

TO: HEALTH AND WELLBEING BOARD  
4 JUNE 2015

---

**BRACKNELL AND ASCOT CLINICAL COMMISSIONING GROUP  
TRANSFORMATION OF PRIMARY CARE & THE INTRODUCTION OF CO-  
COMMISSIONING OF PRIMARY CARE**

**1 PURPOSE OF REPORT**

- 1.1 This report advises the Board on the introduction of Primary care co-commissioning and the role of the Board in participating in the governance of this. An update will also be provided by presentation at the meeting of the plans under development by Bracknell and Ascot Clinical Commissioning Group (CCG) for the transformation of primary care services "Better Futures for All".

**2 RECOMMENDATIONS**

- 2.1 **The Board is advised of the introduction of co-commissioning and the participation of the Board in the governance arrangements for this.**
- 2.2 **The Board is asked to comment on the proposals for the transformation of primary care, with particular regard to the contribution this can make to the delivery of JHWS priorities**

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 The success of these initiatives is dependent on the whole system working together towards shared priorities, therefore the input and support of the Board to shape these is important

**4 ALTERNATIVE OPTIONS CONSIDERED**

- 4.1 Not applicable.

**5 SUPPORTING INFORMATION**

- 5.1 **Co-commissioning** - The draft terms of reference for the Co-commissioning Board are attached. A presentation will be made to the HWBB on the latest position with both co-commissioning and primary care transformation ("Better Care for All"). The Board's attention is drawn to the requirement for a non-voting representative to sit on the Co-commissioning Board.
- 5.2 **Primary care transformation** - Following the successful draw down of the CCG surplus from 2013/14 of £2.1m the CCG Governing Body agreed to invest these funds in the delivery of the programme designed around the principles of Prime Minister Challenge Fund (PMCF).

The B&A programme of work, named "Better Futures for All" is summarised below. There are four work streams in this programme, these being;

- Co Operative Working – establishment of legal entity for practices and the implementation of EMIS enterprise to support the sharing of good practice and enabling centralised data collection for commissioning by the CCG
- Extended Access – the provision of extended general practice Monday to Friday 8am to 8pm, and weekends. This service is being driven through a process of co design with patient and our provider partners.
- Enhanced Patient Support – delivering alternative access and support for patients around self management, such as Healthmakers, group consultations, health street teams and ensuring high standards of motivation skills for our professionals to use supporting better engage their patients.
- Workforce – developing capacity and ensuring high quality skill mix for the future of primary care. This includes a GP Fellowship pilot programme, nurse revalidation and leadership, and advanced community nursing pilot developed with our community and primary care providers.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Solicitor

6.1 Not applicable

### Borough Treasurer

6.2 Not applicable

### Equalities Impact Assessment

6.3 Will be applied to each project within the overall programme

## **7 CONSULTATION**

### Principal Groups Consulted

7.1 the primary care transformation programme 'Better Futures for All' is committed to co-design as a principle.

### Method of Consultation

7.2 Workshops and patient group involvement

### Representations Received

7.3 n/a

### Background Papers

### Contact for further information

Alex Tilley

[Alex.tilley@nhs.net](mailto:Alex.tilley@nhs.net)

# **Model terms of reference for joint commissioning arrangements including scheme of delegation**

*November 2014*

*Revised March 2015*



# MODEL TERMS OF REFERENCE FOR JOINT COMMISSIONING ARRANGEMENTS INCLUDING SCHEME OF DELEGATION

## 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 Bracknell and Ascot CCG joint commissioning committee is a joint committee with the primary purpose of jointly commissioning primary medical services for the people of Bracknell and Ascot.

## 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.
4. As permitted by section 14Z9 of the NHS Act 2006 (as amended) Bracknell and Ascot CCG will delegate the following statutory functions to the joint committee:
  - Management of Locally Commissioned Services (formally known as LESs)
    - a. Value: 2015/16 budget of £312,000
  - Management of any PMS Premium funds released through the PMS review
    - a. Value: 2015/16 Not applicable

## **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 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).
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 Bracknell and Ascot CCG, which will sit alongside the delegation and terms of reference.
8. There is a requirement for the CCG Governing Body to engage with the Primary Care Commissioning Joint Committee on all key strategic areas that have an impact on Primary Care

## **Geographical coverage**

9. The Joint Committee will comprise NHS England Thames Valley Area Team, and the Bracknell and Ascot CCG. It will undertake the function of jointly commissioning primary medical services for Bracknell and Ascot CCG

## Membership

### 10. The Joint Committee shall consist of:

Voting Membership:

#### **NHS England**

- a) Director or Programme Manager – co-commissioning
- b) and Lay member

#### **Bracknell and Ascot CCG**

- a) Accountable Officer (can be deputised by the Executive Director)
  - b) And Lay Representative for Governance (or deputy: lay representative for patient engagement) from CCG Board
- a) The membership will meet the requirements of **Bracknell and Ascot CCG's** constitution.

11. The Chair of the Joint Committee shall be the **Lay Representative** of the **Bracknell and Ascot CCG**

12. The Vice Chair of the Joint Committee shall be the **Lay Representative** appointed by **NHS England**

13. Non voting attendees will be:

- Representative from each of the 2 local HealthWatch organisations
- Representative from each of the 2 local Health and Wellbeing Boards
- 2 x CCG GP Directors
- Patient Representative
- CCG Head of Operations (or Deputy)
- CCG Governing Body Executive Nurse or Deputy

The Chair will indicate when attendees are required to leave the room at decision points.

14. Other attendees will be invited to support discussions as defined by the items on the agenda including finance support, LMC representation and other subject matter experts

## Meetings and Voting

15. The Joint Committee shall adopt the Standing Orders of Bracknell and Ascot CCG insofar as they relate to the:
  - a) Notice of meetings;
  - b) Handling of meetings;
  - c) Agendas;
  - d) Circulation of papers; and
  - e) Conflicts of interest
16. Each member of the Joint Committee shall have one vote. The Joint Committee shall reach decisions by (a simple majority of members present, but with the Chair having a second and deciding vote, if necessary).
17. For the Committee to be quorate, there must be at least 2 voting members of the committee in attendance; to include the Chair or Vice Chair of the Committee and the lay representative (or deputy).
18. The meeting frequency is quarterly.
19. Meetings of the Joint Committee:
  - a. Shall, subject to the application of 7(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.
20. 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.

21. The Joint Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
22. 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.
23. Bracknell and Ascot CCG will provide the secretarial support for the meetings of the Joint Committee.
24. The secretariat to the Joint Committee will:
  - a) Circulate the minutes and action notes of the committee with 1 week of the meeting to all members.
  - b) Present the minutes and action notes to Thames Valley Area Team of NHS England and the Governing Body of Bracknell and Ascot CCG.
25. These Terms of Reference will be reviewed annually, 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**

26. The Joint Committee will make decisions within the bounds of its remit.
27. The decisions of the Joint Committee shall be binding on NHS England and Bracknell and Ascot CCG.
28. Decisions will be published by both NHS England and Bracknell and Ascot CCG.
29. The secretariat will produce an executive summary report which will be presented to Thames Valley Area Team of NHS England and the Governing Body of Bracknell and Ascot CCG each month for information.

## **Key Responsibilities**

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

- a) plan, including needs assessment, primary medical care services in the Bracknell and Ascot CCG area;
- b) undertake reviews of primary medical care services in the Bracknell and Ascot CCG area
- c) co-ordinate a common approach to the commissioning of primary care services generally;
- d) manage the budget for commissioning of primary [medical] care services in Bracknell and Ascot CCG area.

**Review of Terms of Reference**

30. These terms of reference will be formally reviewed by Thames Valley Area Team of NHS England and Bracknell and Ascot CCG in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement between Thames Valley Area Team of NHS England and Bracknell and Ascot CCG at any time to reflect changes in circumstances which may arise.

**Signature provisions**

Chair of the Joint Committee (Bracknell and Ascot CCG)

Name:..... Signature:.....

Date: .....

Vice Chair of the Joint Committee (Area Team)

Name:..... Signature:.....

Date: .....

## **Schedule 1 – Delegation by CCG to joint committee – CCG functions**

As permitted by section 14Z9 of the NHS Act 2006 (as amended) Bracknell and Ascot CCG will delegate the following statutory functions to the joint committee:

- Management of Locally Commissioned Services (formally known as LESs)
  - a. Value: 14/15 budget of £312,000
  
- Management of any PMS Premium funds released through the PMS review
  - a. Value: 2015/16 Not applicable

## **Schedule 2 - List of Members – populate once membership agreed**

- Representative from each of the 2 local HealthWatch organisations
- Representative from each of the 2 local Health and Wellbeing Boards
- 2 x CCG GP Directors
- Patient Representative
- CCG Head of Operations (or Deputy)
- CCG Governing Body Executive Nurse or Deputy