

Specialised Commissioning Subcommittee Terms of Reference

Version 1

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

Version Control

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1. Establishment

The Specialised Commissioning 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 specialised commissioning services as delegated to the ICB from NHS England as described in the agreed Delegation Agreement agreed between both parties.

5. Roles and responsibilities

This section describes the subcommittee's duties, authority, accountability and reporting.

The subcommittee's duties are as follows:

Subject to the reservations set out in Schedule 4 (Reserved Functions) within the Delegation Agreement, NHS England has delegated to the ICB the statutory function for commissioning the Delegated Services. Schedule 3 of the Delegation Agreement sets out the key powers and duties that the ICB will be required to carry out in exercise of the Delegated Functions. Below is a summary of the duties:

- Decisions in relation to the commissioning and management of Delegated Services;
- Planning Delegated Services for the Population, including carrying out needs assessments;
- Undertaking reviews of Delegated Services in respect of the Population;
- Supporting the management of the Specialised Commissioning Budget;
- Co-ordinating a common approach to the commissioning and delivery of Delegated Services with other health and social care bodies in respect of the Population where appropriate; and
- Oversight and assurance of the Delegated Services in relation to quality, operational and financial performance, including co-ordinating risk and issue management and escalation, and developing the approach to intervention with Specialised Services Providers where there are quality or contractual issues;
- Identifying and setting strategic priorities and undertaking ongoing assessment and review of Delegated Services within the remit of the subcommittee, including tackling unequal outcomes and access;
- Supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and providing a forum that enables collaboration to integrate service pathways, improve population health and services and reduce health inequalities. This includes establishing links and working effectively with Provider Collaboratives and cancer alliances, and working closely with other ICBs, Joint Committees and NHS England where there are cross-border patient flows to providers;
- Ensuring the subcommittee has effective engagement with stakeholders, including patients and the public, and involving them in decision-making;
- Ensuring the subcommittee has appropriate clinical advice and leadership, including through Clinical Reference Groups and Relevant Clinical Networks;
- Discussing any matter which any member of the subcommittee believes to be of such importance that it should be brought to the attention of the subcommittee;

- Otherwise ensuring that the roles and responsibilities set out in the Delegation Agreement are discharged.
- Such other ancillary activities that are necessary to exercise the Specialised Commissioning Functions.
- Consider interrelations with 'retained' specialised services that remain the responsibility of NHS England in order ensure integrated approaches. For the avoidance of doubt the subcommittee will not make decisions in relation to 'retained' services.

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

- Approve decisions on the review, planning and procurement of specialist commissioned services (consistent with the terms of the delegation agreement with NHS England)

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

- Deputy Chief Operating Officer (Chair) Director of Commissioning (Secondary Care) (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)

- Deputy Chief Operating Officer (Chair) (or their nominated deputy)
- Director of Commissioning (Secondary Care Northern Alliance) (or their nominated deputy)
- Director of Commissioning (Secondary Care South Alliance) (or their nominated deputy)
- Director of Commissioning (Mental Health, Learning Disabilities and Neurodivergence) (or their nominated deputy)
- Director of Finance (Secondary Care) (or their nominated deputy)
- Director of Nursing (Secondary Care and Quality) (or their nominated deputy)
- Medical Director (Secondary Care) (or their nominated deputy)
- Senior representatives from specialised commissioning hub:
 - Regional Director of Specialised Commissioning and Health and Justice
 - Regional Medical Director Commissioning
 - Director of Nursing Direct Commissioning
 - Director of Commissioning Finance
 - Head of Specialised Commissioning NEY

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 at least 10 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 their nominated deputy)
- ICB clinical representative – either the Medical Director (Secondary Care) or Director of Nursing (Secondary Care and Quality) (or their nominated deputy)
- (ICB Director of Finance (Secondary Care) (or their nominated deputy)
- A Director representative from the specialised commissioning hub (ESM1 rep) (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.