
 - b) No less than two clinical representatives from SWL CCGs
 - c) A member from the SWL Joint Committee
 - d) A lay member from the Joint Committee
 - e) A representative from SWL Collaborative Commissioning
 - f) A representative from CEPN and / or HESL
 - g) Any other staff as required by the working group

6. The Chair and Co-Chair of the meeting shall be agreed at the first meeting of the Working Group.

Meetings and Quoracy

7. The SWL Primary Care Quality, Prevention and Innovation Working Group shall develop a work plan, which will determine the regularity and frequency of meetings required to enable delivery of its objectives.

8. The SWL Primary Care Quality, Prevention and Innovation Working Group will be quorate if the following are in attendance:
 - No less than two clinical representatives from SWL CCGs
 - No less than two representatives from NHS England; one being clinical
 - No less than one of the representatives from CEPN or HESL

NB: If members cannot attend, a nominated representative must be sent to deputise.

9. Members of the SWL Primary Care Quality, Prevention and Innovation Working Group have a collective responsibility for the operation of the Working Group. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability.
10. Members of the SWL Primary Care Quality, Prevention & Innovation Working Group shall respect confidentiality requirements as set out in the Standing Orders for the SWL Primary Care Joint Committee.
11. The Governance Lead for SWLCC shall act as Secretary to the Working Group and will:
 - a) Circulate to all members, the minutes and action notes of the working group within 10 working days of the meeting
 - b) Circulate agendas and papers for each meeting 5 days before a scheduled meeting, where enabled.
12. The Chair of the SWL Primary Care Quality, Prevention and Innovation Working Group will report to the SWL Primary Care Joint Committee, on:
 - a) Any matters which require decision making
 - b) Any areas where clarification or guidance by the SWL Primary Care Joint Committee is required
 - c) The work plan and outcomes of the Working Group meetings
 - d) The action points arising from each meeting of the Working Group.

Decisions

13. The SWL Primary Care Quality, Prevention and Innovation Working Group will research, give advice and make recommendations. It is not a decision making body, all decisions will be made by the SWL Primary Care Joint Committee.

Review of Terms of Reference

14. These Terms of Reference will be formally reviewed at the inaugural meeting of the SWL Primary Care Quality, Prevention and Innovation Working Group and annually thereafter. The Terms of Reference may be amended by mutual agreement at any time to reflect changes in circumstances which may arise. Any resulting changes to the terms of reference should be agreed by the Working Group and approved by the SWL Primary Care Joint Committee. The Terms of Reference must be included in the Standing Orders for the SWL Primary Care Joint Committee.

Conflicts of Interest

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

Terms of Reference – Capital & Estates Forum

Aim of the Group	<ul style="list-style-type: none"> • Rationalise estate in south west London • Maximising resources to enable to deliver value for money • Enhance patients' experiences <p>As set out in the 5 Year Forward View</p>
Vision	Deliver a SWL local estate strategy that aligns to local CCG commissioning intentions to extract maximum value from NHS resources and reduce waste
Work Plan: How to deliver the vision	<p>The strategy will be developed through the following six steps:</p> <p>Step 1: Getting prepared – gather stakeholders and outline programme</p> <p>Step 2: Establish the estate you have – using a database and local information</p> <p>Step 3: Establish the estate you need – using SWL CC strategy and stakeholder views</p> <p>Step 4: Gap Analysis – outputs from steps 2 and 3 allows the identification of discrepancies and set out key priorities for change</p> <p>Step 5: Identify Options and test – appraisal test for viability, strategic fit and financial implications to help prioritise</p> <p>Step 6: SWL Estates Strategy – set out future direction of estate, priorities, and investment plan</p> <p>Remit:</p> <p>Include estates for primary and community, non-clinical estate, secondary care, tertiary care and eventually other public bodies in SWL</p> <p>Review capital and estate business cases from CCGs before reaching NHSE to align with SWL Strategy and provide recommendations to the appropriate commissioner</p> <p>NHSE will in due course be seeking the support from this forum before approving any SWL capital business cases</p>
Accountability & Governance	<p>Reporting in: local CCG estate groups</p> <p>Reporting across: SWL Joint Committee (Primary Care)</p> <p>Reporting to: Joint Commissioning Group (JCG) for SWL through regular updates</p>
Membership	<p>Co Chair – SWL CC CFO Lead</p> <p>Co Chair – NHSE Head of Primary Care (South Area Team)</p> <p>Each SWL CCG representative via CFO</p> <p>NHS Property Services / Community Health Partnership</p> <p>HUDU</p> <p>Representatives from primary care (NHSE) and other areas as and when necessary</p>
Frequency	Once a month
Quoracy	Co-Chair and at least 3 CCGs (Co-Chair can represent one CCG where appropriate)
Administration	Supported through SWL CC Finance team/or Joint Committee for SWL
Review	The Terms of Reference will be reviewed on an annual basis (from July 2016)

Terms of Reference for South West London Primary Care Finance and Contracting Working Group

Introduction

1. NHS England, NHS Croydon CCG, NHS Kingston CCG, NHS Merton CCG, NHS Richmond CCG, NHS Sutton CCG and NHS Wandsworth CCG have established a South West London (SWL) Primary Care Joint Committee for the purpose of jointly commissioning primary medical services for the people of South West London.
2. In accordance with the Terms of Reference for the SWL Primary Care Joint Committee, section 23 and 25, the Joint Committee may establish working groups reporting to the Joint Committee and may receive reports and recommendations from relevant experts and/or from any working-groups established by the SWL Primary Care Joint Committee.
3. The SWL Primary Care Joint Committee, at its inaugural meeting on 14 May 2015 agreed to the establishment of 5 working groups, which have now been narrowed to 3 working groups. These Terms of Reference (ToR) are written to support the establishment of the SWL Primary Care Finance and Contracting Working Group.

Role of the SWL Primary Care Finance and Contracting Working Group

4. The statutory role to manage the primary care budget remains with NHSE England until such time as formal direct commissioning is agreed. This role includes reporting to the Joint Committee on a monthly basis, covering
 - year-to-date financial performance,
 - providing year-end forecasts,
 - highlighting financial risks and mitigations
 - budget setting for the next financial year.
5. The ToR are time limited for the period 2015/16 and will be reviewed periodically.
6. In this context the role of the SWL Primary Care Finance and Contracting Working Group shall be to advise and support the SWL Primary Care Joint Committee, and its constituent CCG members, on financial and contractual matters in relation to Primary Care as follows:

Finance agenda:

- To review and tailor the format of the monthly financial reporting
- To review the draft Monthly Financial Reports, prior to submission to the joint committee (this will require Key NHSE budget holders to be in attendance)

- To advise CCGs on how to conduct their due diligence of proposed resource transfers, including where elements can be validated across SWL
- To consolidate the CCG response to proposed resource allocations for primary care
- To co-ordinate analysis of primary care expenditure to inform SWL strategy for primary care, to complement analysis from other working groups on workforce, performance, IT and estates.
- To advise on the arrangements for administering primary care contractual terms relating to payments.
- To ensure where appropriate that local influence is sought/included in the working group's discussions.

Contractual agenda:

- Report to Joint Committee, highlighting any matters arising which may be contentious for respective CCGs.
- NHS England London Regional Team is responsible for discussing actions with each CCG working group where decisions affect either an individual practice or small group of practices.
- NHS England London Regional Team is responsible for discussing decisions and actions with CCG working groups where these affect a large group of practices in each CCG or across SWL.
- To ensure where appropriate that local influence is sought/included in the working group's discussions.
- Working closely with the Communications Team and Patient Participation Groups (PPG's)

Membership

7. The membership of the SWL Primary Care Finance and Contracting Working Group shall consist of:

- d) Not less than two representatives from NHS England Primary Care and Finance Teams
- e) Not less than two representatives from SWL CCGs
- f) A representative from South West London Commissioning Collaborative
- g) And any other staff as required by the Working Group
- h) A member from the Joint Committee
- i) A Lay member from the Joint Committee

- j) A representative from NHS Performance (with Commissioning expertise)
8. The Chair and Co-Chair of the meeting shall be agreed at the first meeting of the Working Group.

Meetings and Quoracy

9. The SWL Primary Care Finance and Contracting Working Group shall develop a work plan, which will determine the regularity and frequency of meetings required to enable delivery of its objectives.
10. The SWL Primary Care Finance and Contracting Working Group will be quorate if the following are in attendance:
- Not less than two representatives from SWL CCGs
 - Not less than two representatives from NHS England
11. Members of the SWL Primary Care Finance and Contracting Working Group have a collective responsibility for the operation of the Working Group. 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.
12. Members of the SWL Primary Care Finance and Contracting Working Group shall respect confidentiality requirements as set out in the Standing Orders for the SWL Primary Care Joint Committee.
13. The Governance Lead for SWLCC shall act as Secretary to the Working Group and will:
- c) Circulate to all members, the minutes and action notes of the Joint Committee within 10 working days of the meeting
 - d) Circulate agendas and papers for each meeting 5 days before a scheduled meeting, where enabled.
14. The Chair of the SWL Primary Care Finance and Contracting Working Group will report to the SWL Primary Care Joint Committee, on:
- e) Any matters which require decision making
 - f) Any areas where clarification or guidance by the SWL Primary Care Joint Committee is required
 - g) The work plan and outcomes of the Working Group meetings
 - h) The action points arising from each meeting of the Working Group.

Decisions

15. The SWL Primary Care Finance and Contracting Working Group will research, give advice and make recommendations. It is not a decision making body, all decisions will be made by the SWL Primary Care Joint Committee.

Review of Terms of Reference

16. These Terms of Reference were formally reviewed at the inaugural meeting of the SWL Primary Care Finance and Contracting Working Group on 24 June 2015. The ToR will be reviewed periodically in line with the trajectory towards delegated commissioning in 2016/17. The Terms of Reference may be amended by mutual agreement at any time to reflect changes in circumstances which may arise. Any resulting changes to the terms of reference should be agreed by the Working Group and approved by the SWL Primary Care Joint Committee. The Terms of Reference must be included in the Terms of Reference for the SWL Primary Care Joint Committee.

Conflicts of Interest

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