

Neighbourhood Health Subcommittee Terms of Reference

Version 1

**Better health
and wellbeing for all...**

Version Control

Version	Approval Date	Author	Update comments
1	16 April 2026	Corporate Governance Team	New terms of reference for newly established subcommittee
2			
3			
4			
5			

Date of next review: 01 April 2027

Contents

1.	Establishment	4
2.	<i>Terms of reference</i>	4
3.	<i>Authority</i>	4
4.	<i>Purpose</i>	4
5.	<i>Roles and responsibilities</i>	5
6.	<i>Delegation by Scheme of Reservation & Delegation (SoRD)</i>	5
7.	<i>Accountability and reporting</i>	5
8.	<i>Membership and attendance</i>	6
9.	<i>Meeting Quoracy and Decisions</i>	7
10.	<i>Behaviours and Conduct</i>	8
11.	<i>Secretariat and Administration</i>	8
12.	<i>Review</i>	9

1. Establishment

The Neighbourhood Health subcommittee is a subcommittee established by the ICB Leadership Committee, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

2. Terms of reference

The terms of reference are defined by the ICB.

The terms of reference will be maintained by the ICB Governance Team and published in the ICB's Governance Handbook which is accessible here:

<https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/governance-handbook/>

3. Authority

The subcommittee is authorised to:

- Investigate any activity within its terms of reference
- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Subcommittee) as outlined in these terms of reference
- Commission any reports it deems necessary to help fulfil its obligations
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the subcommittee must follow any procedures put in place by the ICB for obtaining legal or professional advice
- Create task and finish subgroups in order to take forward specific programmes of work as considered necessary by the subcommittee's members, however may not delegate any decisions to such groups other than those in the already agreed Governance Framework.

For the avoidance of doubt, the subcommittee will comply with the ICB Standing Orders, Standing Financial Instructions, and the Scheme of Reservation and Delegation (SoRD).

4. Purpose

The purpose of the subcommittee is to support the ICB Leadership Committee to discharge its duties relating to Neighbourhood Health, Primary and Community Care.

This includes lead for commissioning of:

- Healthier and Fairer

- Health and Growth
- Primary Care
- Community Care (physical health)
- Neighbourhood Health
- Women's Health
- Children and Young People
- End of life and palliative care

5. Roles and responsibilities

The functional responsibilities of the subcommittee are for the delivery of the strategic commissioning cycle including:

- Assessing population need, including underserved populations
- Overseeing the quality, performance and productivity of existing provision
- Developing and recommending the strategy and plans for the services and thematic areas of responsibility
- Oversight of plan delivery and recovery planning as needed
- Initiating care pathway and service review and redesign
- Contract procurement, award, management and oversight
- Budget oversight
- Service evaluation including user insight and value assessment
- Commissioning resource and capability planning and development

6. Delegation by Scheme of Reservation & Delegation (SoRD)

- Planning and commissioning of primary care and neighbourhood/community services (to include procurement and evaluation strategies and recommended bidder reports). In line with Board approved financial delegations and limits.
- Approval of variations to contracts (in line with approved financial delegations and limits).

7. Accountability and reporting

The subcommittee is accountable to its Parent Committee and reports (via minutes/actions) to its Parent Committee on how it discharges its responsibilities. The secretary formally records the minutes of each meeting and all confirmed minutes will be provided to the Parent Committee once approved, providing assurances on the business considered and escalating any concerns, where necessary.

In order to aid agenda planning, the subcommittee may produce a cycle of business in consultation with its Parent Committee.

8. Membership and attendance

All members of subcommittees that exercise the ICB commissioning functions will be approved by the ICB Chair. The ICB Chair will not approve an individual to such a subcommittee if they consider that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

Chair and Vice Chair

- Chief Operating Officer (Chair)
- Director of Commissioning (Vice Chair)

In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number to Chair the meeting.

Membership (subject to ICB Chair's approval as above)

- Chief Operating Officer (Chair) (or nominated deputy)
- Director of Commissioning (Neighbourhood North and North Cumbria) (or nominated deputy)
- Director of Commissioning (Neighbourhood Newcastle Gateshead and GPOD) (or nominated deputy)
- Director of Commissioning (Neighbourhood Central) (or nominated deputy)
- Director of Commissioning (Neighbourhood South) (or nominated deputy)
- Medical Director (or nominated deputy)
- Director of Nursing (Neighbourhood Health and Safeguarding) (or nominated deputy)
- Director of Finance (Neighbourhood Health) (or nominated deputy)
- Director of Population Health Management (or nominated deputy)
- Director of Policy and Stakeholder Affairs (or nominated deputy)

Attendees

Only members of the subcommittee have the right to attend meetings, however all meetings of the subcommittee may also be attended by the appropriately nominated individuals who are not members of the subcommittee.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

Attendance

Where a member of the subcommittee is unable to attend a meeting, a nominated deputy may be agreed with the Chair. Once agreed, that person will have the same voting rights and responsibilities as the member. Conflicts of interest will need to be considered for any nominated deputies.

Where an attendee of the subcommittee (who is not a member of the subcommittee) is unable to attend a meeting, a nominated alternative may be agreed with the Chair (or Vice Chair in his/her absence).

9. Meeting Quoracy and Decisions

The subcommittee will meet in private.

The subcommittee will meet 12 times a year and arrangements and notice for calling meetings are as set out in the Standing Orders. Additional meetings may take place as agreed by the Chair (or Vice Chair in his/her absence).

The Parent Committee may ask the subcommittee to convene further meetings to discuss particular issues on which they want the subcommittee's advice.

In accordance with the Standing Orders, the subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quoracy

For a meeting to be quorate a minimum of 50% members is required, and must include the following:

- Chair or Vice Chair (or nominated deputy)
- Medical Director or Director of Nursing (Neighbourhood Health and Safeguarding) (or nominated deputy)
- Director of Finance (Neighbourhood Health) (or nominated deputy)

If any member of the subcommittee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

In the event that the quorum cannot be achieved due to a member or members being disqualified from taking part in a vote or discussion due to a declared interest the Chair of the meeting will determine the action to be taken in accordance with the constitution.

In these circumstances, an alternative quoracy of one third of the non-conflicted members will apply.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The subcommittee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the subcommittee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

10. Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the subcommittee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Conflicts of interest

In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to the NHS guidance on managing conflicts of interest and the ICB Standards of Business Conduct and Declarations of Interest Policy.

Conflicts of interest must be declared and recorded at the start of each meeting. A register of interests is maintained by the ICB with an extract considered before and during each meeting. If a conflict of interest arises, the Chair may require the affected member to withdraw at the relevant point.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

11. Secretariat and Administration

The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

The subcommittee shall be supported with a secretariat function which will ensure that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Any additional conflicts of interest are recorded and handled appropriately.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept and taken forward between meetings.
- The Chair is supported to prepare and deliver reports to the Parent Committee and/or Board.
- Confirmed minutes and areas of escalation from agreed subgroups are reported to each meeting.

12. Review

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Parent Committee for approval.

Appendix 1 – Primary Care Delegated Responsibilities

Primary Medical Services

All decisions except those delegated by the Board to Place Subcommittees or individuals.

Pharmacy

All decisions except those delegated by the Board to the Pharmaceutical Service Regulations (sub) Committee (PSRC).

Optometry

All commissioning and contracting decisions

Dentistry

All commissioning and contracting decisions

The duties of the Primary Care Subcommittee are listed below:

ALL PRIMARY CARE SERVICES

Reference	Delegation
1	Occupational health contract commissioning and management
2	Escalation of disputes
3	Forward plans for all functions
4	Enabler plans for all functions including estates, workforce and digital
5	Local professional network proposals (for decision)
6	Decisions in respect of Quality Assurance Frameworks
7	Commissioning needs analysis and commissioning of ad-hoc primary care services
8	Decisions in respect of investigations (commencement and outcome excluding Primary Medical Care Services)
9	Clinical Waste contract commissioning and management

OPTOMETRY

Reference	Delegation
1	Primary Care Audits - Quality in Optometry Assurance Framework

Reference	Delegation
2	Optometry National & Local Enhanced Services commissioning and contracting
3	New optometry contracts
4	Variations decisions affecting existing contracts

DENTISTRY

Reference	Delegation
1	Commissioning needs analysis for dental services
2	Primary Care Audits - Assurance Framework
3	Dental National & Local Enhanced Services commissioning and contracting
4	New dental contracts
5	Variations decisions affecting existing contracts

PHARMACY

Reference	Delegation
1	Primary Care Audits- Community Pharmaceutical Assurance Framework (CPAF)
2	Community Pharmacy National & Local Enhanced Services commissioning and contracting
3	Pharmacy Integration Fund decisions

PRIMARY MEDICAL SERVICES

Reference	Delegation
1	Decision to procure a new Primary Medical Services contract ¹
2	Decision to award (following procurement) of a new Primary Medical Services contract ¹
3	Interface and management of assurance to ICB Executive - ICB wide strategy development and delivery oversight
4	Govern and manage assurance of delegated commissioning from Place to ensure the ICB meets its duties in relation to delegation
5	Strategic oversight of Place operational planning, delivery and management in respect of Primary Medical Services
6	Interface and management of assurance to NHS E N&Y region
7	Clinical waste contract oversight (General Practice)
8	National funding scheme development and oversight
9	Quality and Outcomes Framework (QOF) annual sign off of scheme and approval of payments

Reference	Delegation
10	Manage the design (where applicable) and commissioning of any regional services, including re-commissioning these services annually where appropriate
11	Decision making and budget management regarding primary care estates strategies and overarching revenue consequences
12	Decision making and budget management regarding primary care GPIT
13	Revenue decisions relating to premises (affecting more than one Place)
14	Decisions escalated from Place where it exceeds financial limits and risk

Notes

¹ For contracts up to 5 years see Appendix 2a of SORD.

General Note

Any matter in relation to the primary medical delegated functions which is novel, contentious or repercussive must be referred to the ICB Chief Executive or Executive Director of Finance or ICB Chair (see Appendix 2a of SORD)