

## Specialised Commissioning Subcommittee

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## Establishment

The Specialised Commissioning subcommittee is a subcommittee established by the Executive 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.

### Terms of reference:

**Definition of terms:** The terms of reference are defined by the ICB.

**Amendment:** The terms of reference may be amended in accordance with the provisions set out in this SOP (Establishing sub committees).

**Publication:** The terms of reference will be published in the ICB's Governance Handbook which is accessible here: <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

### Purpose

The purpose of the subcommittee is to support the Executive Committee to discharge its duties relating to the specialised commissioning services as delegated to the ICB from NHS England as described in the agreed Delegation Agreement agreed between both parties.

## Roles and responsibilities

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

### Duties

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;

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- 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.

A list of the Delegated Services can be found [here](#).

### Authority

<b>The subcommittee is authorised to:</b>	
<b>Investigate</b>	Investigate any activity within its terms of reference.
<b>Seek information</b>	Seek any information it requires within its remit, from any employee or member of the Board.
<b>Investigate</b>	Commission reports required to help fulfil its obligations from NECS.  Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer.  Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the subcommittee.

**The subcommittee is authorised to:**

<b>Obtain advice</b>	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the subcommittee must follow any procedures put in place by the ICB for obtaining professional advice.
<b>Create Groups</b>	Groups may be established by the subcommittee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.

**Delegation by Scheme of Reservation & Delegation (SoRD)**

**Decisions Delegated by the Scheme of Reservation & Delegation**

In accordance with statutory powers under section 65Z5 of the NHS Act, NHS England has delegated the exercise of the Delegated Functions to the ICB to empower it to commission a range of services for its Population - as described in the agreed Delegation Agreement between the two parties.

A list of the Delegated Services can be found [here](#).

**Accountability and reporting**

The subcommittee is accountable to Executive Committee and reports (via minutes/actions) to its parent committee on how it discharges its responsibilities.

<b>Accountabilities</b>	<b>Description</b>
<b>Draft minutes and reports</b>	The secretary formally records the minutes of each meeting. Approved minutes will be provided to the parent committee after each meeting, providing assurances on the business considered and escalating any concerns, where necessary.
<b>Monitor attendance</b>	Attendance is monitored and profiled as part of the agenda at each subcommittee meeting. Members should aim to attend at least 75% of meetings and read all papers beforehand.
<b>Cycle of business</b>	In order to aid agenda planning, the subcommittee may produce an annual work plan and cycle of business in consultation with its parent committee.

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<b>Continuous improvement</b>	The subcommittee utilises a continuous improvement approach in its delegation. Members review the effectiveness of the meeting at each sitting.
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## Committee meetings

This section sets out meeting:

Composition and quoracy

Frequency and formats

Procedures

## Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Composition/ quoracy	Description of expectations
<b>Chair</b>	Chief Contracting and Procurement Officer
<b>Deputy Chair</b>	Subcommittee members may appoint a vice chair from amongst the members.
<b>Absence of Chair or Vice Chair</b>	In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the meeting.
<b>Membership</b>	<p>The membership will include the following or their deputies as agreed with the Chair:</p> <ul style="list-style-type: none"> <li>• Chief Contracting and Procurement Officer (Chair)</li> <li>• Director of Contracting and Oversight (South)</li> <li>• Finance Director</li> <li>• Medical Director</li> <li>• Director of Quality</li> <li>• Director of Planning and Performance</li> <li>• 2 x Director of Delivery (one from North; one from South)</li> <li>• Director of Communications</li> <li>• Director of Transformation, Mental Health, Learning Disability, Neurodiversity and Wider determinants</li> <li>• Senior representatives from specialised commissioning hub:               <ul style="list-style-type: none"> <li>○ Regional Director of Specialised Commissioning and Health and Justice</li> <li>○ Regional Medical Director Commissioning</li> <li>○ Director of Nursing Direct Commissioning</li> <li>○ Director of Commissioning Finance</li> <li>○ Head of Specialised Commissioning NEY</li> </ul> </li> </ul>

In attendance:

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Composition/ quoracy	Description of expectations
	<p>Provider Collaborative representative Deputies as agreed by the Chair have the same rights as those that they are deputising for.</p> <p><b>EDI:</b> When determining the membership of the group, consideration will be given to diversity and equality.</p> <p><b>Involvement:</b> In determining membership consideration will be given to the need for a patient and public involvement member.</p> <p><b>ICS:</b> Membership may be from across the Integrated Care System.</p> <p><b>Conflicts:</b> Consideration must be given to material conflicts in the appointment of members.</p>
<p><b>Attendees and procedure for absence</b></p>	<p>Only members have the right to attend meetings.</p> <p>Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p><b>Procedure for absence:</b></p> <p>Where a member or any regular attendee of the subcommittee is unable to attend a meeting, a nominated deputy may be agreed with the chair.</p> <p>The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p>
<p><b>Quoracy and Procedure for Inquoracy</b></p>	<p><b>Threshold:</b> Half of the membership and must include:</p> <ul style="list-style-type: none"> <li>• Chief Contracting and Procurement Officer (Chair) or Director of Contracting and Oversight (South) (or their nominated deputy)</li> <li>• ICB clinical representative – either the Medical Director or Director of Quality (or their nominated deputy)</li> <li>• ICB finance Director (or nominated deputy)</li> <li>• A Director representative from the specialised commissioning hub (ESM1 rep) (or nominated deputy)</li> </ul> <p><b>Absence:</b> Where members are unable to attend, they should agree this with the chair.</p> <p><b>Disqualification:</b> If any member of the subcommittee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p><b>Inquoracy:</b> If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken</p>

## Frequency and formats

This section on subcommittee meetings describes the meeting frequency and formats.

Frequency/ format	Description
<b>Meeting frequency</b>	<p>The subcommittee will meet monthly.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the subcommittee chair.</p> <p>The parent committee chair may ask the subcommittee to convene further meetings to discuss particular issues on which they want the subcommittee’s advice.</p>
<b>Public vs closed</b>	<p>Meetings will be held in private.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the subcommittee.</p>
<b>Virtual meetings and extra-ordinary meetings</b>	<p>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.</p> <p>Where a specialised commissioning decision is required across the North East and Yorkshire (NEY) footprint, the chairs of the Yorkshire and Humber Joint Committee (Y&amp;H JC) and the NENC specialised commissioning subcommittee may agree to convene an extraordinary meeting of both sub/committees taking place at the same time. This meeting would take the form of meeting in common with matters agreed by the respective chairs for decision across NEY being discussed together but with each sub/committee making its own decisions in line with their agreed terms of reference.</p> <p>Where the Y&amp;H JC and NENC subcommittee meet in common:</p> <ul style="list-style-type: none"> <li>• Each of the Y&amp;H JC and NENC subcommittee will continue to make their own decisions and record such decisions in their own respective minutes;</li> <li>• Potential and actual conflicts of interest of sub/committee members will be robustly managed in line with the respective TORs;</li> <li>• Each sub/committee may agree to move into private proceedings, without the other sub/committee in attendance, where appropriate to the relevant discussion / decision; and</li> <li>• A common approach to producing committee papers for the committees meeting in common will be agreed by the ICBs.</li> </ul> <p>Whilst the committees will endeavour to reach the same decisions on identical matters, where such consensus is not possible then such matters may, with the agreement of each ICB be referred to</p>

Frequency/ format	Description
	the dispute resolution procedure in the ICB Collaboration Agreement.

## Procedures

Procedure	Description of rules and expectations:
<b>Agenda</b>	<p>The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.</p>
<b>Conflicts of interest</b>	<p><b>Declarations:</b> All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.</p> <p><b>Exclusions:</b> The subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
<b>Decision-making</b>	<b>Decisions:</b> Decisions are taken in accordance with the Standing Orders and are arrived at by consensus.
<b>Conduct</b>	The subcommittee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations.

## Secretariat and administration

This section describes the functions of the secretariat whose role is to support the subcommittee in the following ways:

Functions	Description
<b>Distribute papers</b>	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the chair with the support of the relevant executive lead.



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<b>Functions</b>	<b>Description</b>
<b>Monitor attendance</b>	Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements.
<b>Maintain records</b>	Record conflicts of interest.
<b>Minute Taking</b>	Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward within the minutes.
<b>Support for Chair &amp; Committee</b>	Support the chair in preparing and delivering reports to the parent committee (when required). Take forward action points between meetings and monitor progress against those actions.
<b>Provide updates</b>	Update the subcommittee on pertinent issues/ areas of interest/ policy developments.
<b>Governance advice</b>	Provide easy access to governance advice for subcommittee members.

### Appendix 1: Approval History

<b>Version</b>	<b>Date</b>	<b>Approved by</b>	<b>Status</b>
V1.0	March 2025	Executive Committee	First Issue

### Appendix 2: Review History

<b>Version</b>	<b>Date</b>	<b>Reviewed by</b>	<b>Changes Required Y/N?</b>	<b>Summary of changes (once changes are approved Appendix 1 should be updated)</b>

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V1.0	xxx	xxx	N
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**Review date:** March 2027

**Contact:** Director of Contracting and Oversight (South)

**Document control**

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