

## TERMS OF REFERENCE FOR THE Y&H JOINT COMMITTEE

### Specialised Commissioning Joint Committee

#### Terms of Reference

<b>Terms of Reference:</b>	<b>Y&amp;H Specialised Commissioning Joint Committee</b>
<b>Authorship:</b>	
<b>Board / Committee Responsible for Ratifying:</b>	<b>HNY Integrated Care Board</b>
<b>Agreed Date:</b>	<b>March 2025</b>
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<b>The online version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.</b>	

Review due: Q1 2025/26

#### Partner organisations

<b>Organisation</b>	<b>Address</b>	<b>Main Contact</b>	<b>Website</b>
<b>NHS South Yorkshire ICB</b>			
<b>NHS West Yorkshire</b>			
<b>NHS North Yorkshire and Humber</b>			

The following capitalised terms used in these terms of reference have the meaning set out below:

<b>Term</b>	<b>Meaning</b>
Attendee	Refers to an attendee invited to attend meetings of the Joint Committee in accordance with section 7 of these ToR
Boards	The boards of the ICBs, and “Board” shall mean any one of them
Collaboration Agreement	The collaboration agreement between the ICBs in relation to the commissioning of the delegated specialised services
Commissioning Hub	The specialised commissioning team hosted by SY ICB
Delegation Agreements	The delegation agreements between each ICB and NHS England
Delegated Functions	The commissioning functions in relation to specialised services as delegated to the ICBs under the Delegation Agreements
Delegated Services	The services set out in Schedule 2 of the Delegation Agreements;
ICBs	NHS Humber and North Yorkshire Integrated Care Board; NHS West Yorkshire Integrated Care Board; and NHS South Yorkshire Integrated Care Board and “ICB” shall mean any one of them
Member	Refers to a member of the Joint Committee listed in table 1 in the membership section
National Specification	The national specification for each of the Delegated Services as produced by NHS England
Retained Services	The services for which NHS England retains commissioning responsibility as set out in Schedule 5 of the Delegation Agreements
Scope	The scope of the Joint Committee
ToR	These terms of reference
Work Plan	The rolling programme of work to be carried out by the Joint Committee over a 12 month period (or such longer period as may be agreed by the ICBs). For the avoidance of doubt the Work Plan does not form part of these Terms of Reference.

All references to legislation are to that legislation as updated from time to time.

## **1. Background**

**1.1.** From April 2025, Integrated Care Boards (ICBs) entering Delegation Agreements with NHS England for specialised services will become responsible for commissioning the Delegated Services set out in Schedule 2 of the NHS England Delegation Agreement, and for any associated Delegated Functions as set out in Schedule 3. These can be found in the appendix of this Terms of Reference.

**1.2.** NHS South Yorkshire ICB, NHS West Yorkshire ICB and NHS North Yorkshire and Humber ICB have agreed to establish a Joint Committee, which will be known as the Yorkshire and Humber Specialised Services Joint Committee (referred to as ‘Joint Committee for the purposes of this Terms of References). The Joint Committee will oversee the Yorkshire and Humber ICB Collaboration Arrangements, supporting the Partners to collaboratively make decisions on the planning and delivery of the Delegated Services.

**1.3.** These terms of reference set out the role, responsibilities, membership, decisionmaking powers, and reporting arrangements of the Joint Committee in accordance with the Delegation Agreements between the ICBs and NHS England, and any agreement underpinning the Yorkshire and Humber ICB Collaboration Arrangement.

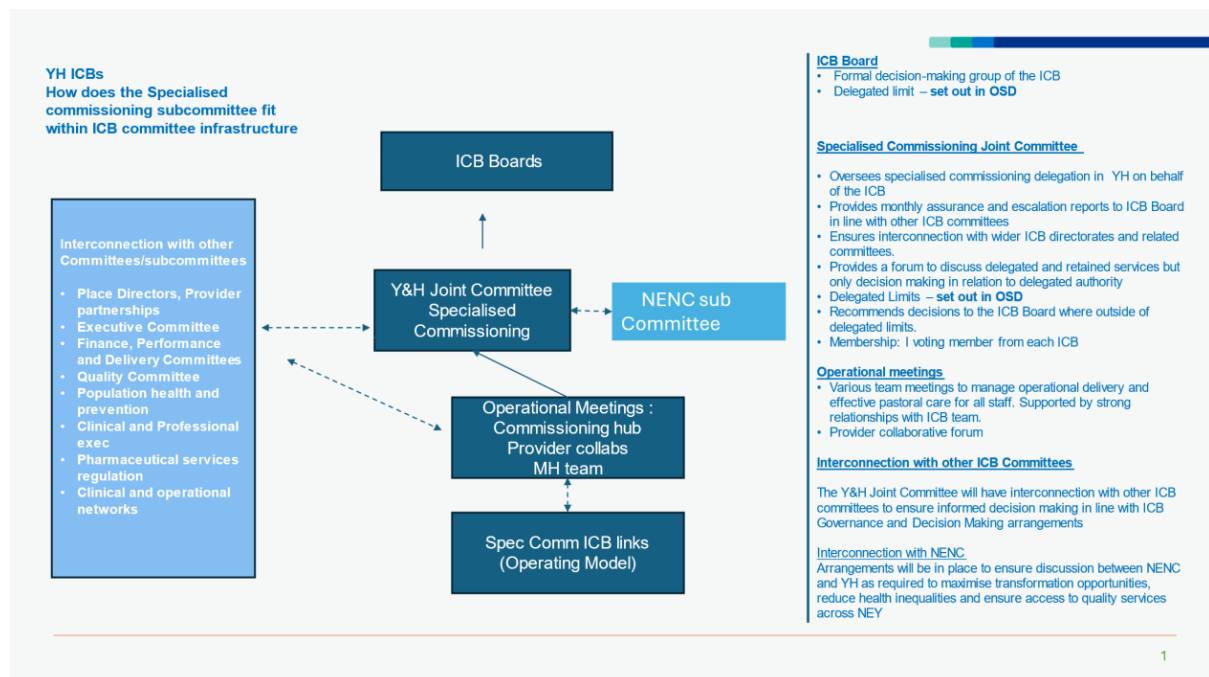
**1.4.** The Joint Committee is established by the ICBs pursuant to sections 65Z5 and 65Z6 of the NHS Act 2006 in respect of the joint exercise of the Delegated Functions within Yorkshire and the Humber.

## 2. Governance

**2.1.** The Joint Committee is established by the ICBs as a committee of the each of their Boards in accordance with their own ICB's Constitution and Standing Orders and Scheme of Reservation and Delegation.

**2.2.** These ToR, which must be published on the ICBs' websites, set out the membership, remit, responsibilities, and reporting arrangements of the Joint Committee and may only be changed with the approval of each ICB Board.

**2.3.** The Joint Committee and its members are bound by the Standing Orders and other policies of the nominating ICB.



## 3. Purpose

The overarching purpose of the Joint Committee is to provide oversight, assurance and leadership in discharging the ICBs' Delegated Functions (as set out in the Appendix) within Yorkshire and the Humber.

## 4. Principles and behaviours

**4.1.** The Joint Committee shall at all times act in accordance with, and within the limits of, the powers and delegations accorded to them by law and each ICB.

Members are expected to conduct business in line with their nominating ICB's values and objectives and shall behave in accordance with their nominating ICB's Code of Conduct, Principles of Public Life and the NHS Code of Conduct. Joint Committee members must demonstrably consider the equality and diversity implications of decisions they make.

**4.2.** The following principles will inform the work of the Joint Committee in delivering the Workplan:

**Effective partnership working** based on compassionate leadership behaviours, openness and transparency. Always acting in good faith and integrity towards each other. Recognising that each member is an equal partner in discussions and decision making and has an equal voice at the table but that decisions may have a differential impact on different ICBs and this must be considered by each partner before casting a vote.

**Clear roles and responsibilities:** taking into consideration system maturity, risks and support needs. Ensuring that decisions are taken in line with statutory responsibilities and national standards and in an appropriate timeframe.

**Build on what works:** leveraging and learning from existing arrangements and ways of working.

**Clinically informed** - Using evidence-based practice to support decision making. Ensuring decision making has appropriate clinical support, advice and leadership.

**Delivering on ICB responsibilities and the NHS Triple Aim** – always acting in the pursuit of the improvement of population health, quality of care and value for the system. Ensuring that maximising opportunities for reducing health inequalities and improving wider socioeconomic benefits are at the forefront of decision making.

**Proactive leadership**– encouraging actions and decisions to be made by, with and through the ICBs. Seeking opportunity to shape and influence national policy in order to improve outcomes for our population.

**Improvement focused**, building a learning culture across local and regional level. Identifying opportunities and working together to address concerns / risks in a timely and proactive way; ensuring that the approach to oversight and, where necessary intervention, is proportionate and supports improvement.

**System wide engagement:** collaborating with a wide range of partners across our system, including patients, public and local communities to ensure informed and coordinated decision making.

## 5. Scope

The work of the Joint Committee will be driven by the ICBs' strategic commissioning objectives and associated risks. A Work Plan setting out an annual, strategic programme of business for the Joint Committee will be agreed before the start of each financial year; however, this will be flexible to new and emerging priorities and risks.

- Ensuring collaborative, consistent and coordinated decision making in relation to the commissioning and management of delegated specialised services and associated pathways, within delegated financial limits and within the limits described in the Operational Scheme of Delegation on behalf of the ICBs.
- Ensuring the work plan maximises opportunities to improve patient care through the joined up planning and commissioning of services at population level across whole pathways of care, thereby realising the benefits of delegation.
- Ensuring appropriate engagement with North East and North Cumbria ICB, and other health and social care partners as part of the decision making process. This may include partners outside the North East & Yorkshire region, where Joint Committee decisions impact outside the area.
- Approving and monitoring delivery of the Work Plan which sets out the strategic direction of travel for specialised commissioning and describes and provides concurrence on priorities and risks financial and quality risks, aligned to the ICBs' commissioning strategy and strategic objectives, priorities, planning and regulatory requirements.
- Providing assurance for financial and contract management within the workplan, ensuring financial management achieves value for money, efficiency and effectiveness in the use of resources.
- Providing senior partnership and strategic support to South Yorkshire for the organisational development of the specialised commissioning hub, to ensure the effective use of its human resource for the delivery of the strategy and workplan

- Ensuring timely actions in relation to reports, updates and recommendations from the Commissioning Hub regarding delivery of the annual work plan. This should include ensuring mechanisms are in place to escalate required changes or additions to the work plan in line with an agreed prioritisation framework and timeframe.
- Making recommendations to each ICB Board on matters relating to the Delegated Functions which are outside the Scope. Responsibility for the oversight, monitoring, and implementation of remedial actions in relation to any risks which are aligned to the Joint Committee on the Board Assurance Framework (BAF) and on the risk registers.
- Providing a forum to discuss delegated and retained services across Y&H. Ensuring that decision making has taken account of the relevant information, including clinical, quality and safety and financial view, impact on health inequalities and feasibility and is at all times in accordance with the ICB's legal responsibilities.
- Compliance with oversight and assurance requirements, Overseeing the management of and relevant reporting with regards to Incident Management, including cooperating and coordinating with NHSE and other ICBs.
- Identifying opportunities to influence National Specification development and development of national policy and liaising with relevant partners to maximise these opportunities.
- Maintaining an accurate record of decisions made, risks and issues. Ensuring any risks outside the agreed threshold are escalated immediately to each ICB Board.
- Identifying any concerns between the balance of resources used to support Retained and Delegated Services and working with partners to resolve issues or escalate to ICB Boards as required.
- Providing regular assurance and escalation reports to the ICB Boards in line with other ICB committees

## **6. Authority**

The Joint Committee is authorised by the ICBs to:

- Investigate any activity within its ToRs,
- Seek information from any officer of any ICB;
- Seek information from partner organisations outside the ICB
- Engage in national discussion where this is pertinent to the activities within the ToR
- Commission reports in support of its decision making or in relation to delivery of the Work Plan or development of future plans
- Obtain legal or other independent professional advice
- Engage with clinical, provider and place leads as required for delivery of the Work Plan
- Develop relationships with wider ICB Directorates and related committees
- Ensuring appropriate use of the specialised commissioning budget in the delivery of the Work Plan, as part of the wider system planning

## **7. Chair, Membership and Attendance**

### **7.1. Chair and Vice Chair**

- The Joint Committee will initially appoint one Member as Chair for a period of 12 months (or an alternative period if agreed).
- The role of Chair will be filled for each subsequent 12 month period (or an alternative period if agreed) by a Member appointed by each ICB on a rotational basis.

- The Joint Committee will initially appoint one Member as Vice Chair for a period of 12 months (or an alternative period if agreed by the Joint Committee) which shall be concurrent with the role of the Chair. The role of Vice Chair will be filled for each subsequent 12 month period (or an alternative period if agreed), running concurrently with the role of the Chair, by a Member appointed by each ICB on a rotational basis.
- The roles of Chair and Vice Chair shall not be filled by Members drawn from the same ICB at the same time. If the Chair is not in attendance then reference to Chair in these ToRs shall be to the Vice Chair.
- The Chair will be responsible for agreeing the agenda for meetings of the Joint Committee and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

## **7.2. Membership**

- The Members shall be appointed by each of the ICBs in accordance with the internal governance arrangements of their nominating ICB. Each Member's vote shall carry equal weight. The Members of the Joint Committee are set out in Table 1 below.
- Each ICB will nominate 1 member(s) to attend meetings of the Joint Committee.
- Decisions are taken by the Members.
- In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so.
- In no circumstances may a member, or nominated deputy contribute to the business of the committee meeting or decision-making by proxy.

### **7.2.1 Deputies**

Each Member will nominate a named deputy to attend meetings of the Joint Committee in the event that the Member is unable to attend. The named deputy will be considered a Member for the purposes of the meeting at which the Member is not present and will be entitled to vote at such meetings.

### **7.2.2 Attendees**

- Executive Officers of an ICB may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.
- Other individuals may be requested by the Chair to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper. This may include representatives from outside Y&H where cross border flow is an issue.
- Attendees from the specialised commissioning team, whether employed by NHSE or the ICBs will provide both specialist knowledge regarding the retained or delegated services under discussion as well as an understanding of the ICBs perspective.
- Attendees shall participate in discussion at the Joint Committee meetings but shall not participate in decision-making.
- The ICBs will ensure that, except for urgent or avoidable reasons, their respective Joint Committee Members (or their named deputies) attend and fully participate in the meetings of the Joint 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.
- The Joint Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings of the Joint Committee is at the discretion of the Chair. All members in attendance at a Joint Committee are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential

or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting's membership, without the prior agreement of the Members. This section should be read in conjunction with section 13 – Freedom of Information Act 2000'

**TABLE 1: List of members and regular attendees**

<b>Voting members</b>	Nominated Deputy	Organisation
Deputy CEO & Director of Strategy and Partnerships (interim chair)		West Yorkshire ICB
Chief Finance Officer		South Yorkshire ICB
Chief Operating Officer		Humber and North Yorkshire ICB
<b>Attendees</b>		
Regional Medical Director Commissioning		On behalf of NHSE and ICBs
Director of Nursing Direct Commissioning		On behalf of NHSE and ICBs
Director of Commissioning Finance		On behalf of NHSE and ICBs
Director of Quality		On behalf of NHSE and ICBs
Director of Specialised Commissioning		On behalf of NHSE and ICBs
Head of Mental Health Specialised Commissioning		On behalf of NHSE and ICBs
Director of Commissioning Strategy		Humber and North Yorkshire ICB
Associate Director of Strategy		West Yorkshire ICB
Workforce and OD lead		South Yorkshire ICB
Senior Strategy and Transformation Programme Manager		West Yorkshire ICB
Head of Strategic Commissioning		Humber and North Yorkshire ICB

## **8. Meeting Frequency, Quoracy and Decisions**

### **8.1. Frequency**

The Joint Committee will meet monthly with frequency to be reviewed on an ongoing basis throughout the first year. Meetings will be held virtually.

In exceptional circumstances where a decision is required outside of the schedule of meetings and where it is not possible or feasible to schedule a special meeting of the Joint Committee, the Chair may conduct business outside these arrangements.

Where a decision is to be made outside of the meeting of the Joint Committee:

- Each of the three Yorkshire and Humber ICBs should be notified and have the opportunity to provide input to the decision

If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. It will be responsibility of the Chair to decide how to manage the conflict and the appropriate course of action.

Any interests which are declared at a meeting shall be recorded within the minutes of the meeting. Members and Attendees must also ensure that they comply with the nominating ICB's policies / professional codes of conduct with regards to the recording of declarations.

### **13. Freedom of Information Act 2000**

The minutes and papers of this Committee will be public documents, except where matters, usually due to draft work in progress or issues of confidentiality or commercial sensitivity, are specifically deemed to be unsuitable for publication.

### **14. Review**

The Joint Committee will review its effectiveness at least annually.

These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the ICB Boards for approval.

**END**