



Norfolk and Suffolk
Integrated Care Board

Suffolk Primary Care and Neighbourhood Committee Terms of Reference

**NHS Norfolk and Suffolk
Integrated Care Board**

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1. Purpose

- 1.1. The Board has established the Suffolk Primary Care and Neighbourhood Committee to oversee the development of Neighbourhood working across the the two Suffolk Alliances: Ipswich and East Suffolk Alliance, and West Suffolk Alliance.
- 1.2. The Committee will work to deliver the ICB's Mission Statement: 'We commission healthcare services in Norfolk and Suffolk to improve population health, reduce health inequalities, and improve equitable access to consistently high-quality healthcare.'
- 1.3. The Committee maintains oversight of the commissioning and performance of community services and primary care.

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. To maintain overall responsibility and oversight and assurance of community services, Primary Care, End of Life Care, and the development of Neighbourhood working. The Committee will ensure that the ICB is commissioning services that help Norfolk and Suffolk residents live longer, healthier, happier lives with access to safe, joined-up, patient-centered care.
- 3.2. To ratify any funding decisions taken by the relevant Alliances and to enable and support collaboration across Alliances.

- 3.3. To monitor the performance of all commissioned community services, primary care, and end of life care providers.
- 3.4. Approve expenditure within Board approved budgets of up to: £12million for the Norfolk & Waveney Committee; £7m for the Suffolk Committee, on matters within the Committee's terms of reference and which relate to services which will be delivered entirely within the identified committee area.
- 3.5. To maintain oversight of and regularly review Primary Care research and innovation activity.
- 3.6. Review or extend arrangements for risk sharing and/or risk pooling with other organisations to services within the committees delegated area under section 75 of the NHS Act 2006.

4. Relationship with other ICB/ Partner bodies

- 4.1. The Committee has established three Alliances of Integrated Care System partners at Place, bringing together the ICB, NHS healthcare providers, primary care, local councils, blue light services, patient representatives, and Community, Voluntary, Social Enterprise, and Faith Organisations to work collectively together to deliver the shared ambition of the principles set out in the Population Health Improvement Plan. The Alliances lead on the development of Neighbourhood working and Commissioning of community services at Place.
- 4.2. The Committee has jointly established a Primary Care Commissioning Group with the Norfolk and Waveney Primary care and Neighbourhood Committee which will lead on the commissioning of primary care across the ICB area.
- 4.3. 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.
- 4.4. 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.

5. Membership

- 5.1. The Committee is made up of the following voting members:
 - Chair – ICB Non-Executive Member
 - Executive Director, Primary Care and Neighbourhood Health for Suffolk
 - Executive Director, Primary Care and Neighbourhood Health for Norfolk
 - Deputy Medical Director for Norfolk
 - Deputy Medical Director for Suffolk
 - Representative of the Executive Director of Nursing

- Representative of the Executive Contracts and Finance Director
- Representative of the Primary Care Commissioning Group

6. Chair (and Deputy Chair)

- 6.1. The Board shall appoint an independent member to Chair the Committee, this person may also be a member of the Board or not. The Committee shall appoint a deputy Chair from amongst its members who will chair the meeting in the absence of the Chair.

7. Attendees

- 7.1. The Chair may invite any ICB officer or representative from a partner organisation to attend all or part of a meeting. This may be a regular invitation or on an ad hoc basis.

8. Secretary and Administration

- 8.1. The Suffolk Primary Care and Neighbourhood Committee shall be supported by a secretariat function, to ensure that:
- I. Meetings are timetabled and agreed in advance
 - II. The agenda and papers are prepared and distributed, 2 working days in advance of each meeting; having been agreed by the Chair with the support of the Director team
 - III. Minutes are taken and that a record of matters arising, action points, decisions and issues to be carried forward are kept
 - IV. A record of attendance is kept
 - V. The Executive Team are updated on pertinent issues/ areas of interest/ policy developments
 - VI. Action points are taken forward between meetings
 - VII. A forward plan of agenda items is in place

9. Meeting Quoracy and Decision

- 9.1. A minimum of three members of the Committee must be present for a meeting to be quorate and business to be conducted. In the absence of quoracy those in attendance may choose to continue the meeting as an 'informal meeting'. Informal meetings cannot take any decision on behalf of the committee or receive assurance on behalf of the ICB Board.

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:	20 May 2026
Next Review:	March 2027