Norfolk and Suffolk
Integrated Care Board

Strategic Commissioning Committee Terms of Reference

NHS Norfolk and Suffolk Integrated Care Board

1. Purpose

1.1. The Strategic Commissioning Committee (The Committee) has been established by the Board to have oversight of the ICB's strategic commissioning programmes to ensure that they are aligned to the Integrated Care Board's overall strategic objectives as articulated through the ICB's Strategy and Population Health Improvement Plan (PHIP).

1.2. The Committee will also provide a forum for the ICB to assess its development against the NHS England Improvement and Assessment Framework and the Strategic Commissioning Framework and capability assessment which is expected in May 2026 as well as oversee the annual refresh of the ICB's strategy and PHIP.

2. Permissions

2.1. The Committee is authorised by the Board to:

I. Investigate any activity within its terms of reference;

II. 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) within its remit as outlined in these terms of reference;

III. Commission any reports it deems necessary to help fulfil its obligations;

IV. 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;

V. Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD) but may/ not delegate any decisions to such groups.

2.2. The Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD.

3. Remit and Responsibilities

3.1. The Committee is responsible for maintaining oversight of the following areas:

3.2. Development, implementation and review of the following strategies and strategic plans including:

I. ICB 5 Year Strategy

II. Population Health Improvement Plan (PHIP)

III. ICS Digital Strategy (delegated to Executive Digital and Data Board).

IV. The ICB People Plan and NHS Long term Workforce Strategy (delegated to the People Group).

V. Estates Infrastructure Strategy (delegated to the Estates Group).

VI. Engagement Strategy (delegated to the People and Communities Group).

VII. Other Strategies and strategic plans that are commissioned

3.3. To act as the escalation point for issues, risks, and novel and/or continuous decisions relating to commissioning programmes managed by specialist groups as listed in appendix 1 as well as those commissioned at Place.

3.4. The Committee will work with ICS partners to consider major investment/disinvestment business cases for material service change or efficiency schemes and to agree a process for sign off including appropriate delegation to the groups reporting into the committee.

3.5. The Committee will facilitate the Board's self-assessment against the Improvement and Assessment Framework and the Strategic Commissioning Framework and impending Capability Assessment.

4. Relationship with other ICB/ Partner bodies

4.1. The Committee has been established by the ICB Board and the Chair of the Committee will regularly provide reports to Board on the work of the Committee and will escalate any matters of concern to the Board.

4.2. The Committee will work closely with the other committees of the Board. The Committee may invite members of other committees to facilitate cross committee working, receive highlight reports from other committees, receive items referred by other committees, and refer items to other committees for consideration.

4.3. The Committee has established Groups set out at appendix 1 to action on behalf of the Committee according to the remit and authority set out in the their terms of reference. It is anticipated that Groups will regularly report on their work to the Committee, and escalate any matters of concern to the Committee.

5. Membership

5.1. The Committee is comprised of:

Voting members

- ICB Non-Executive Member (Chair)
- ICB Non-Executive Members for Finance & Quality
- ICB Chief Executive
- ICB Deputy Chief Executive
- ICB Executive Director of Finance and Contracts
- ICB Executive Director of Primary Care and Neighbourhoods Suffolk
- ICB Executive Director of Primary Care and Neighbourhoods Norfolk
- ICB Executive Medical Director
- ICB Executive Director of Nursing
- ICB Executive Director of People, Governance & Corporate Services

Regular Attendees

- Representatives of the local NHS Trusts and Foundation Trusts
- VCFSE Assembly Chairs
- Primary Care Representatives
- Local Authority Representatives

5.2 The Chair may invite any officer of the ICB or a representative of a partner organisation not listed above to attend any meeting of the committee on an ad hoc or regular basis.

6. Chair (and Deputy Chair)

6.1. The Board shall appoint an ICB Non-Executive Member to serve as Chair of the Committee. The Committee may choose to appoint a deputy chair from among its members. The role of the deputy chair will be to serve as chair in the absence of the Chair to allow the Committee to continue to conduct business.

7. Attendees

7.1. The Chair of the Committee may invite any ICB staff member or partner to attend the meeting. This may be on a meeting by meeting basis or as a standing invite. Any attendees will only be permitted to address the meeting at the discretion of the Chair.

8. Secretary and Administration

8.1. The Chief Executive will arrange for administration of the Committee including the distribution of papers in advance of the meeting, the production of minutes, and the maintenance of records.

9. Meeting Quoracy and Decision

9.1. A minimum of four voting members must be in attendance including: at least one Non-Executive Member, the Chief Executive or Deputy Chief Executive, the Executive Finance and Contracts Director, the Executive Medical Director or the Executive Director of Nursing.

10. Decision Making and Voting

10.1. Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

10.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

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

10.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

11. ICB Values

11.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.

11.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

12. Equality, Diversity and Inclusion

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

13. Review

Date Approved:	1 April 2026
Next Review:	March 2027