

Strategic Commissioning Assurance Committee Terms of Reference

Version 1

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

Version Control

| Version | Board Approval Date | Author | Update comments |
|----------------|----------------------------|---------------------------|---|
| 1 | 16 April 2026 | Corporate Governance Team | First version of new Committee terms of reference |
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Date of next review: 01 April 2027

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Integrated Care Board

STRATEGIC COMMISSIONING ASSURANCE COMMITTEE

TERMS of REFERENCE

1. Constitution

The North East and North Cumbria Integrated Care Board (NENC ICB) was established by statute on 1st July 2022.

The Board of the NENC ICB has resolved to establish the Strategic Commissioning Assurance Committee as a Committee of the Board.

These terms of reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

2. Authority

The Committee is authorised by the Board 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 Committee) 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 Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members, however may not delegate any decisions to such groups.

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

The Committee may establish any subcommittees without prior Board approval as stated in the Constitution and Scheme of Reservation and Delegation.

3. Purpose

The principal purpose of the Strategic Commissioning Assurance Committee is to support the Board by:

- Establishing a coordinated commissioning approach to provide a basis of collective action for the commissioning and contract management of health services for the population covered by the NENC ICB.
- Providing assurance to the Board that systems and procedures are in place across the ICB to monitor, manage and improve overall performance to ensure the best use of resources.

The Committee will provide a forum to seek assurance on the commissioning of services to inform the commissioning strategy of the Board and oversee the commissioning of services for:

- Acute services for the NENC ICB population, including core contracts and other independent sector (private) provision across the Board's commissioning portfolio
- Primary care services and neighbourhood health
- Mental Health, Learning Disabilities and Neurodiversity services
- Delegated specialised commissioning services and any specialised services not commissioned by NHS England (recognising the need to work with NHSE in relation to delegated the commissioning of specialised services).

The Committee will operate under delegated authority as set out in the Board's Scheme of Reservation and Delegation to collaboratively oversee and make recommendations and/or decisions in line with its agreed level of delegation.

For the purposes of clarity, the Committee will focus on commissioning (as set out in the Board's Scheme of Reservation and Delegation) and involve understanding, planning and delivering better health and wellbeing outcomes for the populations of the ICB. By focussing its efforts on strategic commissioning, the Committee's role will be to increase the quality and sustainability of services as well as making the most effective use of available resources.

The Committee will contribute to the overall delivery of the ICB objectives by delivering its remit as set out in these Terms of Reference.

The Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

4. Membership and attendance

All members of committees and 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 committee or 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.

4.1 Chair and Vice Chair

The Committee will be chaired by an Independent Non-Executive Member of the Board appointed on account of their specific knowledge, skills and experience

making them suitable to chair the Committee. The Chair cannot also be the Audit Committee Chair.

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

The Vice Chair will be the ICB Chief Executive.

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

- Independent Non-Executive Member (Chair)
- Independent Non-Executive Member
- Board Partner Member
- ICB Chief Executive (Vice Chair)
- ICB Chief Finance Officer (or nominated deputy)
- ICB Chief Operating Officer (or nominated deputy)
- ICB Chief Nursing Officer (or nominated deputy)
- ICB Chief Corporate Officer (or nominated deputy)
- ICB Chief Medical Officer (or nominated deputy)
- Director of Public Health (or nominated deputy)
- Director of Corporate Governance, Communications and Involvement (or nominated deputy)

Nominated deputies must be agreed with the Chair. Nominated deputies will have the same rights and responsibilities as members, and where applicable will form part of the quoracy.

4.3 Attendees

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

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.

4.4 Attendance

Where a member of the Committee 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

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

5. Meetings Quoracy and Decisions

The Committee will meet in private.

The Committee will meet at least four 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 Board or ICB Chair may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.

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

5.1 Quorum

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

- Chair or Vice Chair
- One other independent member
- ICB Chief Executive or ICB Chief Finance Officer (or their nominated deputy)
- ICB Chief Nursing Officer or ICB Chief Medical Officer (or their nominated deputy)

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 quorum of one third of the non-conflicted members will apply.

5.2 Decision making and voting

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

Only members of the Committee 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 of the Committee 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.

6. Responsibilities of the Committee

The Committees responsibilities are as follows:

Commissioning and Service Reconfiguration

- a) Seek assurance and overseeing the delivery of strategies, plans, commissioning intentions and work programmes including the:
 - Commissioning of Acute services for the NENC ICB population

Official

- Commissioning of neighbourhood health / community services
 - Commissioning primary care services (consistent with delegation from NHS England)
 - Commissioning Mental Health, Learning Disabilities and Autism services
 - Commissioning any specialised services not commissioned by NHS England (NHSE) but recognising the need to work with NHSE in relation to the commissioning of specialised services.
- b) In accordance with the ICB policy, assure significant service reconfiguration programmes are designed to achieve agreed outcomes to meet the needs of the population (noting that the Executive Director recommends significant service reconfiguration programmes, the Committee assures, and the Board approves).
- c) ensure any delegated commissioning arrangements at place (or a wider geographical area) are consistent with the ICB strategies and plans.
- d) Ensure that commissioning activities promote the health and wellbeing of communities across the NENC as well as addressing health inequalities, and commissioning activities to ensure cost effective care is delivered.
- e) Ensure the Committee is updated on pertinent issues/ areas of interest/ policy developments.

Commissioned Service Provision

- a) ensure commissioned and contracted outcomes are met and report material exceptions to the Board, ensuring that the Board is informed of significant issues i.e. quality, underperformance, deviation from plans and to provide assurance on action being taken in line with our contract standards.
- b) Seek assurance that the ICB has effective plans in place to deliver all of the performance requirements set out in the NHS England extant operational planning guidance.
- c) Seek assurance that the ICB has robust and effective operational planning systems in place (including demand and capacity) for delivering contract levels of activity and performance management systems in place relating to delivery of the access targets.
- d) Seek assurance that agreed recovery plans are being implemented in a timely fashion and delivering the required outcomes.

Contract management and procurement

- a) Ensure plans are in place for commissioned organisations to deliver clinical priorities for transformation, as informed by the NENC Clinical Leadership Group, other ICB Committees or ICB Chief Officers, and as agreed by the Board.

Communications and public involvement

- a) Ensure that commissioning decisions are underpinned and informed through communications and involvement with partners across the ICS and at place to ensure the voice of local populations is heard and understood
- b) Align public and key stakeholder engagement in the development and implementation of commissioning strategies and plans as set out in the ICB's statutory duties for patient and public involvement, including the duty to consult where required.

Risk Management

- a) Escalate any issues or risks for inclusion on the corporate risk register as necessary.
- b) To advise the Board of urgent or emerging strategic issues and risks and recommend an ICB response to the Board

Quality assurance

- a) Adhering to ICB's process for quality assurance, linking with the ICB Quality and Safety Committee to escalate any areas of concern, to ensure the quality and safety of commissioned services and that quality and safety are central to all of the Committee's functions.

Other duties

- a) Any other strategic commissioning assurance matter as determined by the Chair, and subject to the SoRD, approved budgets and the Financial Delegations and Limits.

7. Behaviours and Conduct

7.1 ICB values

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

7.2 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 Declaration 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 a Committee extract considered prior to and during each meeting. If a conflict of interest arises, the Chair may require the affected member to withdraw at the relevant point.

7.3 Equality and diversity

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

8. Accountability and Reporting

The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

The Committee will submit to the Board a decision and assurance report, summarising key decisions and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

The confirmed minutes of meetings shall be formally recorded and submitted to the Board, in private or public as appropriate.

9. Secretariat and Administration

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

- i) 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.
- ii) Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- iii) Any additional conflicts of interest are recorded.
- iv) 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.
- v) The Chair is supported to prepare and deliver reports to the Board.
- vi) Confirmed minutes and areas of escalation from agreed subcommittees are reported to each meeting.

10. Review

The Committee will review its effectiveness at least annually.

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 Board for approval.