

Mid Essex Clinical Commissioning Group and NHS England Joint Primary Care Commissioning Committee

Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting 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. The NHS England and Mid Essex CCG joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Mid Essex.

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 Joint Committee shall be to carry out the functions relating to the commissioning of primary medical services in mid Essex 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, list closures, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services"); including the shift to locality based commissioned outcomes
 - 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;

- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).
- Primary Care Strategic development and implementation including provision of sustainable primary care and the delivery of individual NHSE and CCG Transformation Programmes.
- Primary Care Estates and Premises development
- Primary Care Workforce Development, (Training, Recruitment and Retention)
- Considering future contracting arrangements for integrated primary and community services.

The following functions will continue to be commissioned by NHS England only and therefore fall outside the remit of this committee:

- Public Health GP services,
- Primary Care dental services
- Primary Care pharmacy services,
- Primary Care optometry services
- Secondary Care dental services

Geographical Coverage

6. The Joint Committee shall consist of NHS England and NHS Mid Essex CCG.
7. It will undertake the function of jointly commissioning primary medical services for mid Essex.

Membership

8. The Joint Committee shall consist of:
 - Three representatives from Mid Essex CCG, which must include at least two Lay Members, one of whom is not the Audit Committee Chair, and can include the Accountable Officer, the Chief Finance Officer or Director of Commissioning (or agreed deputy), and other Lay Members;
 - Up to three representatives from NHS England's EAST Area Team, which could include the Medical Director, Locality Director, Head of Primary Care or Head of Commissioning (or a named deputy of appropriate seniority for any of these representatives);
 - The membership will meet the requirements of Mid Essex CCG's constitution.
9. 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 CCG listed in paragraph 8 above to represent them on the Joint Committee, provided that this is not the Audit Committee Chair.
10. The Vice Chair of the Joint Committee shall be elected by the members of the Joint Committee present at its first meeting from the CCG Lay Member

representatives.

11. Non-voting attendees may include:

- CCG Chairs, where still a practising GP (Part I and Part II meetings)
- Other CCG Directors (Part I and Part II meetings)
- CCG Clinical Leads (Part I and Part II meetings)
- Nominated representative from Essex Health Watch (Part I and Part II meetings)
- Nominated representative from Essex Health and Well Being Board (Part I and Part II meetings)
- GPs (Part I meetings)
- Nominated representative from Essex Local Medical Committee (Part I meetings)

Meetings and Voting

12. The Joint Committee shall adopt the Standing Orders of NHS Mid Essex CCG insofar as they relate to:

- Notice of meetings;
- Handling of meetings;
- Agendas;
- Circulation of papers; and
- Conflicts of interest

13. Each CCG member of the Joint Committee and NHS England shall have one vote. The Joint Committee shall reach decisions by a simple majority of members present, but with NHS England having an additional deciding vote if necessary.

15. 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:

- Two voting representatives from the CCG listed in paragraph 8 above, one of whom must be the Chair or Vice Chair; and
- A voting representative from NHS England.

16. The Committee shall meet once every other month (subject to there being sufficient business to warrant a meeting).

17. Meetings of the Joint Committee:

- a) Shall, subject to the application of 17(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.

18. 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.
19. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
20. 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.
21. The Head of Corporate Governance, Mid Essex CCG, shall act as Secretary to the Joint Committee.
22. The Secretariat to the Joint Committee will circulate to all members, the minutes and action notes of the Joint Committee within 3 working days of the meeting.
23. These Terms of Reference will be reviewed from time to time, reflecting the 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

24. The Joint Committee will make decisions within the bounds of its remit.
25. The decisions of the Joint Committee shall be binding on NHS England and NHS Mid Essex CCG.
26. Decisions will be published by both NHS England and NHS Mid Essex CCGs
27. The secretariat will produce an executive summary report which will be presented to NHS England EAST and the governing body of Mid Essex CCG after each meeting.

Key Responsibilities

28. See paragraph 5 above.

Management of Conflicts of Interest

- 29.** Members of the Committee will be required to declare any relevant interests to the CCG in accordance with the CCG's Conflicts of Interest Policy (MECCG003).

A register of Committee members' interests and CCG staff and staff from other organisations/Auditors* who regularly attend Committee meetings will be produced for each meeting. Committee members will be required to declare interests relevant to agenda items as soon as they are aware of an actual or potential conflict so that the Committee Chair can decide on the necessary action to manage the interest in accordance with the Conflicts of Interest Policy.

Review of Terms of Reference

- 29.** These terms of reference will be formally reviewed by NHS England EAST and Mid Essex CCG within six months of establishment and 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 EAST and Mid Essex CCGs at any time to reflect changes in circumstances which may arise.

Date of Approval by MECCG Board: 25 January 2018