North East London
Integrated Care Board

Executive Commissioning Board

North East London ICB

Terms of Reference

Status	1. The ICB Board has established the Strategic Commissioning Committee (the "SCC"). The Executive Commissioning Board ("the Board") has been established by the SCC to oversee and coordinate commissioning activity on behalf of the ICB and to exercise delegated authority as set out in these Terms of Reference. 2. These Terms of Reference set out the membership, the remit, responsibilities and reporting arrangements of the Board and may only be changed with the approval of the SCC and the ICB Board. Additionally, the membership of the Board must be approved by the Chair of the ICB. 3. The Board and all of its members are bound by the ICB's Constitution, Standing Orders, Standing Financial Instructions, policies and procedures of the ICB.
Authority	4. The Board is authorised by the SCC, within the authority delegated to the SCC by the ICB Board, to take all necessary actions to fulfil the remit described within these terms of reference, including obtaining professional (including legal) advice, commissioning reports and creating groups. The Board will follow the processes described by the ICB for commissioning any professional advice. 5. The Board does not have the authority to delegate any functions delegated to it. However, the Board may establish groups (e.g. working, advisory or task and finish groups), which do not have any decision-making powers but may inform the work of the Board. Such groups must operate under terms of reference approved by the Board, and these must reflect appropriate arrangements for the management of conflicts of interest. 6. The Board is authorised to make decisions relating to the effective delivery of the north east London Commissioning Framework. The scope of its commissioning decisions will include: (a) Commissioning Plans (b) Decommissioning of services/service provisions (c) Recommissioning or contract renewal of existing services (d) New expenditure proposals

For the avoidance of doubt, this will include any joint commissioning arrangements to which the ICB is party as commissioner.

7. The Board will take a forward strategic view, taking commissioning decisions within its delegated authority and making recommendations to the SCC where matters fall outside that authority. Agreed decisions will be implemented through the appropriate executive and system arrangements.

8. The Board will take a system-wide view, ensuring coherence of individual commissioning plans; contributing to equity of resources and outcomes across our system (for example by Place, by Condition and by Care Group); improving access, experience and outcomes for our local population; and overseeing implementation of the strategic shifts set out in national policy, including the Darzi Review and the 10 Year Health Plan for England. This will include ensuring that the allocation of resources reflects the required strategic shifts.

9. Where matters fall outside the delegated authority of the Board, recommendations will be made to the SCC for consideration and decision.

10. Where there are financial or procurement implications that fall within the scheme of delegation the business cases or contract awards would need to be taken through the relevant ICB Board governance. Where there are particular implications for quality or safety, or the commissioning process has been in effect initiated through this route, Quality Safety and Improvement Committee (QSIC) will also be engaged as part of the commissioning process.

Purpose and responsibilities

11. The role of the Board shall be to oversee the exercise of functions relating to commissioning decisions, ensuring that commissioning activities align with national strategies and the NEL integrated care strategy and deliver high-quality and cost-effective healthcare services that contribute to financial sustainability across North East London in line with the NEL medium term financial strategy (MTFS) and North East London Commissioning Framework.

12. Where decommissioning is required, the Board will ensure all due process has been followed in line with the NEL commissioning framework, including delivery of any required engagement and or consultation, with both local government and local communities.

13. The specific matters delegated to the Board are set out in the ICB's Financial Scheme of Reservation and Delegation, which is in the Handbook and is available at this link.

14. The Board is established to provide strategic leadership, oversight and accountability for commissioning decisions within the Integrated Care Board (ICB).

15. The Board serves as the strategic commissioner for health services, including but not limited to primary care, community health, acute, mental health and specialist services, and across the independent sector and the voluntary, community, faith and social enterprise sector, overseeing

both the allocation of resources and the implementation of the Strategic Commissioning Framework. It ensures that commissioning, decommissioning, recommissioning, contract renewals, and new expenditure proposals are conducted in a transparent, evidence-based, and system-aligned manner which maintain a focus on our local population

16. The Board will ensure strategic commissioning plans are aligned across our system architecture. While system partners will be actively engaged in supporting the commissioning cycle, they will not hold membership or decision-making authority within the Board.

Key duties relating the exercise of the Board's functions

17. The Board will:

(a) Ensure an effective and productive working relationship between the SCC and the Board, reducing duplication and improving strategic fit and alignment

(b) Develop and implement commissioning strategies that align with NHS policy and local health needs, ensuring equitable resource distribution and access to services across the system to reduce health inequalities, improve outcomes and delivery quality improvement.

(c) Oversee and govern commissioning, decommissioning, recommissioning, contract renewals, and new expenditure proposals, including any joint commissioning arrangements in which the ICB is a party in its commissioning role.

(d) Ensure effective allocation and management of resources in line with the ICB aims of improving population health, reducing health inequalities, ensuring value for money and supporting economic and social development and to ensure resources reflect the three key strategic shifts set out in national policy: treatment to prevention; acute to community; analogue to digital. This will involve proposing moving resources across our system in new ways, including the Voluntary, Community, Faith and Social Enterprise Sector.

(e) Identify commissioning and decommissioning requirements and agree actions within the Board's delegated authority. Where implementation is required, the Board will refer agreed decisions or recommendations through the appropriate executive, committee and system governance arrangements, ensuring due process is followed.

(f) Ensure compliance with legal, regulatory, and governance requirements including ensuring adequate engagement with the JHOSC and the public as required.

(g) Ensure appropriate and meaningful engagement with stakeholders, including patients, residents, communities, clinicians and partners including but not limited to local

	authorities, NHS Trusts and the voluntary and community sector, to inform commissioning decisions. (h) In line with the above, ensure the agreed decommissioning process is followed where plans are made to cease, reduce or pause services. (i) Ratify the decisions of and monitor the work of the Commissioning Groups. (j) Ensure strategic alignment across the system architecture. (k) Oversee the implementation of the MTFS to ensure responsible Commissioning Stewardship and accountability. (l) Oversee the implementation of national priorities (the three shifts): analogue to digital, hospital to community, and treatment to prevention. (m) Report to the SCC on the exercise of its delegated functions and refer matters outside its authority to the SCC for decision or onward recommendation to the ICB Board. Matters requiring financial, procurement, quality or safety approval will follow the relevant ICB governance route.
iring arrangements	18. The Board will be chaired by the ICB Chief Executive Officer (CEO) who is appointed on account of their specific knowledge, skills and experiences making them suitable to chair the Board and will agree the Board's agenda and ensure that its work and discussions meet the objectives set out in these terms of reference. 19. Board members may appoint a Vice Chair from amongst the members. If the Chair has a conflict of interest then the Vice Chair or, if necessary, another member of the Board will be responsible for deciding the appropriate course of action.
Membership	20. Members of the Executive Commissioning Board shall be appointed by the ICB Board in accordance with the ICB Constitution, and the Chair of the ICB will approve its membership. 21. The Board shall have 5 members as follows: a) Chief Executive Officer – Chair b) Chief Strategy Officer c) Chief Strategic Commissioning Officer d) Chief Clinical and Quality Commissioning Officer e) Chief Finance Officer
Participants	22. The following will be regular participants:

a) Director of Statutory Clinical Services

b) Director of Acute Commissioning for Planned Care

c) Director of Strategy and Population Health

d) Deputy Director of Workforce Programmes

e) Director of Clinical and Quality Commissioning

f) Director for Proactive Care

g) Director for Primary Care

h) Chief Pharmacist and Strategic Commissioner for Medicines and Prescribing

23. Only members of the Board have voting rights. The Chair may invite relevant officers and partners to attend meetings as appropriate to the business of the Board.

24. The Chair may invite contracting and/or commissioning staff to the meeting as necessary in accordance with the business of the Board.

25. The Chair will invite relevant local authority or other public sector body commissioning leads, including Directors of Children's and or Adult Services, as appropriate including where papers or recommendations include joint commissioning proposals.

Meetings Quoracy and Decisions

26. The Board will operate in accordance with the ICB's governance framework, as set out in its Constitution and Handbook and wider ICB policies and procedures, except as otherwise provided below:

Scheduling meetings

27. The Board shall ordinarily meet once a fortnight for an hour and a half. Where meetings are not required, they will be stood down.

Quoracy

28. For a meeting to be quorate there must be 3 members present, which must include:

(a) The Chief Executive Officer or the Chief Strategic Commissioning Officer

(b) Chief Clinical and Quality Commissioning Officer or Chief Finance Officer (or an appropriate deputy) A formally nominated deputy attending in place of a member will count towards the quorum and may exercise that member's voting rights.

29. If any member of the Board has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

30. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Voting

31. Decisions will be taken in accordance with the Standing Orders. The Board will ordinarily reach decisions by consensus. When this is not possible, the Chair may call a vote. Only members of the Board may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Board will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

32. A minimum of two clear working days' notice is required of the date and time of a meeting. Notice of all meetings shall comprise venue, time and date of the meeting, together with an agenda of items to be discussed. Supporting papers must be distributed at least two clear working days ahead of the meeting.

33. On occasion it may be necessary to arrange urgent meetings at shorter notice. In these circumstances the Chair will give as much notice as possible to members. Urgent virtual meeting by email or MS teams shall be permitted in exceptional circumstances (i.e. remedial action) at the discretion of the Chair.

Virtual attendance

34. It is for the Chair to decide whether or not the Board will meet virtually by means of telephone, video or other electronic means. Where a meeting is not held virtually, the Chair may nevertheless agree that individual members may attend virtually. Participation in a meeting in this manner shall be deemed to constitute presence in person at such meeting. How a person has attended a meeting shall be specified in the meeting minutes.

Recordings of meetings

35. Except with the permission of the Chair, no person admitted to a meeting of the Board shall be permitted to record the proceedings in any manner whatsoever, other than in writing.

Confidential information

36. Where confidential information is presented to the Board, all those who are present will ensure that they treat that information appropriately in light of any confidentiality requirements and information governance principles. This includes any information governance requirements

expected of the ICB under the Delegation Agreement (e.g. clauses 17 and 21) and the MOU (e.g. clause 22).

Meeting minutes

37. The minutes of a meeting will be formally taken in the form of key points of debate, actions and decisions and a draft copy circulated to the members of the Board together with the action log as soon after the meeting as practicable. The minutes shall be submitted for agreement at the next meeting where they shall be signed by the Chair.

Governance support

38. Governance support to the Board will be provided by the ICB's governance team.

Conflicts of interest

39. It is recognised that conflicts of interest may exist in relation to commissioning activity undertaken by the ICB. It is important that all members of the Board as well as those attending, keep up to date their register of interests and proactively identify the nature of any conflicts of interest which may have an impact on the business being discussed.

40. Conflicts of interest will be managed in accordance with the policies and procedures of the ICB and those contained in the Handbook and shall be consistent with the statutory duties contained in the National Health Service Act 2006 and any statutory guidance issued by NHS England. It is an obligation on all members and attendees to declare and act on any conflict of interest.

Behaviours and Conduct

41. Members must act with integrity, transparency, and accountability.

42. Decisions should be patient-centred, evidence-based, and aligned with system priorities.

43. Members will be expected to behave and conduct business in accordance with:

    (a) The ICB's policies and procedures including its Constitution, Standing Orders and Standards of Business Conduct Policy; which sets out the expected behaviours that all members of the Board and its committees will uphold whilst undertaking ICB business;

    (b) The NHS Constitution;

    (c) The Nolan Principles;

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

45. Collaboration and constructive challenge are encouraged to drive continuous improvement.

Accountability and Reporting	46. The Board is accountable to the SCC and will provide regular reports on decisions taken, recommendations made, assurance matters and issues requiring escalation. The SCC remains accountable to the ICB Board.
Review	47. The Board will review its effectiveness at least annually. 48. 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 agreed by the Chief Executive and Chief Finance Officer and will be submitted to SCC and the ICB Board for approval.

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