

MEETING: Governing Body

Item Number: 8.1

DATE: 16 December 2014

REPORT TITLE:	WBCCG Constitution Amendments
CORPORATE OBJECTIVE ADDRESSED:	4. Function as an organisation that consistently delivers its statutory duties
REPORT AUTHOR:	Assistant Director, Governance
PRESENTED BY:	Julie Southworth, Director of Quality & Safety
RECOMMENDATIONS/DECISION REQUIRED:	Approve changes
<p>EXECUTIVE SUMMARY</p> <p>The attached paper explains and describes the CCG's constitution amendments which are to be submitted for approval by NHS England in January 2015 in addition to those approved by the Governing Body in November 2014. They cover:</p> <ul style="list-style-type: none"> • Governing Body Composition • Establishment of a Primary Care Commissioning Committee and its Terms of Reference (reference should also be made to the separate agenda paper on primary care co-commissioning) • Changing the Greater Manchester Healthier Together Committee in Common to a Joint Committee 	
FURTHER ACTION REQUIRED:	Nil
<p>EQUALITY AND DIVERSITY: Confirmed that any changes to service or procedure introduced as a result of this report do not impact adversely on any of the protected groups covered by the Equality Act 2010.</p>	

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CCG Constitution Changes

Background

This paper covers three change areas presented to the Governing Body for approval:

- Those sections marked 6.4; (page 1) 6.6.3 h); (page 3) Appendix D; (page 5) and Appendix Q (Page 19) all relate to additions to the constitution in respect of co-commissioning of primary care.
- Those sections marked 6.6.2; (page 2) and Appendix C; (page 4) provide clarification on Governing Body composition following debate at the November 2014 Governing Body meeting.
- Those sections marked 6.6.3 g) (page 3) and Appendix P (page 6) relate to the transfer of the Greater Manchester Healthier Together Programme decision making body from the Committee in Common to a Joint Committee

Additional text appears in red, existing text in black and that for deletion is crossed through.

EXTRACT FROM CONSTITUTION

6.4 Committees of WBCCG

6.4.1 The following committees have been established by WBCCG:

- Clinical Governance;
- Corporate Governance;
- Service Design and Implementation;
- Finance & Performance;
- Greater Manchester CCGs Healthier Together **Joint** Committee—~~in Common~~;
- **Primary Care Commissioning Committee**

6.4.2 Two statutory committees have also been established:

- Audit;
- Remuneration

6.6.2 **Composition of the Governing Body** - the Governing Body shall ~~not~~ have ~~less than~~ 13 voting members, **not** including the Chair. The Governing Body shall be clinically led and will always have a majority of ~~locally based practicing~~ clinicians as members. **Within the clinician membership there shall always be a majority of locally based practising GPs**. ~~The clinician members~~ **who** must be practising within the WBCCG area and ~~GP members~~ must be on the performers list of Wigan or the subsequent arrangements. The Governing Body membership comprises of:

- a) the Chair;
- b) clinical executives elected by, and representing each locality executive group of member practices;
- c) two lay members:
 - one to lead on audit, remuneration and conflict of interest matters,
 - one to lead on patient and public participation matters;
- d) one registered nurse;
- e) one secondary care specialist doctor;
- f) the Accountable Officer;
- g) the Chief Finance Officer
- h) the Director of Quality & Safety**

6.6.3 **Committees of the Governing body** - the governing body has appointed the following Committees (Terms of Reference are submitted as an appendix):

- a) **Clinical Governance Committee** - It is the role of the committee to demonstrate that there is an effective and consistent process in respect of commissioning for quality across WBCCG, also ensuring

that any areas of concerns and underperformance are identified and high standards of care and treatment are delivered.

- b) **Corporate Governance Committee** - The committee will provide assurance to the CCG governing body with regard to all corporate governance issues in the appropriate areas of accountability. WBCCG will ensure that functions are undertaken appropriately and are fit for purpose.
- c) **Finance & Performance Committee** - The committee will establish, implement and monitor the CCG arrangements around Finance, Contracting & Performance, including nationally driven initiatives.
- d) **Service Design and Implementation Committee** - The committee will provide assurance to the CCG Board with regard to service strategy, design and development and implementation, driven by the priorities of the CCG. The committee will facilitate the planning and coordination of initiatives, service redesign and policy development.
- e) **Audit Committee** - The committee shall review the establishment and maintenance of an effective system of integrated governance, financial control, internal control and risk management across the whole of WBCCGs activities (both clinical and non-clinical) that supports the achievement of the objectives.
- f) **Remuneration Committee** - The committee shall make recommendations to the governing body on determinations about pay and remuneration for employees of the CCG and people who provide services to the CCG, in line with the CCGs process, and evidence based review as outlined in the scheme of delegation.
- g) **Greater Manchester CCGs Healthier Together Joint Committee in-Common** - The Greater Manchester CCGs have established an association of them known as the Association of Greater Manchester Clinical Commissioning Groups (Association). The CCG members who are listed in the committee's terms of reference (Appendix P) as voting members have decided to work together on the Healthier Together programme. To this end, ~~the Governing Body of each of the CCGs have~~ agreed to establish a **Joint C**committee ~~(known as a committee in common)~~ which shall be responsible for the more significant (Level B) decision making in relation to the Healthier Together programme.
- h) **Primary Care Commissioning Committee** – the role of the committee shall be to function as a corporate decision making body

for the management of the delegated functions and the exercise of the delegated powers in respect of the commissioning of primary medical services under section 83 of the NHS Act except those relating to individual GP performance management, which has been reserved to NHS England.

- i) Other committee(s) as deemed appropriate and approved by the Governing Body for the purpose of fulfilling WBCCG's statutory duties.

Appendix C – Standing Orders

2. Composition of Membership, Key Roles and Appointment Process

2.2.9 The Director of Quality & Safety

The Director of Quality & Safety as listed in paragraph 6.6.2 of WBCCG's constitution, is subject to the following appointment process:

- a) **Nominations** – Nomination shall comprise initial expression of interest in writing and formal application for the vacant position;
- b) **Eligibility** – Eligibility shall comprise any member of the public who meets the eligibility requirements set out in the person specification document drawn up for the purposes of recruitment and any applicable law or guidance;
- c) **Appointment process** – Appointment will be determined by interview on a competency based selection process for the position;
- d) **Term of office** - A term of office shall be permanent and subject to the individual's employment contract with WBCCG;
- e) **Eligibility for reappointment** - Reappointment will proceed at the end of each term of office unless a notice period has been served or removal from office has been enforced;
- f) **Grounds for removal from office** - Removal from office will be applied should the Director of Quality & Safety be in breach of their employment contract with the CCG;
- g) **Notice period** – The notice period for the role shall be in line with the employment contract held with the CCG.

Appendix D - Scheme of Reservation and Delegation

3. Commissioning and Contracts

Delegated Matter **Delegated To** **Operational Responsibility**

n) make collective decisions on the review, planning and procurement of primary care services in the borough of Wigan, under delegated authority from NHS England	Primary Care Commissioning Committee	Chief Officer
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Appendix P

NHS Greater Manchester CCGs

Healthier Together **Joint** Committee ~~in Common~~

Terms of Reference

*These Terms of Reference are drawn up using the template in Appendix 2 of the CCG Establishment Agreement (clause 12.3.2). In the event of contradiction or dispute, this document should be seen as the authoritative document in respect of the Healthier Together **Joint** Committees ~~in Common~~ functions*

1. Introduction

- 1.1 The Greater Manchester Clinical Commissioning Groups have established an association of them known as the Association of Greater Manchester Clinical Commissioning Groups (Association). The Association was established by an agreement dated 2nd April 2013 (Establishment Agreement).
- 1.2 The CCG members of the Association together with other CCGs who are listed in the table below as Voting Members (CCGs) have decided to work together on the Healthier Together programme. To this end, the ~~Governing Body of each of the CCGs~~ **have** agreed to establish a **Joint** committee (~~known as a committee in common~~) which shall be responsible for Level B decision making in relation to the Healthier Together programme. The CCGs' **Joint** committees ~~in common~~ shall be called the Healthier Together **Joint** Committees ~~in Common~~ (~~HTCiC~~ **(HTJC)**). ~~Each~~ **The** HTJCiC is comprised of one representative from each of the CCGs and its constitution; meeting arrangements etc... are set out in these terms of reference.
- 1.3 Healthier Together is one part of an overall public sector service transformation programme led by Greater Manchester Local Authorities and the NHS, alongside other partners. As defined within

the ~~Strategic Direction Case~~, **PCBC**, the scope and focus of the Healthier Together hospital programme is:

- Urgent, Emergency & Acute Medicine;
- Emergency General Surgery;
- Children's and Women's Services.

1.4 In addition, it is recognised that there are key services that are interdependent with the above services which will be included *to the extent of their dependency*, within the final Model of Care (Hospital Services):

- Anaesthetic Services;
- Critical Care;
- Neonatal Services; and Clinical Support Services (e.g. Diagnostics).

1.5 Furthermore, programme documentation will also describe the enabling changes in local 'Out of Hospital' services that will need to take place before changes to hospital services are made.

1.6 ~~Each HTCiG~~ **The HTJC** will perform the functions delegated to it by ~~its Governing Body~~ **the CCGs** in relation to any healthcare service changes (either in hospital or out of hospital) proposed as part of the Healthier Together programme, which will involve public consultation and which have not already or will not be consulted on as part of a separate process.

2. Establishment

The CCG's ~~Governing Body~~ **have** agreed to establish and constitute a **Joint C**ommittee with these terms of reference to be known as the **HTJCCiG**.

3. Functions of the Committee:

3.1 Agree the planning assumptions that will be used to underpin financial, workforce, access and activity modelling as part of the option **selection** development process.

3.2 ~~Develop potential models of care for future healthcare provision for consultation.~~ **Endorse the Decision Making Business Case.**

- ~~3.3 Determine the method and scope of the consultation process.~~
- 3.4 Make any necessary decisions arising from the **Decision Making Business Case** a ~~Pre-Consultation Business Case (and the decision to go run a formal consultation process).~~
- ~~3.5 Approve the Consultation Plan and any further pre-consultation engagement processes to be carried out before the formal consultation process.~~
- ~~3.6 Approve the text and issue of the Consultation Document.~~
- 3.7 Liaise with the relevant Local Authority about the process.
- 3.8 Take or arrange for all necessary steps to be taken to enable the CCG to comply with its public sector equality duties in relation to the consultation.
- 3.9 Determine the mechanism by which, following the completion of the consultation process, any decision about service change will be made that takes into account all of the representations received in response to the consultation and specifically any recommendations made by any of the health service bodies involved in the consultation and any recommendations received from the public, any Overview and Scrutiny Committee, any Council executive, any local Health watch organisation or any other relevant organisations.
- 3.10 Approve the formal report on the outcome of the consultation that incorporates all of the representations received in response to the consultation document in order to reach a decision.
- 3.11 Make decisions to satisfy any legal requirements associated with consulting the public and making decisions arising from it.

In discharging its responsibilities the HTJ*CiG* will also:

- 3.12 Oversee the development of proposals for the range, scale and location of healthcare services as models, options and proposals are developed.
- 3.13 Ensure that the redesign process identifies those areas that require formal public consultation.
- 3.14 Ensure that the redesign process identifies any proposal for a substantial development of the health service in the area of the relevant local authority or any substantial variation in the provision of such service that will trigger the requirement for the CCG to consult with the relevant local authority.

- 3.15 Receive and or review recommendations from the Healthier Together Steering Group and decide on a model for future healthcare provision that is safe, sustainable and financially viable.
- 3.16 Oversee stakeholder engagement and consultation on those areas of service change that will impact on service users.

4. Category 1 and Category 2 decisions

- 4.1 The following decisions of the HTJ*CiG* shall be Category 1 decisions:
 - i. ~~To endorse the Decision Making Business Case~~~~The decision to approve the model of care and proceed to consultation;~~
 - ii. ~~To endorse the Pre-Consultation Business Case and Consultation document;~~
 - iii. To reach a decision after Consultation on the preferred option;
- 4.2 All other decisions of the HTJ*CiG* shall be Category 2 decisions, unless the HTJ*CiG* specifically and unanimously agrees that another issue should be considered as a Category 1 decision.

5. Membership

- 5.1 The HTJ*CiG* will be chaired by a Non-voting Independent Chair.
- 5.2 The voting members of the HTJ*CiG* shall comprise one Governing Body member from each of the CCGs.
- 5.3 Each CCG’s nominated Governing Body member is listed in the table overleaf (“HT*CiG* **Joint Committee** Member”).
- 5.4 Membership of the **HTJC** ~~committee~~ will combine both Voting and Non-voting members. Non-voting members of the **HTJC** ~~Committee~~ represent other functions/parties/organisation or stakeholders who are involved in the programme and will provide support and advise the voting members on any proposals.

Independent Chair – Philip Watson				
Voting Members				
	Organisation	Member Nomination	Title	Remarks
1	NHS Bolton CCG	Dr Wirin Bhatiani	CCG Chair	
2	NHS Bury CCG	Dr Kiran Patel	CCG Chair	

3	NHS Central Manchester CCG	Dr Mike Eeckelaers	CCG Chair	
4	NHS Heywood, Middleton & Rochdale CCG	Dr Chris Duffy	CCG Chair	
5	NHS North Manchester CCG	Dr Martin Whiting	CCG Clinical Accountable Officer	
6	NHS Oldham CCG	Dr Ian Wilkinson	CCG Clinical Accountable Officer	
7	NHS Salford CCG	Dr Paul Bishop	Neighbourhood Clinical Lead	
8	NHS South Manchester CCG	Dr Bill Tamkin	CCG Chair	
9	NHS Stockport CCG	Dr Ranjit Gill	CCG Clinical Accountable Officer	
10	NHS Tameside & Glossop CCG	Dr Alan Dow	CCG Chair	
11	NHS Trafford CCG	Dr Nigel Guest	CCG Clinical Accountable Officer	
12	NHS Wigan Borough CCG	Dr Tim Dalton	Clinical Chair	
Non-Voting Members				
1	HT Lead CCG and Senior Responsible Officer	Ian Williamson	COO Central Manchester CCG	
2	Greater Manchester Association of CCGs	Hamish Steadman	Chair	
3	Greater Manchester Service Transformation	Leila Williams	Director of Service Transformation	
4	AGMA Representative	Steven Pleasant	Lead Local Authority Chief Executive for Health	Geoff Little is nominated deputy
5	Chair of the External Reference Group Healthwatch Representative	Vacant Jack Firth		
6	Greater Manchester Service Transformation	Alex Heritage	Programme Director	
7	NHS Eastern	Dr Jackie	Chief Officer	

	Cheshire CCG	Wilkes		
8	NHS East Lancashire CCG	Dr Peter Williams	GP	
9	NHS North Derbyshire CCG	Dr Debbie Austin	Governing Body GP	
10	NHS Warrington CCG	Dr Andrew Davies	Chair CCG	
11	GM Provider Chief Executive Representatives	TBC	TBC	
12	Chair of the Clinical and Patient Safety Group	Paul Bishop	Salford CCG	
13	Chair of the Finance and Investment Group	Joanne Newton	Chief Finance Officer, Central Manchester CCG	
14	Chair of the Communications and Engagement Group	TBC	TBC	
15	NHS England Primary Care	Rob Bellingham	SRO	
In Attendance – As Required				
	Organisation	Name	Title	Remarks
4	GM Provider Chief Executive Representatives from HT Provider Reference Group	TBC	TBC	
2	Chair of the Clinical Reference Group	Dr Chris Brookes	Medical Director Healthier Together	
3	Chair of the Finance and Estates Group	Joanne Newton	Chief Finance Officer, Central Manchester CCG	

Four neighbouring CCGs have been engaged to participate as non-voting members see above.

6. Deputies

- 6.1 The individual named in the table below (who is a Governing Body member) may deputise for the HTJC Member appointed by its CCG at meetings of the HTJ*CiG*:
- 6.2 The table of individuals authorised by the CCGs to deputise for their representatives is shown below:

	Organisation	Deputy Nomination	Title
1	NHS Bolton CCG	Susan Long	CCG Chief Officer
2	NHS Bury CCG	Stuart North	CCG Chief Officer
3	NHS Central Manchester CCG	Ian Williamson	CCG Chief Officer
4	NHS Heywood, Middleton and Rochdale CCG	Lesley Mort	CCG Chief Officer
5	NHS North Manchester CCG	Simon Wootton	CCG Chief Operating Officer
6	NHS Oldham CCG	Denis Gizzi	CCG Managing Director
7	NHS Salford CCG	Steve Dixon	Chief Finance Officer
8	NHS South Manchester CCG	Caroline Kurzeja	CCG Chief Officer
9	NHS Stockport CCG	Gaynor Mullins Dr Vicci Owen-Smith	CCG Chief Operating Officer Clinical Director for Public Health
10	NHS Tameside and Glossop	Steve Allinson	CCG Chief Officer
11	NHS Trafford	Gina Lawrence	Director of Commissioning and Operations/Chief Operating Officer
12	NHS Wigan Borough CCG	Trish Anderson	CCG Chief Officer

- 6.3 Any other individual may deputise for any HTJ*CiG* Member provided that the relevant CCG has sent a completed authorisation form (Appendix 4 to the Establishment Agreement for the Association of

GM CCG) in respect of such individual's attendance at the meeting to the Chair of the HTJCG to arrive no later than the day before the relevant meeting. Any individual so authorised must be a member of the CCG's Governing Body.

7. Meetings

- 7.1 The HTJCG shall meet at such times and places as the Chair may direct on giving reasonable written notice to the members of the HTJCG. Meetings will be scheduled to ensure they do not conflict with respective CCG Boards.
- 7.2 Meetings of the HTJCG shall be open to the public unless the HTJCG considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. A protocol for public meetings is included at Appendix A.

8. Quorum

- 8.1 The quorum for a meeting of the HTJCG shall be:
- For a meeting at which a Category 1 decision will be made, all of the voting members of the HTJCG must be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.
 - For a meeting at which no Category 1 decisions will be made, as close to 75% (in terms of whole numbers) of the voting members of the HTJCG (therefore 9 out of 12) are required to be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

9. Attendees

- 9.1 The Chair of the HTJCG may at his or her discretion permit other persons to attend its meetings but, for the avoidance of doubt, any persons in attendance at any meeting of the HTJCG shall not count towards the quorum or have the right to vote at such meetings.

10. Attendance at meetings

- 10.1 Members of the committee may participate in meetings in person or virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

11. Voting

- 11.1 For Category 1 decisions, a majority vote would require the support of as close to 75% (in terms of whole numbers; therefore 9) of the total number of voting members at any given time.
- 11.2 Assuming that any meeting is quorate for category 2 decisions, the support of as close to 75% (in terms of whole numbers, see Appendix B) of CCG voting members participating the respective decision would be required for it to be agreed

12. Administrative

- 12.1 Support for the HTJ*CiG* will be provided by the Healthier Together Programme Team.
- 12.2 Papers for each meeting will be sent to HTJ*CiG* members no later than one week prior to each meeting. By exception, and only with the agreement of the Chair, amendments to papers may be tabled before the meeting. Every effort will be made to circulate papers to members earlier if possible.

Appendix A

Protocol for Public Meetings

1. Introduction

- 1.1 Meetings of the HTJ*CiG* shall be open to the public unless the HTJ*CiG* considers that it would not be in the public interest to permit members of the public to attend a meeting or part of a meeting. Category 1 decisions must be taken in a public meeting.
- 1.2 The purpose of this protocol is to provide guidance on the preparation and running of any public meeting arranged by the Healthier Together Programme Team.

2. Preparation for a Public Meeting

- 2.1 Before a public meeting is called, the agenda and arrangements for the meeting should be agreed with the Independent Chair of the HTJ*CiG* and consulted upon with HTJ*CiG* members at a proceeding meeting.
- 2.2 The costs of holding public meetings will be met from the Healthier Together Programme budget.
- 2.3 The following issues should be considered at the initial preparation stage:
 - **Objectives/purpose.** All Category 1 decisions should be taken at public meetings of the HTJ*CiG*.
 - **Time, date and venue.** Consideration should be given to the likely number of attendees, thinking particularly about places that have convenient access for people with disabilities. A suitable venue should be chosen which can accommodate the numbers expected to attend.
 - **Publicity.** The event should be publicised, as agreed by the HTJ*CiG*, at least four weeks in advance of the meeting so that

people can plan to attend, know where to go and what to expect. The HTJ*CiG* will be required to publicise the event as follows:

- The Healthier Together website (by HT Programme Team)
- All CCG member websites and in the normal places where local CCG Governing Board meetings are publicised (by CCG's).
- Through key stakeholder groups to be identified when the agenda for the meeting is set (by HT Programme Team and CCGs where applicable).

2.4 Chairing arrangements. Public meetings will be formally chaired by the appointed Independent Chair who will be required to work with the team to agree the use of presentational aids (where required) and general housekeeping matters.

2.5 Provide accessible and timely information. The HTJ*CiG* will publish the agendas (only) for all public meetings two weeks in advance of the meeting taking place on the Healthier Together website. Unless otherwise directed by the HTJ*CiG*, members will receive papers for public meetings one week in advance of the meeting taking place at which point papers will be available to the public on request. To ensure papers are understandable each paper will have an overview summary or introduction to the topic that external audiences can easily understand.

3. Guidelines for the Meeting

3.1 *The role of the Chairman should be to:*

- open the meeting
- keep the meeting focused on the agenda – if necessary, to refer people back to the agenda
- make sure that everyone who wants to speak gets a chance – not allowing one or two people to dominate proceedings
- draws the meeting to a close at the appropriate time.

3.2 *Creating the right atmosphere*

The organiser(s) should aim to arrive at the venue in good time to check that any equipment and facilities requested are in place. This will include any catering arranged, as well as the equipment needed

at the meeting. The location of fire doors and alarms should also be checked. Those attending should be greeted as they arrive, avoiding any serious debates or discussions before the meeting starts.

3.3 *Making a good start*

The meeting should be started at the time arranged, with the appropriate introductions and a summary of the purpose of the meeting. If it is likely to be a while before the attendees can express their views (e.g. because there is a short, initial presentation), this should be made clear, so that people have an expectation about the way the event is likely to proceed.

3.4 *Getting the most from the meeting*

- Make good use of questions raised at the meeting to probe, challenge and fully understand the views that people may have
- Arrange for someone to keep notes on the main points raised
- Keep an attendance sheet, with contact details, so that those attending can be provided with follow up information
- At the end of the meeting thank people for attending and explain clearly what the next steps will be.

3.5 *After the Meeting*

All agreed actions should be followed up after the event. Consideration should also be given to lessons learnt from the process, such as:

- did the meeting achieve what was expected?
- what aspects of the meeting were successful and what did not work?
- did things go as planned or were there any surprises?
- were there any problems that could have been avoided?

Appendix B

Quoracy & Voting for Category 2 Decisions

Quorate

For a meeting at which no Category 1 decisions will be made, as close to 75% (in terms of whole numbers) of the voting members of the HTJCG (therefore 9 out of 12) are required to be in attendance or able to participate virtually by using video or telephone or web link or other live and uninterrupted conferencing facilities.

Voting

Assuming that any meeting is quorate for Category 2 decisions, the support of as close to 75% (in terms of whole numbers) of CCG voting members participating in the respective decision would be required for it to be agreed.

As a minimum of 9 CCG voting members are required to participate in a Category 2 decision the following rules apply.

<i>Number of Voting Members Participating in the Category 2 Decision</i>	<i>Number of Votes Required to Support Decision</i>
<i>12</i>	<i>9</i>
<i>11</i>	<i>8</i>
<i>10</i>	<i>8</i>
<i>9</i>	<i>7</i>

Appendix Q

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 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 would delegate the exercise of certain specified primary care commissioning functions to a CCG.
2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Wigan Borough CCG. The delegation is set out in Schedule 1.
3. The CCG has established the NHS Wigan Borough CCG Primary Care Commissioning Committee ("the Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.
4. It is a committee comprising representatives of the following organisations:
 - NHS Wigan Borough CCG
 - Wigan Council (Health & Wellbeing Board);
 - Healthwatch Wigan

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.
6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.
7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it),

it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- a) Management of conflicts of interest (section 14O);
 - b) Duty to promote the NHS Constitution (section 14P);
 - c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);
 - d) Duty as to improvement in quality of services (section 14R);
 - e) Duty in relation to quality of primary medical services (section 14S);
 - f) Duties as to reducing inequalities (section 14T);
 - g) Duty to promote the involvement of each patient (section 14U);
 - h) Duty as to patient choice (section 14V);
 - i) Duty as to promoting integration (section 14Z1);
 - j) Public involvement and consultation (section 14Z2).
8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:
- Duty to have regard to impact on services in certain areas (section 13O);
 - Duty as respects variation in provision of health services (section 13P).
9. The Committee is established as a committee of the Governing Body of the CCG in accordance with Schedule 1A of the “NHS Act”.
10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the borough of Wigan, under delegated authority from NHS England.
12. 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 Wigan Borough CCG, which will sit alongside the delegation and terms of reference.
13. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.
14. 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.
15. This includes the following:
 - 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).
16. The CCG will also carry out the following activities:
 - a) Plan, including needs assessment, primary medical care services in Wigan Borough;

- b) Undertake reviews of primary medical care services in Wigan Borough;
- 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 Wigan Borough.

Geographical Coverage

17. The Committee's responsibilities will cover the same geographical area as those of NHS Wigan Borough CCG which is fully coterminous with Wigan Borough Council.

Membership

18. The Committee shall consist of:

- A Governing Body Lay Member as Chair
- A second Governing Body Lay Member as Deputy Chair
- Three executive officer members
- GP member(s)
- Wigan Council (Health & Wellbeing Board) representative (non-voting)
- Healthwatch Wigan representative (non-voting)

[list of members included as Schedule 3 to this terms of reference]

Meetings and Voting

19. The Committee will operate in accordance with the CCG's Standing Orders. The Assistant Director of Governance will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 7 days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.
20. Each member of the Committee shall have one vote. Members may appoint deputies to attend on their behalf and this should be formally minuted. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote where appropriate. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

Two thirds of voting members represents a quorum but there must always be a majority of lay members and officers present including the Chair or Deputy Chair.

Frequency of meetings

21. The committee will meet once every month.

22. Meetings of the Committee shall:

- a) be held in public, subject to the application of 22(b) below;
- b) 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.

23. 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.

24. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

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 CCG's Constitution.

27. The Committee will present its minutes to the Greater Manchester Local Area Team of NHS England and the Governing Body of NHS Wigan Borough CCG each month for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 24 above.

28. The CCG will also comply with any reporting requirements set out in its constitution.
29. Terms of Reference will be reviewed annually, reflecting experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

Accountability of the Committee

30. *[Budget and resource accountability arrangements and the decision-making scope of the Committee to be included within this section when agreed]*
31. The membership of the CCG has established a Governing Body in order to discharge its statutory functions. This committee is accountable to the Governing Body. Membership of the Governing Body is representative of the membership through the elected locality clinical executive membership. Appropriate consultation with patients and the general public is conducted primarily through the CCG's Patient Forum and patient Participation Groups.

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 Wigan Borough CCG.
34. The Committee will produce an executive summary report which will be presented to Greater Manchester Local Area Team of NHS England and the Governing Body of the CCG each quarter for information.

[Signature provisions]

[Schedule 1 – Delegation-to be added when final arrangements confirmed]

[Schedule 2 – Delegated functions-to be added when final arrangements confirmed]

[Schedule 3 - List of Members-to be added when confirmed]