

A meeting of the North Tyneside Primary Care Committee is to be held on **Thursday 9 April 2015**, 12:00 – 13:30, Longsands South, Hedley Court.

**Part 1 – North Tyneside Primary Care Committee Meeting held in Public.**

**Agenda**

| Item No. | Item  | Lead                     | Time  |
|----------|---|--------------------------|-------|
| 1        | Welcome/Apologies/Introductions   | Mary Coyle<br>(Chair)    | 12:00 |
| 2        | The background to the Primary Care Committee  | Phil Clow<br>Enclosure   | 12:15 |
| 3        | Terms of Reference/Membership   | Phil Clow<br>Enclosure   | 12:35 |
| 4        | Confirmation of Quoracy   | Mary Coyle<br>(Chair)    | 12:45 |
| 5        | Ways of working with NHS England  | Christine Keen<br>Verbal | 12:50 |
| 6        | Ways of working with Partner Organisations  | All<br>Verbal            | 13:00 |
| 7        | Operational Issues  | All<br>Verbal            | 13:10 |
| 8        | AOB   |                          | 13:20 |
| 9        | <b>Future meeting dates</b> <ul style="list-style-type: none"> <li>• 28 May, 11:00 – 13:00, Hedley Court</li> <li>• 25 June, 10:30 – 12:30, Hedley Court</li> </ul> |                          |       |

**Part 2 – North Tyneside Primary Care Committee Meeting held in Private.**

**Agenda**

|  |          |  |  |
|--|----------|--|--|
|  | No Items |  |  |
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|---|-----------------------|
| <b>Report to: North Tyneside Primary Care Committee</b>   |                       |
| <b>Date: 9 April 2015</b>   | <b>Agenda item: 2</b> |
| <b>Title of report:</b> The background to the Primary Care Committee  |                       |
| <b>Sponsor:</b> Phil Clow, Director of Commissioning Development<br><b>Authors:</b> Phil Clow, Director of Commissioning Development and Pauline Fox, Head of Governance  |                       |
| <b>Purpose of the report and action required:</b> This report is to note the development of the arrangements for co-commissioning and the background to the Primary Care Committee  |                       |
| <p><b>Executive summary:</b><br/>The purpose of primary care co-commissioning is to enable clinically led, optimal local solutions in response to local Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies. Co-commissioning is one of a series of changes set out in the NHS <i>Five Year Forward View</i>, as a key enabler in developing seamless, integrated out-of-hospital services based around the diverse needs of the local population.</p> <p>NHS England offered CCGs three options to be involved in primary care co-commissioning, effective from April 2015:</p> <ol style="list-style-type: none"> <li>1) Greater involvement in primary care decision making</li> <li>2) Joint Commissioning Arrangements</li> <li>3) Delegated commissioning arrangements</li> </ol> <p>After detailed discussion the CCG applied for level 2, joint commissioning. On 4 March 2015 the CCG was advised that the application for joint arrangements for primary care co-commissioning had been approved.</p> <p><b>Recommendation:</b><br/>The Committee is invited to note:</p> <ul style="list-style-type: none"> <li>• The background to joint commissioning of primary care</li> <li>• That the CCG application for joint commissioning of primary care services with NHS England was approved by NHS England.</li> <li>• That the North Tyneside Primary Care Committee is a committee of the Governing Body, approved by the Governing Body on 24 March 2015 and formed with effect from 1 April 2015.</li> <li>• That the committee is referred to in the CCG constitution - a public document subject to the approval CCG member and NHS England.</li> </ul> |                       |



**North Tyneside  
Clinical Commissioning Group**

|  |                       |
|--|-----------------------|
| <b>Report to: Primary Care Committee</b>   |                       |
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| <b>Title of report:</b> The background to the Primary Care Committee   |                       |
| <b>Sponsor:</b> Phil Clow, Director of Commissioning Development<br><b>Authors:</b> Phil Clow, Director of Commissioning Development and Pauline Fox, Head of Governance           |                       |
| <b>Purpose of the report and action required:</b> This report is to note the development of the arrangements for co-commissioning and the background to the Primary Care Committee |                       |

## 1. Background and work undertaken to date

The purpose of primary care co-commissioning is to enable clinically led, optimal local solutions in response to local Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies. Co-commissioning is one of a series of changes set out in the NHS *Five Year Forward View*, as a key enabler in developing seamless, integrated out-of-hospital services based around the diverse needs of the local population.

NHS England offered CCGs three options to be involved in primary care co-commissioning; the proposed change will be effective from April 2015:

- 1) Greater involvement in primary care decision making
- 2) Joint Commissioning Arrangements
- 3) Delegated commissioning arrangements

Joint commissioning means that CCGs will plan and make primary care commissioning decisions jointly with NHS England. CCGs will have the opportunity to design a local incentive scheme as an alternative to the Quality and Outcomes Framework (QOF) or Directed Enhanced Services (DES). NHSE and/or CCGs may vary or renew existing contracts for primary care provision or award new ones.

After detailed discussion at the Council of Practices, as described at the Governing Body meeting in January 2015, the CCG applied for level 2, joint commissioning.

On 4 March 2015 the CCG was advised that the application for joint arrangements for primary care co-commissioning had been approved, this letter is included as **appendix 1**.

## **2. Key points:**

### **2.1 Operational arrangements for primary care co-commissioning**

The decision making committee is required to meet in public, with a requirement for a standing invitation to a representative from Healthwatch and the Health & Wellbeing Board.

The scope of the co-commissioning arrangements includes the following activities:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Providers of Medical Services (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);
- Primary Care needs assessments;
- Commissioning new GP practices in an area;
- Planning new primary care estate;
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).

The committee will meet at regular intervals and not less than 4 times per year.

### **2.2 Governance arrangements for co-commissioning**

NHS England issued detailed guidance on the governance arrangements for primary care co-commissioning, setting out the changes required to the CCG constitution, the arrangements for the establishment of the Joint Committee, draft terms of reference for the Joint Committee and arrangements for the effective management of conflicts of interest.

An application for changes to the CCG constitution was made in January 2015 as required and subsequently amended in line with revised guidance issued in February 2015. The amendments to the CCG constitution relate to joint commissioning arrangements with NHS England for the exercise of NHS England functions and/or for the exercise of CCG functions and to joint commissioning arrangements with other CCGs. This revised wording forms a new section 6.6 to the CCG Constitution. In addition, an additional paragraph describing the Primary Care Committee as a committee of the Governing Body is required (this will become 6.10.1 (e) in the CCG

Constitution and there will be a minor change to the Scheme of Reservation and Delegation.

The wording in full that will be incorporated into the revised CCG Constitution is given in **appendix 2**.

The joint committee with NHS England has been formed to carry out functions relating to the commissioning of primary medical services, delegated to that committee by NHS England. At this stage the CCG does not propose to delegate any CCG functions to that Joint Committee and does not propose to form a Joint Committee with other CCGs. The changes to the CCG Constitution, prepared in line with the national guidance, would enable the CCG to further develop the role of the Joint Committee and the range of Joint Committees in the future if this was required.

The North Tyneside Primary Care Committee will be a committee of the Governing Body, formed with effect from 1 April 2015. The Governing Body has approved this and has approved the Committee Terms of Reference.

### **3. Recommendations**

The background to joint commissioning of primary care

3.1 That the CCG application for joint commissioning of primary care services with NHS England was approved by NHS England.

3.2 That the North Tyneside Primary Care Committee is a committee of the Governing Body, approved by the Governing Body on 24 March 2015 and formed with effect from 1 April 2015.

### **Appendices and further information**

#### **4. Appendices and further information relevant to the report**

Link to Guidance: <http://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2014/11/nxt-steps-pc-cocomms.pdf>

**Report author:** Phil Clow, Director of Commissioning Development  
Pauline Fox, Head of Governance

**Report date:** 30 March 2015

#### **Appendix 1**

Attached as a separate document

***Appendix 2 – changes to the CCG constitution:***

**6.6 Joint commissioning arrangements with other Clinical Commissioning Groups**

- 6.6.1 The clinical commissioning group (CCG) may wish to work together with other CCGs in the exercise of its commissioning functions.
- 6.6.2 The CCG may make arrangements with one or more CCG in respect of:
- a) delegating any of the CCG's commissioning functions to another CCG;
  - b) exercising any of the commissioning functions of another CCG; or
  - c) exercising jointly the commissioning functions of the CCG and another CCG
- 6.6.3 For the purposes of the arrangements described at paragraph 6.6.2, the CCG may:
- a) make payments to another CCG;
  - b) receive payments from another CCG;
  - c) make the services of its employees or any other resources available to another CCG; or
  - d) receive the services of the employees or the resources available to another CCG.
- 6.6.4 Where the CCG makes arrangements which involve all the CCGs exercising any of their commissioning functions jointly, a joint committee may be established to exercise those functions.
- 6.6.5 For the purposes of the arrangements described at paragraph 6.6.2 above, the CCG may establish and maintain a pooled fund made up of contributions by any of the CCGs working together pursuant to paragraph 6.2 (c) above. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 6.6.6 Where the CCG makes arrangements with another CCG as described at paragraph 6.6.2 above, the CCG shall develop and agree with that CCG an agreement setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
  - The duties and responsibilities of the parties;
  - How risk will be managed and apportioned between the parties;
  - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
  - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 6.6.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.6.2 above.
- 6.6.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

- 6.6.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Joint Locality Executive Board.
- 6.6.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements, that the lead clinician and lead manager of the lead CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.6.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year.
- 6.7 Joint commissioning arrangements with NHS England for the exercise of CCG functions**
- 6.7.1 The CCG may wish to work together with NHS England in the exercise of its commissioning functions.
- 6.7.2 The CCG and NHS England may make arrangements to exercise any of the CCG's commissioning functions jointly.
- 6.7.3 The arrangements referred to in paragraph 6.7.2 above may include other CCGs.
- 6.7.4 Where joint commissioning arrangements pursuant to 6.7.2 above are entered into, the parties may establish a joint committee to exercise the commissioning functions in question.
- 6.7.5 Arrangements made pursuant to 6.7.2 above may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.
- 6.7.6 Where the CCG makes arrangements with NHS England (and another CCG if relevant) as described at paragraph 6.7.2 above, the CCG shall develop and agree with NHS England a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
  - The duties and responsibilities of the parties;
  - How risk will be managed and apportioned between the parties;
  - Financial arrangements, including, if applicable, payments towards a pooled fund and management of that fund;
  - Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements; and
- 6.7.7 The liability of the CCG to carry out its functions will not be affected where the CCG enters into arrangements pursuant to paragraph 6.7.2 above.
- 6.7.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.

- 6.7.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Joint Locality Executive Board.
- 6.7.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements that Chief Officer of the CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.7.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

## **6.8 Joint commissioning arrangements with NHS England for the exercise of NHS England's functions**

- 6.8.1 The CCG may wish to work with NHS England and, where applicable, other CCGs, to exercise specified NHS England functions.
- 6.8.2 The CCG may enter into arrangements with NHS England and, where applicable, other CCGs to:
- Exercise such functions as specified by NHS England under delegated arrangements;
  - Jointly exercise such functions as specified with NHS England.
- 6.8.3 Where arrangements are made for the CCG and, where applicable, other CCGs to exercise functions jointly with NHS England a joint committee may be established to exercise the functions in question.
- 6.8.4 Arrangements made between NHS England and the CCG may be on such terms and conditions (including terms as to payment) as may be agreed between the parties.
- 6.8.5 For the purposes of the arrangements described at paragraph 6.8.2 above, NHS England and the CCG may establish and maintain a pooled fund made up of contributions by the parties working together. Any such pooled fund may be used to make payments towards expenditure incurred in the discharge of any of the commissioning functions in respect of which the arrangements are made.
- 6.8.6 Where the CCG enters into arrangements with NHS England as described at paragraph 6.8.2 above, the parties will develop and agree a framework setting out the arrangements for joint working, including details of:
- How the parties will work together to carry out their commissioning functions;
  - The duties and responsibilities of the parties;
  - How risk will be managed and apportioned between the parties;
  - Financial arrangements, including payments towards a pooled fund and management of that fund;

- Contributions from the parties, including details around assets, employees and equipment to be used under the joint working arrangements.
- 6.8.7 The liability of NHS England to carry out its functions will not be affected where it and the CCG enter into arrangements pursuant to paragraph 6.8.2 above.
- 6.8.8 The CCG will act in accordance with any further guidance issued by NHS England on co-commissioning.
- 6.8.9 Only arrangements that are safe and in the interests of patients registered with member practices will be approved by the Governing Body.
- 6.8.10 The Governing Body of the CCG shall require, in all joint commissioning arrangements that the Chief Officer of the CCG make a quarterly written report to the Governing Body and hold at least annual engagement events to review aims, objectives, strategy and progress and publish an annual report on progress made against objectives.
- 6.8.11 Should a joint commissioning arrangement prove to be unsatisfactory the Governing Body of the CCG can decide to withdraw from the arrangement, but has to give six months' notice to partners, with new arrangements starting from the beginning of the next new financial year after the expiration of the six months' notice period.

***Revised paragraph 6.10.1 (e)***

- e) **Primary Care Committee** - The North Tyneside primary care committee, which is accountable to the Governing Body, is a joint committee of NHS England and NHS North Tyneside CCG. It will assist the Governing Body with the joint commissioning of primary medical services for the people of North Tyneside.

The role of the primary care 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) and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee.

The Governing Body has approved and keeps under review the terms of reference for the Primary Care Committee, which includes information on the membership of the Committee. It has authority to make decisions as set out within its Terms of Reference and the Group's scheme of delegation.

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| Policy Area   | Decision   | Reserved to the Membership<br><br>(and enacted through their representatives at meetings of the Council of Practices) | Reserved or delegated to Governing Body | Delegated to Clinical Executive | Delegated to a Committee or Sub-Committee                  | Delegated to Accountable Officer | Delegated to Chief Finance Officer |
|---|--|---|---|---------------------------------|--|----------------------------------|------------------------------------|
| COMMISSIONING AND CONTRACTING FOR CLINICAL SERVICES | Approve actions in relation to the co-commissioning of primary care services in partnership with NHS England | √<br><br>In approving the constitution (including changes to the constitution)  |   |                                 | √<br><br>Joint Committee (section 6.6 of the Constitution) |                                  |                                    |

04 March 2015

**By email**

Dr John Matthews  
Clinical Chair  
North Tyneside CCG

NHS England (North)  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE

PA Email: [kathryn.shanks@nhs.net](mailto:kathryn.shanks@nhs.net)  
Telephone: 0113 825 3011

Dear John

**Primary Care Co-commissioning: Approval for Joint Arrangements**

Further to your application to take forward new arrangements for primary care co-commissioning I am delighted to inform you that NHS North Tyneside CCG has been approved to take on joint arrangements with NHS England.

Please note that terms of reference and CCG constitution amendments must be signed off by governing bodies and NHS England Regions by 31 March 2015. Failure to complete these steps would mean this approval will become invalid.

The joint commissioning model is an important vehicle to ensure joined up planning and decision making between CCGs and NHS England through a joint committee arrangements. This should provide an opportunity to more effectively plan and improve the provision of out-of-hospital services for the benefit of patients in your local population.

We will be in touch shortly so that discussions can take place to finalise the arrangements for the joint committee and the functions the committee will be responsible for. If the option to pool funding for investment in primary care services is being taken, this should be agreed and managed through the Joint Committee.

It is important to ensure appropriate arrangements are made locally to manage potential conflicts of interest under these joint arrangements. As part of these arrangements, the role of the lay members on the joint committee is critically important. To ensure appropriate oversight and assurance of the joint committee the CCG Audit Committee Chair should not hold the chair of the joint committee. They can, however, take the other lay member role on the committee.

We look forward to working with you.

Kind Regards



**Richard Barker**  
**Regional Director (North)**

cc Dr Mike Prentice, Interim DCO, Cumbria and North East

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| <b>Report to: Primary Care Committee</b>   |                       |
| <b>Date: 9 April 2015</b>  | <b>Agenda item: 3</b> |
| <b>Title of report:</b> Primary Care Committee Terms of Reference and membership   |                       |
| <b>Sponsor:</b> Phil Clow, Director of Commissioning Development<br><b>Authors:</b> Phil Clow, Director of Commissioning Development and Pauline Fox, Head of Governance   |                       |
| <b>Purpose of the report and action required:</b> This report is to note North Tyneside Primary Care Committee Terms of Reference.   |                       |
| <p><b>Executive summary:</b><br/>The Terms of Reference for the North Tyneside Primary Care Committee are attached.</p> <p>These have been drafted using the national template and taking into account effective management of conflicts of interest. The Governing Body approved the Committee Terms of Reference on 24 March 2015.</p> <p>The North Tyneside Primary Care Committee is a committee of the Governing Body, formed with effect from 1 April 2015. The committee operates within the CCG standing orders, as set out in the CCG constitution.</p> <p>The committee is required to meet in public, with the right to withdraw into private session, if the committee resolves that representatives of the press and other members of the public should be excluded from the meeting having regard to the nature of the business to be transacted, publicity of which would be prejudicial to the public interest. this is in accordance with the CCG standing orders (section 3.12)</p> <p><b>Recommendation:</b></p> <ul style="list-style-type: none"> <li>• The Committee is invited to note and discuss the Committee Terms of Reference</li> <li>• The committee is invited to note the membership of the committee, to confirm the names of the people fulfilling those roles and to consider what officers the committee would require to be in attendance at the committee</li> <li>• The committee is invited to consider what matters it anticipates may need to be discussed in private session.</li> </ul> |                       |

## **Terms of reference for the North Tyneside Primary Care Committee (final)**

### **Introduction**

1. The North Tyneside primary care committee is a joint committee of NHS England and NHS North Tyneside Clinical Commissioning Group formed with the primary purpose of jointly commissioning primary medical services for the people of North Tyneside.

### **Statutory Framework**

2. 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 North Tyneside primary care committee**

3. The role of the North Tyneside primary care 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) and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee.
4. This includes the following activities:
  - General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Providers of Medical Services (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);
  - Primary Care needs assessments;
  - Commissioning new GP practices in an area;

- Planning new primary care estate;
  - Approving practice mergers; and
  - Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).
5. In performing its role the North Tyneside primary care committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS North Tyneside CCG, as appended, which sit alongside the delegation and terms of reference.

### **Geographical coverage**

6. The North Tyneside primary care committee will comprise NHS England (Cumbria and North East) and NHS North Tyneside CCG. It will undertake the function of jointly commissioning primary medical services for North Tyneside.

### **Membership**

7. The Committee shall consist of:
- a) CCG Deputy Lay Chair (or a lay member nominated by him/her) (Chair of the committee)
  - b) One other CCG Lay member (vice chair of the committee)
  - c) The CCG Director of Commissioning Development
  - d) A Director from NHS England Cumbria and North East Area Team
  - e) A nominated GP (non-voting member)

To ensure effective management of actual or potential conflicts of interest, the GP member will withdraw from the meeting as requested to do so by the Chair of the committee.

Other CCG Governing Body members, GPs, officers, employees and practice representatives may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion from time to time. Those invited to attend will not be entitled to vote.

8. The Director of Commissioning Development will be the lead officer for the committee, or will nominate a Director to undertake this role.
9. A standing invitation will be made to specified partners in a non-voting capacity, namely:
- a) North Tyneside Health and Wellbeing Board and
  - b) Healthwatch North Tyneside

### **Meetings and Voting**

10. The Committee shall adopt the Standing Orders of NHS North Tyneside 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
11. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary, except where:
- a) NHS England will have a casting vote for any functions within NHS England's statutory obligations.
  - b) CCG members will have a casting vote on any of the CCG's statutory functions that are included within the scope of the joint committee's responsibilities.
12. The quoracy for the committee is 3 members, including at least one member from North Tyneside CCG and one member from NHS England
13. The committee will meet at regular intervals and not less than 4 times per year.
14. Meetings of the Committee:
- a) Shall, subject to the application of 14(b), be held in public.
  - 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.
15. 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.
16. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
17. Members of the Committee shall respect confidentiality requirements as set out in the CCG Standing Orders unless separate confidentiality requirements are set out for the committee in which event these shall be observed.
18. The secretariat support will be provided as agreed by NHS England and the CCG.
19. The secretariat to the Committee will:

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- a) Circulate the minutes and action notes of the committee with 5 working days of the meeting to all members.
- b) Present the minutes and action notes to Cumbria, Northumberland, Tyne and Wear Area Team of NHS England and the governing body of NHS North Tyneside CCG.

### **Decisions**

20. The Committee will make decisions within the bounds of its remit.
21. The decisions of the Committee shall be binding on NHS England and NHS North Tyneside CCG.
22. Decisions will be published by both NHS England and NHS North Tyneside CCG
23. The secretariat will produce an executive summary report which will be presented to NHS England Cumbria and North East Area Team and the governing body of NHS North Tyneside CCG each quarter for information.

### **Review of Terms of Reference**

24. These terms of reference will be formally reviewed by NHS England Cumbria and North East Area Team and NHS North Tyneside CCG in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement at any time to reflect changes in circumstances which may arise.

**Date approved by CCG Governing Body: 24 March 2015**