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NHS

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

Paper 5b. Memorandum of Understanding (MOU) Supporting the South West London Joint Committee (JC) for the Primary Care Commissioning

This MOU is the formal document which describes the partnership and responsibilities between the six South West London Clinical Commissioning Groups (CCGs) and NHS England (NHSE) in the SWL-NHS JC for Primary Care Commissioning

Version 1.4

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1. Background

SWL CCGs are well placed to improve the commissioning of general practice and primary care. They have agreed to work together in joint commissioning arrangements with NHS England London Regional Team from April 2015. In this way CCGs will develop capacity, capability and expertise to commission general practice. This will ensure improvement at scale and pace in line with the SWL 5-Year strategic plan, and with the ability to manage potential risks such as conflicts of interest and resource pressures.

CCGs will also have the opportunity to align primary care development initiatives, contracting and investment for out-of-hospital care with general practice and primary care. The Five Year Forward View, published up by NHS England, sets out the ambition for general practice and out-of-hospital services to be joined up in new models of care and organisational forms.

CCGs are set up with the remit to understand the needs of their populations, and recognise the specific demand pressures on general practice and primary care. As the 'new deal for primary care' evolves, CCGs will be able to ensure that new investment is channelled effectively to improve patient care.

2. Purpose and scope

This memorandum of understanding (MOU), "Supporting the South West London JC for Primary Care Commissioning", details how the SWL JC (JC) for primary care co-commissioning will function. This document describes the understanding and expectations each member and representative party agrees to at the outset of the JC, which meets for the first time on 14 May 2015.

This document sets out the expected relationships, roles and responsibilities between each of the six clinical commissioning groups (CCGs) in SWL and NHS England London Regional Team:

- Croydon CCG
- Kingston CCG
- Merton CCG
- Richmond CCG
- Sutton CCG
- Wandsworth CCG
- NHS England London Regional Team

The document also describes the roles and responsibilities of other non-voting attendees of the JC.

This MOU is specifically for the purpose of the SWL JC for primary care co-commissioning, for those primary medical services as outlined in the SWL Primary Care Joint Committee Terms of Reference (JC ToR) (Paper 2). The JC has been set up to act as a decision making body, where NHS England London Regional Team, CCGs and non-voting attendees will discuss wider issues about primary care commissioning and make joint decisions.

This MOU will be reviewed and amended accordingly at appropriate intervals as the JC instructs. It should be read and considered alongside the JC ToR.

Paper 3: Primary Care Co-Commissioning Memorandum of Understanding Core Principles V1.4, issued by the NHS England London, details the arrangements between CCGs and NHS England, will be agreed alongside this document. In particular Paper 3 outlines

- the decision making process for the JC (including decisions made by committee, by agreed policy, urgent decision making and other decision making processes)
- Committee constitution and resourcing
- Meeting and voting process

3. JC remit and structure

As described in the JC ToR, the JC is responsible for the selected functions for commissioning primary medical services. These are set out below.

Figure 1: Table showing former NHS England functions which will now be decided in the committee

	Name	Function	Committee decisions needed (section 2.5)	Decision possible with approved policy (s 2.6)	Need for urgent decisions (s 2.7)
Process 1	Determination of key decisions or requests	List Closure			
		Practice mergers/ moves			
		Boundary Changes			
		Securing services through APMS contracts			
		PMS (reviews etc)			
		Discretionary Payments			
		Remedial and breach notices			
		Contract termination-e.g Death/ Bankruptcy/ CQC			
		Contractual changes (contentious/ important)			
		Contractual changes (transactional)			
Proce s	Financial Processes	Ensuring budget sustainability			
		Management Accounting			
Process 3	Strategy & Policy	Securing quality improvement			
		Developing and agreeing outcome framework e.g. LIS			
		Securing consistent popn based provision of advanced and enhanced services			
		Premises plans, including discretionary funding requests			

Addition functions can be included within the scope of the JC, where this is agreed by the JC. For additional information on the agreed process for decision making in reference to the above figure 1, please see Future Operating Model: Co-commissioning of Primary Care v5, NHS England, "Figure 3 – Process 1: Process map showing basic process for making decisions under co-commissioning", P.11.

This MOU relates only to the exercising of JC functions outlined at figure 1. Exceptions will be dealt with in the context of the JC, as already provided for in the voting provisions within this MOU. Exceptions to approvals at JC level occur, where NHSE exercises their statutory duties (which in theory could be contrary to the collective view of the JC). A further exception will be exercised where a matter relating to the stated functions are considered sufficiently local to a CCG and would not affect or be considered relevant to other CCGs. In this case NHSE and the CCG would decide the matter outside of the JC. To promote transparency, mitigate against risks of actual or perceived conflicts of interest and to share practice, in these cases the final decision and reasons for the decision will be reported into the JC. Where an area of discussion fulfills the criteria of a Reporting Exception, the agreed process and standard report template (Future Operating Model: Co-commissioning of Primary Care v5, NHS England, "6.5 Annex 5: Standard Processes – Reporting Exceptions", P.39) will be completed. Where this criteria is reached, this will be discussed more thoroughly at the JC.

The JC will consist of:

Voting Members:

a) A Chair and Vice-Chair
b) Three representatives from each CCG; this must include at least one Lay Member and can include the CCG Chair, Chief Officer and Lay Member;
c) Three representatives from NHS England London Regional 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);

Non-voting attendees

d) A representative from Healthwatch
e) A representative from the local Health and Wellbeing Board
f) A representative from Londonwide Local Medical Committees and a representative from Surrey and Sussex Local Medical Committees

4. Membership of the JC

The principles of membership include:

- Each member has a responsibility to represent the views and interests of their organisation under their statutory responsibilities, balancing the interests for patients and public in SWL as a whole, with the principal aim to improve primary care services across SWL and reduce health inequalities which result from variations in quality and access to primary care.
- Each member is responsible for considering and identifying any individual interests as per the Wandsworth CCG conflict of interest policy (approach agreed by the JC), and must declare these to the JC membership as each matter arises. Conflicts of interest should be reviewed at each meeting. Conflicts of interest may arise from any member of the JC including non-voting attendees. Each member and non-voting attendee has a responsibility

to safeguard against the reputational risk to the business of the JC, both through actual and perceived conflicts of interest.
- A Register of Interests will be maintained for members and non-voting attendees of the JC and its working groups – See section 5 Governance arrangements of this MOU.

The JC membership consists of voting and non-voting attendees.

Role of the Chair and Vice-Chair
- The Chair and Vice Chair of the committee must be CCG Lay Members
- The Chair and Vice-Chair will hold this position for a term of at least twelve months, they shall be considered for rotation at twelve months, should the JC consider this appropriate
- The Lay Chair or Vice-Chair will be able to step down, following a notice period of 6 months, unless otherwise agreed by the JC.

Role of NHS England London Regional Team Members
- Three representatives of NHS England London Regional 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)
- The NHS England London Regional Team will appoint a Lead (Head of Primary Care) to liaise with and manage the relationship with the JC as per the NHS England
- The responsibilities of the NHS England London Regional Team and JC are outlined in the NHS England Primary Care Co-Commissioning Memorandum of Understanding Core Principles V1.4.

Role of CCG Members
- Three representatives from each CCG; this must include at least one Lay Member and can include the CCG Chair, Chief Officer and Lay Member
- The membership will meet the requirements of each of the named CCGs' constitutions
- The Chief Officer of each CCG is responsible for reporting out from the JC to their Governing Body, providing a verbal summary of the work of the JC at each Governing Body.

Role of Lay Members
- All lay members on the JC must attend the national lay member training and should be able to demonstrate a good understanding of the business of the JC, and governance and implications of the conflict of interest policy
- Lay members who wish to be considered for the Chair or Vice-Chair positions for the JC must be supported by their CCG and will be selected at the first meeting of the JC
- A lay member cannot be Chair of the JC if they are also the Chair of their CCG Audit Committee
- Each CCG should identify a deputy Lay member to attend in the absence of the voting Lay member. The deputy would attend as a non-voting member, participate in discussion but be unable to vote

Role of Health and Wellbeing Board

- The JC will include a representative from the Local authority member of the Health and Wellbeing Board as mandated in the NHS England guidance on primary care co-commissioning. The local authority Health and Wellbeing Board representative will foster strengthened relationships between health and social care agencies. Their input will support alignment in decision making across the local health and social care system and ensure that there is a more rounded local perspective offered in all JC discussions.
- The role of the Local authority member of the Health and Wellbeing Board attendee is to provide information regarding the health and wellbeing needs of the community as reflected in Borough and Council JSNAs, and ensure that the outputs of the JC are fed back into their respective organisations.

Role of Healthwatch

- The JC will include a representative from Healthwatch and Local authority member of the Health and Wellbeing Board as mandated in the NHS England guidance on primary care co-commissioning. Healthwatch is under no obligation to nominate a representative, but there would be mutual benefits from their involvement including greater transparency and wider use of local intelligence.
- The Healthwatch representative will ensure that the patient and public voice is considered in any decision making undertaken at the JC level, including, but not limited to, those with direct or indirect implications for service change. They will represent the best interests of patients and ensure that the patient is central to all decision making.
- It will be a responsibility of the Healthwatch representative to promote and provide robust challenge to initiatives aimed at improving the patient experience and health inequalities.
- The role of the Healthwatch attendee is to ensure that the outputs of the JC are fed back into their respective organisation.

Role of Local Medical Committee

- The JC will include a representative from each of the London and Surrey/Sussex Local Medical Committees (LMC), and will represent the interests of GP providers who may be impacted by decisions taken at the SWL JC. The two LMC representatives will promote a greater understanding of commissioning and associated commissioner responsibilities amongst the primary care workforce they represent.

Voting Process

The JC should aim wherever possible to make decisions by consensus. However, where this is not achieved, the voting process will be determined by a simple majority of members present as agreed in section 17-19 of the JC ToR and outlined below:

- Each ~~CCH~~ CCG listed in section 2 shall have one vote. NHS England shall have six votes. If a vote is required, the JC shall reach decisions by a majority, with NHS England having the casting vote.
- 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.
- The JC 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.

5. Governance arrangements

Conflicts of Interest

- The JC will resolve all matters relating to conflicts of interest in line with the Wandsworth CCG Conflicts of Interest Policy.
- The JC (through the governance support) will establish and maintain a Register of Interests for all Members and regular attendees of the JC and its working groups. The Register will be made available for public scrutiny at each JC Meeting.
- Each organisation will be responsible for ensuring that the entries for its representatives are accurate and up to date
- At the start of each meeting the Chair will ask for declarations of new interests and for declarations of interests relating to items on that meeting's Agenda. All declarations will be recorded in the minutes of the meeting.
- Any conflicts that are identified will be managed in line with the Wandsworth CCG Policy.

Role of Host CCG

Wandsworth CCG will be the host CCG for the SWL Joint Commissioning. As host, Wandsworth CCG will maintain the SWL Collaborative Commissioning Team (SWLCC) which in turn will provide continuing governance support to the JC.

The SWLCC will contract support to do the following:

- Manage the relationship with the South East Commissioning Support Unit to provide JC governance advice and expertise
- Provide governance support and meeting support to the JC and its working groups, including management of the risk register for the JC
- Provide advice on the Wandsworth CCG Conflicts of Interest Policy
- Provide advice on JC Standing Orders
- Provide communications and engagement support for the JC including
    - providing support to manage reputational risk, working with individual CCG communications and engagement teams to ensure consistency of messages emerging from the JC.
    - developing a communication strategy for agreement by the JC.

Election of Chair and Vice-Chair

- Nominations for the position of Chair and Vice-Chair should be provided at the first meeting of the JC
- Invitations from Healthwatch and Local Authority Representatives are required at the first meeting
- A Lay member who wishes to be considered for the Chair or Vice-Chair position should present their nomination and interest at the first meeting.
- Nominees for these positions should then be excluded from the voting process to choose the Chair (the nominee with most votes) and the Vice-Chair (the nominee with second highest votes).

- If there is only one nominee the JC will be asked to ratify the nominee's appointment as Chair and lay members will be asked to identify a Vice Chair from among them for ratification by the JC.
- Where there is a tie in the votes for Chair and Vice-Chair then the JC will agree an approach to re-vote.

Standing Orders

The JC will adopt the Standing Orders set out in Schedule 2 of the JC ToR.

JC Workplan

JC Workplan is to be provided by NHS England London Region Team and agreed with CCGs. This will be developed by the JC governance support in Q4 of each year for the following year and signed off by the JC.

Accountability and risk sharing arrangements including statutory roles

In joint commissioning arrangements (level 2) individual CCGs and NHS England always remain accountable for meeting their own statutory duties, for instance in relation to quality, financial resources, equality, health inequalities and public participation. Therefore the JC will not replace the accountabilities of the individual organisations but will participant in joint decision making between NHS England and the CCGs in regards to the agreed relevant functions of the JC.

Financial accountability of co-commissioning primary care will rest with NHSE. NHSE will remain that statutory body who will hold the budget for Primary Care Medical Services.

All decisions (for the functions outlined in figure 1) including those with financial implications, will be ratified in the JC.

Reporting into the JC

All papers are to be submitted through the JC governance support. Reports must be presented to the JC through the normal reporting cycle and by the agreed deadlines. Late papers and tabled papers may only be submitted with the prior agreement of their individual CCG Chief Officer and the JC Chair. Any report generated by a single CCG must be signed off by the individual CCG's Chief Officer and one of the CCG voting members before submission.

Reports generated by the JC and/working groups must be signed off by the executive lead for the working group. The report must be presented to the JC through the normal reporting cycle and by the agreed deadlines. Late papers and tabled papers may only be submitted with the prior agreement of the executive lead of the individual working group and the JC Chair. All papers should be submitted through the JC governance support.

Reporting Out from the JC

The minutes of Part 1 of each JC will be provided to voting members and non-voting attendees. This will allow minutes to be included in CCG Governing Body papers. Part 2 information will only be shared by members of the JC on a strict need to know basis and in keeping with the requirements of the Data Protection Act 1998 and the Freedom of Information Act 2000.

The JC will provide a quarterly, common report to each CCG Governing Body and to non-voting attendees. The Report should include the relevant activities of and decisions made by the Committee.

The Chief Officer of each CCG (or in their absence, another of the CCGs voting members of the JC) will provide a verbal summary of the work of the JC at each CCG Governing Body. Outside of the Governing Body meeting cycle the voting members of the JC will establish local arrangements for briefing their Governing Body colleagues, and other colleagues, as appropriate.

Decision making versus advisory role

The decision making powers of the JC are set out in the Joint Committee ToR. Committees and any working groups do not have decision making powers and may only advise the JC. Where a matter arises requiring urgent decision before the next timetabled JC meeting, but where a decision is not required within a week, then a decision may be made by a working group as outlined in the Future Operating Model: Co-commissioning of Primary Care v5, NHS England, "Section 2.3.3 Urgent decision-making", P.12. Where this is required, the working group must act as an agent for the committee and their decisions should be reviewed after the fact to ensure that they appropriately reflect the decision which the committee would have made.

CCG constitutional amendments allowing formation of a JC

As part of the application process for joint commissioning each CCG ensured that their individual constitution enabled the formation and operation of the JC. CCGs will ensure, when making future amendments to their constitution, that their CCG will be made aware of any implications in regards to the operation of JC and not to make any amendments to their constitution which may have unintended consequences regarding the operation and governance of the JC.

Procurement

NHS England London Region will continue to provide specialist advice regarding primary care regulation and the contractual framework through joint working with the CCGs. Specialist procurement support will be required to be appropriately sourced by the responsible commissioning organisation for specific tendering actions.

FOI requests and complaints handling

The NHS England London Regional Team will remain responsible for managing primary care FOI Requests and Complaints. The team will receive and respond to enquiries and information requests on a daily basis. This includes but is not limited to:

- Freedom of Information (FOI) requests
- Complaints
- Practice enquires
- Core contract requirements
- Calculating Quality Reporting Service (CQRS) support / claims enquires
- Directly Enhanced Service (DES) enquiries
- Patient enquiries
- Internal enquiries / internal and external information requests
- Seeking legal advice as and when required.

Safeguarding

Arrangements will be in accordance and compliant with national guidance on safeguarding, including:

- Safeguarding Vulnerable People in the Reformed NHS Accountability and Assurance Framework, March 2013, NHS Commissioning Board
- Working Together to Safeguard Children, 2015, HM Government

Appeals

Appeals will be handled by NHSE Medical Director (Professional Affairs).

Information Governance

The principles under which all members and non-voting attendees of the JC will operate in general are:

- They will endorse, support and promote the accurate, timely, secure, effective and legal sharing of information to support the work of the collaborative and are fully committed to ensuring that any handling of information by the committee and its initiatives is in accordance with their legal, statutory and common law duties.
- Each individual committee member commits to ensuring they have robust information governance framework within their own organisation covering information security, confidentiality and compliance with key information legislation such as Data protection (1998), common law and human rights Act (1998). This also includes compliance with NHS standards and guidance such as Information Governance Toolkit, Caldicott principles and other codes of practices for handling information.
- Where there are specific data requirements to support projects, services or functions resulting from the work of the joint committee and their working groups, the following is recommended (To cover Direct Care or Indirect Care purposes);
    - The specifications of the data requirements of the project, service or function will be referred to the relevant individual CCG IG lead in the first instance
    - The CCG leads will undertake appropriate IG assessment , provide advice and guidance and make recommendations (a central coordination may be required to coordinate efforts and this can be agreed as appropriate)
    - The relevant IG leads are responsible for ensuring data flows of the project/service/function are mapped, legal basis is established correctly, Data controllership is identified and the necessary IG arrangements are put in place as appropriate
    - Where the actions from the recommendations need to be carried out jointly, a central coordination will be decided upon to ensure efforts are coordinated appropriately (this may include implementing data processing contracts, deed of processing, sharing agreements, agreeing general conditions for processing or supporting providers)
- Part 1 of the JC will be help in public and no confidential information, person identifiable or commercially sensitive information will be presented in the papers or discussed in this part of the meeting. This information will be discussed in Part 2 of the JC after the JC has resolved at the end of Part 1 that the public should be excluded from Part 2 while the remaining business is under consideration.
- During Part 2 of the JC, it may inappropriate for non-voting attendees to be present for the consideration of certain confidential information. In these occasions, the JC members along with the governance team will decide if non-voting attendees should be excluded from Part

2 of the JC. This would be on the grounds that publicity would be prejudicial to the public interest, by reason of the confidential nature of the business to be transacted.
- Part 2 will not be used to shield sensitive issues that are not confidential and that are publically discloseable from discussion in public.

Incident Reporting

NHS England London Regional Team will co-ordinate incident reporting for primary care, and specifically general practice, through national arrangements (Patient Safety E-form) and any locally implemented systems.

CCGs will encourage practices to appropriately report incidents:

- All primary providers will be expected to participate in incident reporting and peer review
- All providers will be fully engaged in reporting untoward incidents in primary care
- Robust processes for the reporting of untoward incidents will be developed
- Reporting for Serious Incidents that are required to be reported through StEIS will continue to be managed by the Nursing Directorate of NHSE London.
- NHS England London Regional Team will provide the JC with an incident report on a periodic basis, the content and frequency to be agreed at JC.

6. Operations

The JC will meet on a 6-8 weekly basis, and no less than four times a year, as stated in the JC ToR. In cases where a particularly significant matter or urgent matter arises, there may be a need for additional meetings and this will be agreed between NHS England London Regional Team, the Chair and governance support. Urgent decision will be taken in line with the process outlined in the Future Operating Model: Co-commissioning of Primary Care v5, NHS England, “Section 2.3.3 Urgent decision-making”, P.12. Actions arising from additional meetings should be reported at the next scheduled meeting of the JC.

Where responses are required from members of the JC, requests should be submitted by email and should allow members to respond within a minimum of 24 hours.

Openness and transparency will be fundamental principles of the governance and operations of the JC, and should be upheld by the membership. Each organisation is responsible for bringing to the JC information, data and intelligence, to allow the JC to function. All information to be considered at the JC will be provided in advance (as per the Standing Orders and Governance section of this MOU).

Figure 2: JC Operating Model

***Hosting arrangements for Working Groups are to be agreed**

The above operating model shows the working groups which will support the JC, and how these working groups relate to the JC, each CCG and NHS England London Regional Team. The groups will support the majority of the primary care commissioning work. The table below describes the core responsibilities and operations of each working group, and the host for each group. In addition, each CCG will also use their existing primary care commissioning resource and capabilities to provide local intelligence to the JC and to continue to maintain CCG statutory responsibilities to assist in improving the quality of primary care.

Working group	Host	Responsibilities of each CCG working group:
CCG working group	CCG	• Identify staff/named resources who will be responsible for providing local intelligence and information around the various issues in each CCG. • Liaise with GP practices and other primary care providers (as required) in conjunction with NHSE representation on issues arising for practices in each CC. • Providing the relevant data and information on issues to be discussed as per the agenda of each JC.

		• Identify and discuss with their CCG members, any particular matters on the agenda which are unable to be discussed in public, and make this known to the JC governance support.

Working group	**Host**	**Responsibilities**
Contractual Action	NHSE	• Led operationally by NHS England London Regional Team through their weekly contracting and performance management meetings. • Report to voting members regularly by email, 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. They should discuss these decisions and actions with the governance support to confirm whether to pursue the urgent decision making process as outlined in the Future Operating Model: Co-commissioning of Primary Care v5, NHS England, "Section 2.3.3 Urgent decision-making", P.12

Finance	NHSE	• This will be led at the NHS England London Regional Team, with involvement of the SPG CFO Lead for Primary Care Financing
		• The main responsibilities will include
		    o fair allocation of non-contractual funding across the SPG,
		    o making CCGs aware of financial risks
		    o early financial planning for consideration of delegated commissioning in the future.

Quality improvement	SPG	• The remit of this working group is to consider
		    o CQC regulatory requirements for primary care
		    o Infection control
		    o Implementation of the "Transforming Primary Care in London: A Strategic Commissioning Framework", NHS England
		    o (17 Quality Specifications)
		    o Recommendations to the Transforming Primary Care Delivery Group (SWL CC) where appropriate
		    o Sharing best practice and quality improvement activities across CCGs
		    o Sharing clinical commissioning and/or primary care expertise and recommendations with the JC for issues identified by the JC members
		• The working group will be made of at least 2 clinicians from each CCG to assist in prioritising quality improvements to the JC (for example, GPs, practice nurses, physician assistants or community pharmacists).

Innovation	SPG	The role and remit of this group is to consider: • Primary Medical Services (PMS) review (to be delivered by March 2016) • Local Incentive Schemes (LIS) • Information and Technology Management (ITM) • Interoperability of technology in primary care • New procurements • Practice mergers • Prime Ministers Challenge Fund (PMCF) & Primary Care Infrastructure Fund (PCIF) Workforce • GP commissioning and Provider leads working together with Out of Hospital Provider leads will consider how to improve primary care, working with

		Community Education Provider Networks (CERNs and HESL)
Estates	SPG	• This group will be led by NHS England Property Services and invitations will be extended to include the Health and Urban Development Unit (HUDU). • The role and remit of this group will be to consider appropriate investment and support to ensure strategic development of primary care and out of hospital services and that the estate is fit for purpose for services to be provided over the next 5 years.

7. Resources required to support JC

Current and future resources requirements will be discussed at first meeting

8. Financial Management of Primary Care Medical Services Allocation

In joint commissioning arrangements (level 2), individual CCGs and NHS England remain accountable for meeting their own statutory duties in relation to financial resources. The JC will not replace the accountabilities of the individual organisations but will provide the forum and decision making body for assurance and decision making body joint working across SWL to deliver these arrangements

The Joint Committee has agreed not to pool the primary care medical services budget across South West London CCGs, and will therefore review the financial performance at borough level. For information the south west London wide position will also be summarised.

Financial accountability and financial reporting of co-commissioning primary care will rest with NHSE. NHSE shall remain that statutory body who will hold the budget for Primary Care Medical Services.

All decisions (for the above named functions) including those with financial implications, shall be ratified through the JC and in line with the JC ToR. Decisions that require CCG funding in future years must be signed off by the individual CCG. The JC does not have the power to commit a CCG to future financial commitments.

JC members will provide monthly reports on financial performance of the primary care medical services allocation to the JC, including (i) details of QIPP plans and delivery and (ii) key risks and mitigations.

The JC will expect transparency on London-wide budgets and reserves in the contexts of financial management of south west London primary care allocations.

The JC will receive advice from the CCG Lead CFO on key issues and risks associated with moving to full delegation of primary care commissioning and recommendations on:

a. proposed allocations
b. risk pooling where appropriate and
c. financial administration of the primary care contracts.

The Primary Clinical Design Group will establish a Finance Sub-Group to allow preparation for full delegation of primary care allocations. The sub-group will be chaired by the CDG CFO, supported by a Head of Finance from a different CCG in SWL and by the SWL Collaborative.

9. Risk management

- The JC will adopt the principles of the Australia/New Zealand Risk Management Standard (AS/NZS 4360:1999) in its approach to risk management. This is the standard currently used throughout the NHS. It is a generic model for identifying, prioritising and managing risks in any situation. It comprises definition, scope and consequence of risk. It also provides an effective means of controlling and mitigating risks associated with the delivery of commissioned services, the achievement of Committee objectives and any other aspect of joint commissioning.
- Through the joint commissioning governance support, the Committee will maintain a SWL Joint Commissioning Risk Register.
- It is the responsibility of each CCG'S members on the Committee to ensure that joint commissioning risks are appropriately reflected on individual CCG risk registers and Governing Body Assurance Frameworks.
- NHS England London Regional Team will be responsible for notifying the JC of legacy risks to be taken onto the JC Risk Register by 30 June 2015. The financial risk relating to legacy risks will remain with NHSE.
- Risk share arrangements (managing financial risks)
- Resource risks pertaining to the operation of the JC will be managed in line with the JC
- A common agreed approach to communications responses to reputational risks will be taken across members of the JC to ensure consistency of message.

10. Performance monitoring

Performance monitoring is the responsibility of NHS England London Regional Team. This will be undertaken by the contractual action working group in line with the statutory responsibility of NHSE.

11. Assurance and evaluation of outcomes

The NHSE CCG Assurance Framework for 2015/16 states that for joint commissioning functions, CCGs will be required to prepare a quarterly self-certification of compliance against five key areas:

- governance and the management of potential conflicts of interest
- procurement
- expiry of contracts
- availability of services
- outcomes

The self–certification of joint commissioning arrangements of CCGs and NHS England London Regional Team will be approved by the JC. JC members should provide information to the JC on their progress in delivering key requirements with respect to the NHSE CCG Assurance Framework for 2015/16.

Member organisations of the JC will work individually and collectively to ensure that outcome measures for primary care commissioning are achieved.

12. Communications and engagement

The JC will agree an effective communication strategy to disseminate timely and consistent information to stakeholders including individual practices in the SWL area.

Communication routes will include:

- Healthwatch
- Health and Wellbeing Boards
- Primary Care newsletters
- Regular email communications
- Member Practice Forums
- Liaison with LMCs
- The voluntary sector
- CCG Governing Body Meetings
- CCG websites where appropriate media and social media
- NHSE Communications

13. Duration of the MOU

This MOU is intended to support the JC for 12 months, from 1st April 2015. There will be a review during the first half of 2015/16; in order to consider the approach of JC into future years or movement to a new arrangement, for example delegated commissioning.

14. Termination

A CCG may withdraw from the JC in accordance with a decision made under its constitution.

Where any or all organisations decide not to extend or to withdraw from the agreement they are required to give at least 6 months' notice of their intention to the Chair of the JC, in order to ensure that employing organisations are able to meet their legal and organisational obligations to their employee.