

Essex Joint Committee

Terms of Reference

NHS Mid and South Essex Integrated Care Board

NHS Hertfordshire and West Essex Integrated Care Board

NHS Suffolk and North East Essex Integrated Care Board

Document Control:

Version:	0.10
Status:	Final Draft
Date Ratified by MSE ICB:	
Date Ratified by SNEE ICB:	
Date Ratified by HWE ICB:	
Effective From:	
Next Review Date	

Version History

Version	Date	Author (Name and Title)	Summary of amendments made
0.1 – 0.9	02/09/25 – 15/10/25	Nicola Adams, Associate Director of Corporate Services, MSEICB	Drafting
0.10 – 0.11	24/10/25	Nicola Adams, Associate Director of Corporate Services, MSEICB	Changes proposed from HWE and Internal Auditors

Contents

1.	Background	5
2.	Introduction and Purpose	5
3.	Constitution	6
4.	Authority, Functions, and Scope of the Essex Joint Committee	6
4.1.	Authority	6
4.2.	Functions/Purpose of the Essex Joint Committee	7
4.3.	Scope	8
5.	Membership and Attendance	9
5.1.	Membership	9
5.2.	Chair and Deputy Chair	10
5.3.	Attendees	10
6.	Management of the Essex Joint Committee	11
6.1.	Quoracy	11
6.2.	Frequency and Format	11
6.3.	Reporting	12
6.4.	Arrangements and notice for calling meetings and transacting business	12
6.5.	Minutes	13
6.6.	Admission of public and the press	13
6.7.	Values and Behaviours	14
6.8.	Equality and diversity	14
6.9.	Confidentiality	14
6.10.	Conflicts of Interest	14
7.	Decision Making and Voting Arrangements	15
7.1.	Principles of Decision Making	15
7.2.	Voting	15
7.3.	Provision for urgent decisions / decisions between scheduled meetings	15
	Appendix A – Governance/Delegation Arrangements	17

Appendix B – Essex Joint Committee Cycle of Business	18
Appendix C – Sub-Committees of the Essex Joint Committee	19
Appendix D – Functions that cannot be or are conditionally delegated to a Joint Committee	22

DRAFT

1. Background

- 1.1. From 1 April 2026, it is anticipated that a new Essex Integrated Care Board (ICB) will be established, incorporating the Mid and South Essex (MSE) Integrated Care Board with West Essex (currently part of Hertfordshire and West Essex ICB (HWE)) and North East Essex (currently part of Suffolk and North East Essex ICB (SNEE)). Until 31 March 2026, the three ICBs will retain accountability for planning and commissioning healthcare services for the population within their ICB areas and associated statutory responsibilities. There is an expectation from NHS England that from 1 October 2025, the current ICB constituent elements of the new ICB will be working as Essex as far as possible. Creating an Essex Joint Committee is the vehicle to deliver this.

2. Introduction and Purpose

- 2.1. MSE, SNEE and HWE ICBs (“the ICBs”) have agreed to create a Joint Committee – referred to as the Essex Joint Committee (EJC) - with delegated responsibility for discharging certain commissioning functions across the Essex geography, as outlined in Section 3.3 (scope).
- 2.2. The primary purpose of the EJC is to enable collaborative decision-making across the three ICBs on services that span the Essex footprint. While the EJC facilitates joint working, each sovereign ICB remains fully accountable for its statutory responsibilities, including the delivery of its agreed 2025/26 financial plans.
- 2.3. The EJC governance framework is designed to prevent sovereign ICBs from making decisions that could inadvertently bind the proposed future Essex ICB to commissioning commitments it would not otherwise make. Equally, the principles underpinning the EJC protect sovereign ICBs by ensuring that no decisions are taken which would compromise the delivery of their current-year financial plans.
- 2.4. These arrangements aim to streamline governance and enhance collaboration, while minimising the operational burden on teams involved in decision-making. To support this, meeting agendas will be structured to allow Members to participate only in items relevant to their respective ICBs.
- 2.5. The EJC will consider decisions that have implications for Essex residents and affect all three ICBs operating within Essex. However, the management of the relevant ICB’s sovereign functions for 2025/26 will continue to be overseen by the relevant sovereign ICB Executive Team and Board (or in accordance with the governance arrangements of the relevant ICB).
- 2.6. Decisions relating solely to MSE, HWE or SNEE ICB, which do not impact the wider Essex geography, will continue to be made through the

sovereign ICB's existing governance arrangements.

- 2.7. The scope of delegated authority to the EJC may evolve over time, subject to the agreement of all the parties. Current efforts are focussed on establishing a robust governance foundation, which will be refined as progress is made towards the proposed establishment of a single ICB for Essex.
- 2.8. Appendix A sets the background to the EJC and the governance that underpins the arrangement.

3. Constitution

- 3.1. In accordance with section 4.7 of the ICBs Constitutions' (under section 65Z5 of the National Health Service Act 2006 (as amended) (the '2006 Act')), the Essex Joint Committee (EJC) is established by the ICBs and is a Committee of their respective Boards. These terms of reference (ToR), which must be published on the ICB website, set out the membership, remit, responsibilities, and reporting arrangements of the EJC and may only be changed with the approval of each ICB Board.
- 3.2. The EJC is bound by the Standing Orders and other relevant policies of the ICBs.

4. Authority, Functions, and Scope of the Essex Joint Committee

4.1. Authority

- 4.1.1. The MSE ICB shall act as host of the EJC and thus be responsible for administering EJC business and ensuring it is governed appropriately.
- 4.1.2. The EJC is authorised by the Boards of the ICBs to take all necessary actions to fulfil the remit described within these terms of reference, through the ICBs delegation of functions to it. The EJC holds only those functions as delegated in these terms of reference, and schemes of reservation and delegation, as determined by their respective Boards.
- 4.1.3. The Committee is authorised by the Boards to:
 - Investigate any activity within its terms of reference.
 - Seek any information it requires within its remit, from any employee or member of the sovereign ICBs, within its remit as outlined in these terms of reference.
 - Create sub-committees or task and finish groups to discharge the functions delegated to it. The EJC shall determine the membership and terms of reference of any such sub-committees or groups in

accordance with governing articles of the sovereign ICBs, including their standing orders and schemes of reservation and delegation.

4.1.4. At the time of approval of these terms of reference, the following sub-groups have been established:

- Essex Joint Executive sub-committee
- Essex Joint Finance and Performance sub-committee
- Essex Joint Quality sub-committee

4.2. Functions/Purpose of the Essex Joint Committee

4.2.1. The principal function of the EJC is to enable the ICBs to, where appropriate, act collectively in the planning, purchasing, securing and monitoring of services to meet the needs of the population of Essex, as well as represent the Essex area for services commissioned over a larger area.

4.2.2. The functions of the EJC are:

- a. Making decisions on the commissioning of Health services within West Essex, North-East Essex or which span the footprint of the proposed Essex ICB.
- b. Establishing and approving plans for 2026/27, including the setting out of commissioning intentions for Essex.
- c. Working with Local Authorities to establish future health strategies for Essex.
- d. Having oversight of ICB functions such as contract management, performance management, quality assurance of commissioned services for West Essex and North East Essex, within the context of the proposed Essex ICB (see also section 5.2 of Appendix A as this may not be immediate and could be affected by the interactions with ICBs and NHSE).
- e. Providing assurance to the ICBs Boards on the functions delegated to the EJC.
- f. Ensuring joint functions (which have been delegated by the ICBs) are exercised in a simple and efficient way and with appropriate resource.
- g. Having oversight of the development of governance arrangements and processes for the establishment of the proposed Essex ICB from April 2026.

4.2.3. Appendix B provides an indicative cycle of business for the EJC outlining the potential decisions required during the period.

4.2.4. It is expected that the arrangements described in these terms of reference will evolve, including bringing further functions within scope over time. For the avoidance of doubt, no party can delegate its functions to the EJC without agreement of all three ICBs.

4.2.5. In supporting the ICBs to discharge their statutory functions and deliver their strategic priorities, the EJC will, in turn, be supporting the Model Integrated Care Board Blueprint and Fit for the future: 10 Year Health Plan for England, along with the achievement of the 'four core purposes' of integrated care systems, namely to:

- a. Improve outcome in population health and healthcare.
- b. Tackle inequalities in outcomes, experience and access.
- c. Enhance productivity and value for money.
- d. Help the NHS support broader social and economic development.

4.2.6. Functions that cannot be undertaken by the EJC are listed in Appendix D and are specifically excluded from this delegation arrangement.

4.2.7. The delivery of functions described above will be overseen by the Executive Team of MSE ICB who will act as Senior Responsible Officers for respective areas of business and consequently will work collaboratively with the teams within each ICB to ensure a consistent approach to the delivery of functions in Essex.

4.3. Scope

4.3.1. The EJC is responsible for decision-making in relation to 'Essex Business'. The key areas outlined below set out the key functions of the EJC working within delegation provided by each ICB:

- **2026/27 Planning.** The development of a 5-year Strategy and 5-year Commissioning Plan.
- **Transition to an Essex ICB.** The development and proposal of governance arrangements for the proposed Essex ICB e.g., oversight of due diligence and TUPE arrangements etc.
- **Contract Management.** To have oversight of contract management of services commissioned by the current three ICBs relating to the population Essex
- **Procurement.** To have oversight of services relating to services currently or to be commissioned up to 31 March 2026, in line with the needs of the Essex population.
- **Performance Management.** To have oversight of services currently or to be commissioned up to 31 March 2026 relating to Essex, working with NHS England as described in the Model Region document. This may evolve over time (see also section 5.2 in Appendix A)
- **Quality and Safety.** To receive quality reporting in relation to services provided to the population of Essex.
- **Financial Performance.** Understanding of and shadow reporting on financial performance for Essex in preparation for establishing the Essex ICB from 1 April 2026, reported to the Essex Joint Finance and Performance sub-committee.

- 4.3.2. In principle decisions pertaining to Essex residents only (e.g. not impacting on the wider geography of HWE and SNEE ICBs) will be taken at the EJC. Where decisions impact areas outside Essex (i.e. the neighbouring ICBs), there will be sufficient engagement with the affected ICBs and according to Schemes of Reservation and Delegation decisions may need to also be taken/ratified within their sovereign organisations. This may be conducted via the relevant Board, Boards in Common or delegated sub-committees.
- 4.3.3. Given some functions and decisions affecting or pertaining to the population of Essex could be taken by sovereign ICBs, and functions being delegated to the EJC may take some time to embed as governance is established, there is an expectation that the EJC will receive assurances relating to:
- Quality
 - Financial Management
 - Contract Management
 - Performance
- 4.3.4. Furthermore, the ICBs agree that any procurement, contracting, business case applications or financial decision impacting on the Essex population will not be made in isolation, but in the first instance will have the agreement of the EJC or Chief Executive of MSE ICB.

5. Membership and Attendance

5.1. Membership

- 5.1.1. The EJC members shall be appointed by the Boards of the ICBs by way of agreement to these terms of reference and delegation of specific functions as set out in the Schemes of Reservation and Delegation and in accordance with the constitution of each respective ICB.
- 5.1.2. The Boards shall each appoint a minimum of 22 members of the EJC, including at least one non-executive member to ensure non-executive representation from each of the ICBs.
- 5.1.3. Membership will comprise:
- Chair (MSE ICB Chair)
 - Chief Executive Officer, MSE ICB
 - Executive Director of Finance and Commercial (Chief Finance Officer), MSE ICB
 - Executive Director of Nursing (Chief Nursing Officer), MSE ICB
 - Executive Medical Director (Chief Medical Officer), MSE ICB
 - Chief Executive Officer, HWE ICB
 - Chief Finance Officer, HWE ICB

- Chief Nursing Officer, HWE ICB
- Chief Medical Officer, HWE ICB
- Chief Executive Officer, SNEE ICB
- Chief Finance Officer, SNEE ICB
- Chief Nursing Officer, SNEE ICB
- Chief Medical Officer, SNEE ICB
- Local Authority Representatives (one each from Southend, Essex, Thurrock)
- Primary Care representative/s (one from each HWE, MSE, SNEE)
- Three non-executive members (one from each HWE, MSE, SNEE)

5.1.4. Members will be selected by their respective ICB to ensure there is appropriate representation from all ICBs across the three geographies.

5.1.5. Where a member of the EJC is unable to attend a meeting, a suitable deputy may be agreed with the EJC Chair. The deputy may attend on their behalf and may vote.

5.1.6. There shall be no arrangements in place for proxy voting.

5.2. Chair and Deputy Chair

5.2.1. The EJC will be chaired by the MSE ICB Chair.

5.2.2. The EJC may appoint a deputy Chair from its non-executive members.

5.2.3. In the absence of the Chair or deputy Chair, the remaining members present shall elect one of the remaining non-executive members to chair the meeting.

5.2.4. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives of the EJC as set out in these terms of reference.

5.3. Attendees

5.3.1. Only members of the EJC have the right to attend committee meetings, however, meetings of the committee may also be attended by the following individuals who are not members of the committee by invitation:

- Additional Non-Executive Members of HWE, MSE or SNEE ICBs
- MSE ICB Executive officers (Executive Director of Strategy, Executive Director of Corporate Services)
- Executive Officers of the ICBs, other than those included in the membership
- Chairs or members of sub-groups established by the EJC as appropriate.
- Expert advisors.

- 5.3.2. The Chair of the EJC may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.
- 5.3.3. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist with its discussions on any matter.

6. Management of the Essex Joint Committee

6.1. Quoracy

- 6.1.1. For a meeting to be quorate, a minimum of 8 members of the EJC are required including:
- The Chair or Deputy Chair of the EJC
 - MSE ICB Chief Executive Officer or MSE ICB Executive Director of Finance and Commercial (Chief Finance Officer)
 - MSE ICB Executive Director of Nursing (Chief Nursing Officer) or MSE ICB Executive Medical Director (Chief Medical Officer), acting as a representative providing clinical expertise.
 - A second non-executive member
 - There must be at least one member representing each of the ICBs of MSE, SNEE and HWE.
- 6.1.2. If any member of the EJC has been disqualified from participating in an item on the agenda, by reason of a declaration of conflict of interest, then that individual shall no longer count towards the quorum.
- 6.1.3. A nominated deputy permitted to attend by the EJC Chair will count towards quorum for meetings of the EJC.
- 6.1.4. If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

6.2. Frequency and Format

- 6.2.1. The EJC will meet every two months. Meetings will be held in public to reflect the requirements placed on ICBs Board per their constitutions.
- 6.2.2. Additional meetings (in public) may be arranged, if necessary, similarly additional meetings may be arranged to facilitate seminars or the conduct of business in closed session where not in the public interest to conduct the meeting openly.
- 6.2.3. The EJC Chair or Board of an ICB may ask the EJC to convene further meetings to discuss business or issues on which they want the Committee's advice/consideration.

6.3. Reporting

6.3.1. The EJC will provide a regular report to each of the ICB Boards. The report will include:

- Key decisions made
- Items to note for individual ICBs
- Items escalated to the JC by Sub-committees

6.3.2. Furthermore, the representatives from each of the ICBs (who are members of the EJC) shall act as representatives of the EJC at their ICB Boards and will take the quarterly report to the ICB Board.

6.4. Arrangements and notice for calling meetings and transacting business

6.4.1. Meetings of the EJC shall be held at regular intervals at such times and places as determined by the Chair.

6.4.2. In normal circumstances, members of the EJC will be given not less than one month's notice in writing of any meetings to be held. However:

- The Chair may call a meeting at any time by giving not less than 14 calendar days' notice in writing.
- One third of the members of the EJC may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses or fails to call a meeting within seven calendar days of such a request being presented, the EJC members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the EJC specifying the matters to be considered at the meeting.
- In emergency situations the Chair may call a meeting with two calendar days' notice by setting out the reason for the urgency and the decision to be taken (see also section 6.3 below).

6.4.3. A public notice of the time and place of meetings to be held in public (which could be via Microsoft Teams) and how to access the meeting shall be given by posting it electronically on the website of each ICB at least three clear days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

6.4.4. The agenda for each meeting will be drawn up and agreed by the Chair of the meeting.

6.4.5. Except where the emergency provisions apply, supporting papers for all items must be submitted at least seven calendar days before the meeting takes place. The agenda and supporting papers will be circulated to all members of the EJC at least five calendar days before the meeting.

- 6.4.6. Agendas and papers for the meetings open to the public, including details about meeting dates, times and venues, will be published on the ICBs websites.
- 6.4.7. Papers presented to the EJC shall be in a consistent format, following a prescribed template. Matters for decision and due process for decision-making shall follow the principles set out in the MSE ICB Decision Making Policy (e.g. use of business case templates and ensuring decisions are made on the basis of established evidence and supporting data).
- 6.4.8. The Mid and South Essex ICB will host the designate Essex Executive and begin to create structures for the Essex ICB, consequently arrangements for administering the EJC will sit with MSEICB.

6.5. Minutes

- 6.5.1. The names and roles of all members present shall be recorded in the minutes of the meetings.
- 6.5.2. The minutes of a meeting shall be drawn up and submitted for agreement at the next meeting where they shall be approved by the person presiding at it.
- 6.5.3. No discussion shall take place upon the minutes except upon their accuracy or where the person presiding over the meeting considers discussion appropriate as matters arising.
- 6.5.4. Where providing a record of a meeting held in public, the minutes shall be made available to the public.
- 6.5.5. The minutes of the meeting or a report highlighting the key points and decisions of the meeting will be presented to each ICB Board as part of the quarterly report described in section 5.3.

6.6. Admission of public and the press

- 6.6.1. In accordance with Public Bodies (Admission to Meetings) Act 1960 meetings of the EJC will be open to the public.
- 6.6.2. The Chair or EJC may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
- 6.6.3. The person presiding over the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to

ensure that the EJC's business shall be conducted without interruption and disruption.

6.6.4. As permitted by Section 1 (8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

6.6.5. Matters to be dealt with by a meeting following the exclusion of representatives of the press and other members of the public shall be confidential to the members of the EJC.

6.7. Values and Behaviours

6.7.1. Members will be expected to conduct business in line with the values of their ICB and in accordance with the objectives set out herein.

6.7.2. Members will be expected to behave in accordance with the Nolan Principles and Code of Conduct set out including the East of England Leadership Compact.

6.7.3. Members of and those attending the EJC shall behave in accordance with their ICB policies.

6.8. Equality and diversity

6.8.1. Members must demonstrably consider the equality and diversity implications of decisions they make in accordance with the Equality Act 2010.

6.9. Confidentiality

6.9.1. Issues discussed at EJC meetings (not held in public in accordance with provision 5.6.2), including any papers, should be treated as confidential and they may not be shared outside of the meeting unless advised otherwise by the Chair.

6.10. Conflicts of Interest

6.10.1. Conflicts of interest shall be managed in accordance with the Managing Conflicts of Interest Policy of MSE ICB. Members of the EJC will be required to declare any relevant interests in accordance with the MSEICB Conflicts of Interest Policy.

6.10.2. A register of EJC members' interests and those of staff and representatives from other organisations who regularly attend EJC meetings will be produced for each meeting. EJC members will be required to and are responsible for declaring interests relevant to agenda items as soon as they are aware of an actual or potential or perceived conflict. EJC members must consequently comply with the Chair's

decision on the necessary action to manage the interest in accordance with the Policy.

7. Decision Making and Voting Arrangements

7.1. Principles of Decision Making

- 7.1.1. Each ICB representative shall ensure that its Board is fully apprised of the decisions due to be taken by the EJC in advance of the meeting.

7.2. Voting

- 7.2.1. The ICBs have agreed to use a collective and collaborative model of decision-making that seeks to find consensus between the ICBs and make decisions based on unanimity as the norm, including working through difficult issues where appropriate.
- 7.2.2. Consequently, decisions shall be made by consensus wherever possible. When this is not possible the Chair may call a vote. The process for voting, which should be considered a last resort is as follows:
- All members of the EJC who are present at the meeting will be eligible to cast one vote each.
 - 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 mechanisms from participating in the meeting, including exercising their right to vote if eligible to do so.
 - For the sake of clarity, any additional participants and observers will not have voting rights.
 - A resolution will be passed if more votes are cast for the resolution than against it.
 - The majority will be conclusive on any matter providing quoracy has been reached.
 - If an equal number of votes are cast for and against the resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
 - Should a vote be taken, the outcome of the vote and any dissenting views, must be recorded in the minutes of the meeting.

7.3. Provision for urgent decisions / decisions between scheduled meetings

- 7.3.1. In the event that a decision is required before the next scheduled meeting, every attempt will be made for an extra-ordinary meeting to be arranged or for the EJC to meet virtually. Where this is not possible or there is

insufficient time to provide 10 working days' notice for members of the public, the following may apply:

- 7.3.2. The powers which are delegated to the EJC may for an urgent decision be exercised by the EJC Chair and either Designate Chief Executive Officer or Chair from each ICB (i.e. four Members), subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum one other member).
- 7.3.3. The exercise of such powers shall be reported to the next formal meeting of the EJC for formal ratification. Urgent decisions will also be reported to ICB Boards for oversight.

DRAFT

Appendix A – Governance/Delegation Arrangements

Appendix provided separately

DRAFT

Appendix B – Essex Joint Committee Cycle of Business

Items of business	13 October 2025	20 November 2025	22 January 2026	19 March 2026
Approval of Committee and sub-committee Terms of Reference	X	X		
Commissioning Intentions				
5 Year Strategic Plan				
Proposed Essex ICB Governance / Transition Update		X	X	X

Currently in development

Appendix C – Sub-Committees of the Essex Joint Committee

	Essex Joint Executive Sub-Committee	Essex Joint Finance and Performance Sub-Committee	Essex Joint Quality Sub-Committee
Membership	• Chief Executive Officer MSE ICB (Chair) • Executive Director of Finance and Commercial (CFO) MSE ICB • Executive Director of Nursing (CNO), MSE ICB • Executive Medical Director (CMO), MSE ICB • Executive Director of Strategy, MSE ICB • Executive Director of Neighbourhood Health (once appointed), MSE ICB • Executive Director of Corporate Services, MSE ICB • West Essex Nominee • North East Essex Nominee	• Non-Executive Member (Chair), MSEICB • Associate Non-Executive Member, MSEICB • Non-Executive Representatives from SNEE/HWE • Chief Executive Officer, MSE ICB • Executive Director of Finance and Commercial (CFO), MSE ICB • Executive Director of Strategy, MSE ICB • Executive Medical Director (CMO), MSE ICB • Executive Director of System Recovery, MSE ICB • Executive Director of Performance and Planning, MSE ICB	• Chair (Non-Executive Member) • Deputy Chair (Associate Non-Executive Member) • Executive Director of Nursing (CNO), MSE ICB • Executive Medical Director (CMO), MSE ICB • Patient Safety Partner (MSE/HWE/SNEE) • MSEFT Chief Nurse/Medical Director • EPUT Chief Nurse/Medical Director • PAH Chief Nurse/Medical Director • ESNEFT Chief Nurse/Medical Director (or appropriate site based deputy) • Essex Community Collaborative Chief Nurse • Primary Care Rep • Senior Healthwatch Rep • Local Authority Partner Reps • Third Sector/Voluntary Director Rep • NHSE Director of Nursing
In attendance (as required)	• Executive Director of Performance and Planning, MSE ICB	• CFO EPUT / MSEFT / PAH / ESNEFT • HWE ICB CFO • SNEE CFO	• Members of ICB Quality Teams as required.

	- Executive Director of System Recovery, MSE ICB - Alliance Directors - Director of Communications and Partnerships, MSE ICB		
Function / Scope	The primary purpose of the committee is to have oversight of, scrutinise and approve (where relating to Essex) business cases (up to £5m); recommend strategic direction for Essex; identify key issues and risks requiring discussion at or action by the EJC, develop governance for a future proposed Essex ICB.	The primary purpose of the committee is to have oversight of financial performance and financial planning (and associated risks), set the medium-term financial and performance plans, scrutinise and approve investment plans between £5m and £10m, and provider regular assurance updates to the EJC and ICB Boards.	The primary purpose of the committee is to scrutinise the robustness of, and provide assurance to the EJC that, there is an effective system of quality governance and internal control across sustainability, high-quality care.
Frequency	Every two weeks	Every two months	Every two months
Quoracy	3 Members, but including the following principles: - Chair/Vice Chair in attendance - Representative of each of HWE, MSE, SNEE (where decisions include NE and W Essex)	5 Members, but including the following principles: - Chair/Vice Chair in attendance - An Executive CFO or deputy in attendance - Representative of each of HWE, MSE, SNEE (where decisions include NE and W Essex).	6 Members, but including the following principles: - Chair/Vice Chair in attendance - Executive Director of Nursing or Executive Medical Officer in attendance - Representative of each of HWE, MSE, SNEE (where decisions include NE and W Essex)
Principles	Where prior approval is required—whether financial, politically sensitive, or strategically significant (e.g. commissioning, decommissioning, alignment of SRPs)—this must be obtained in advance of the paper	Any decisions affecting the future Essex ICB are taken in conjunction with the EJC. Similarly, any decisions affecting the control total of sovereign	If any formal escalations are required in relation to Provider organisations we will ensure that the relevant Executive Lead for quality are alerted prior to escalation to the EJC.

	being submitted to the Joint Executive Sub-Committee from HWE/SNEE. Reporting on North East Essex and West Essex will be facilitated through existing reporting mechanisms, with outputs shared with the EJC and relevant sub-committees.	organisations will be made in conjunction with the sovereign ICBs. Reporting on North East Essex and West Essex will be facilitated through existing reporting mechanisms, with outputs shared with the EJC and relevant sub-committees.	Reporting on North East Essex and West Essex will be facilitated through existing reporting mechanisms, with outputs shared with the EJC and relevant sub-committees.
--	---	--	--

Appendix D – Functions that cannot be or are conditionally delegated to a Joint Committee

Integrated Care Boards are restricted from delegating certain statutory functions to Joint Committees. These restrictions are outlined in both the Health and Care Act 2022 and the National Health Service (Joint Working and Delegation Arrangements) (England) Regulations 2022, as amended in 2023.

The restrictions are in place to ensure accountability, consistency, and quality in decision-making, particularly for functions that directly affect patient care and system oversight.

The restrictions are outline below to ensure that the Joint Committee do not overstep the scope of its delegation.

1. **Eligibility decisions for NHS Continuing Healthcare (CHC) and NHS-funded Nursing Care (FNC).** Whilst the assessment process can be delegated the final decision must remain with the respective ICB or NHS England.
2. **Review of CHC eligibility decisions** must remain with NHS England and cannot be delegated.
3. **Performance Assessments of ICBs** cannot be delegated and remains with NHS England
4. **Commissioning of Services**, can be delegated conditionally (e.g., under sections 3, 3A and 3B o the NHS Act 2006) to other ICBs, providing governance arrangements are robust.
5. **The joint commissioning of NHSE delegated functions** (i.e., Primary Care Commissioning, including general practice, pharmacy, optometry and dental) with at least one other ICB is permitted. (per Primary Care Delegation Agreement Frequently Asked Questions 29 July 2022, version 2).