North East London
Integrated Care Board

Strategic Commissioning Committee

North East London ICB

Terms of Reference

Status	1. The Strategic Commissioning Committee ("the Committee") is established by the Integrated Care Board (the "ICB") as a Committee of the Board of the ICB ("the Board"). 2. These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board. Additionally, the membership of the Committee must be approved by the Chair of the Board. 3. The Committee 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 Committee is authorised by the 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 Committee will follow the processes described by the Board for commissioning any professional advice. 5. The Committee will approve the terms of reference for the proposed Commissioning Sub-Committee, once established.
Purpose	6. The Committee is established to provide assurance and oversight to the Board on the robustness and delivery of its Strategic Commissioning Strategy and delivery plans. 7. The Committee will provide oversight on the delivery of strategic commissioning plans to improve population health, reduce health inequalities including the meeting of national policy and regulatory guidance. 8. The Committee will also provide oversight on the collaborative nature of commissioning, including effective participation of residents and communities, and the voluntary, community, faith and social enterprise sector. 9. The duties of the Committee will be driven by the organisation's objectives and the management of associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

Responsibilities of the Committee

10. The Committee will oversee and take any necessary decisions in the following areas in line with the operating principles and strategic priorities of the ICB and in order to build the strategic commissioning architecture of the ICB.

11. The Committee will work with other governance structures across the ICB (not limited to committees, sub-committees, groups and advisory forums) in order to ensure there is collaboration on decisions relating to strategic commissioning; as well as in year required changes. The Committee may have a number of working groups which will report into it; including the Commissioning Sub Committee once established:

12. The Committee will have the following core responsibilities:

    (a) Review and development of the strategic integrated needs assessment, providing recommendations to the Board for its formal approval.

    (b) Oversight of the development of the five-year strategic commissioning plans for the ICB in line with the 10 year Health Plan or successor documents, including their annual review, and make recommendations to the Board on any relevant adjustments that are required.

    (c) Review and monitoring of the delivery of the strategic commissioning plans, with specific reqard to the application of the ICB Outcomes and Equity Framework, the rate of improvement of population health, the pace of reduction of health inequalities, the planned implementation of Neighbourhood Health and the requirements for changes to strategic resource allocation, in line with the 10 year Health Plan or successor document.

    (d) Consideration and review of strategy and plans that enable a collaborative approach to strategic commissioning with all system partners, specifically including the effective involvement of residents, communities including Healthwatch and the voluntary, community, faith and social enterprise sector

    (e) Oversight and review of the delivery of strategy and plans to improve population health, reduce health inequalities and that enable prevention, including progress within the ICB's 4 flagship priorities, (Babies, Children and Young People, Mental Health, Long Term Conditions and Employment).

    (f) Oversight of decommissioning plans, in order to provide recommendations for ICB Board approval where their value and scope exceed that set out in the SORD for the Committee.

    (g) Approval of decommissioning plans where their value and scope are in line with the SORD for the Committee.

(h) Oversight of joint strategic commissioning arrangements and plans with local authorities and other joint commissioning partners as appropriate

(i) Oversight of the ICB's strategic commissioning relationship with the Office for Pan ICB Commissioning, whose operations will be hosted by the ICB on behalf of all ICBs in London.

(j) Reception of regular reports on the identification of new and emerging risks, monitoring the risks on the committee's risk register.

(k) Where required, the Committee will consider and review any external strategic commissioning monitoring returns and commentary.

(l) Reception of reports from sub-committees and groups on their work, and the decisions made.

(m) Oversight of development and if necessary approval of policies that sit under the remit of the Chief Strategic Commissioning Officer, the Chief Strategy Officer and the Chief Clinical and Quality Commissioning Officer.

13. In exercising its function under paragraph 9 (iv) above, the Committee will have particular regard to:

(a) The ICB's duties under the National Health Service Act 2006, in particular:

- Section 14Z33 – Duty to exercise functions effectively, efficiently and economically
- Section 14Z41 – Duty to promote integration
- Section 14Z36 – Duty to promote involvement of each patient
- Section 14Z35 – Duty as to reducing inequalities
- Section 14Z34 – Duty as to improvement in quality of services (in relation to which the Committee may seek the view of the ICB's QSI Committee).

(b) System plans including the Joint Forward Plan, Integrated Care Strategy and the Joint Capital Resource Use Plan.

(c) The ICS's Operating Principles and its Strategic Priorities.

(d) The 'four core purposes' of Integrated Care Systems and the 'triple aim.'

(e) Emergent secondary legislation, national policy, guidance and good practice.

Chairing arrangements	14. The Committee will be chaired by a Non-Executive Member of the Board, appointed on account of their specific knowledge, skills and experience making them suitable to chair the Committee and will agree the Committee's agenda and ensure that its work and discussions meet the objectives set out in these terms of reference. 15. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference. 16. Committee members may appoint a Vice Chair from amongst the members. If a Chair has a conflict of interest then the Vice Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.
Membership	17. The Committee members will be appointed by the Board in accordance with the ICB Constitution and the Chair of the ICB will approve the membership of the Committee. 18. The Board will appoint no fewer than four members of the Committee including two who are Non-Executive Members of the Board. As set out in the Constitution, the Committee may include persons who are not ICB members or employees. 19. When determining the membership of the Committee, active consideration will be made to diversity and equality. 20. Accordingly, the Committee shall have 10 members as follows (a) Non-Executive Member (Chair) (b) Non-Executive Member (c) Non-Executive Member (d) Non-Executive Member (e) ICB Chief Executive (f) Chief Strategy Officer (g) Chief Strategic Commissioning Officer (h) Local Authority Partner Member (i) Primary Care Partner Member (j) Director of Clinical and Quality Commissioning
Nominated deputies	*Nominated deputies*

	21. With the permission of the Chair, in exceptional circumstances executive members may nominate a deputy to attend a board meeting if they are unable to attend. The deputy may speak and vote on their behalf. 22. The decision of the Chair regarding authorisation of nominated deputies is final.
Participants	23. Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee. The following individuals who are not members of the Committee, will also be expected to attend meetings: (a) Non-Executive Member (b) VCFSE Partner Member (c) Resident voice representative (Healthwatch or successor) 24. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter. 25. 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. 26. For the avoidance of doubt, paragraph 16 above applies equally to participants as to members. 27. Where an individual who is invited to attend (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.
Meetings, Quoracy and Decisions	28. The Committee 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* 29. The Committee will meet on a bi-monthly basis, with a minimum of 6 meetings each financial year. Additional meetings may be convened on an exceptional basis at the discretion of the Chair of the Committee. 30. The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice. *Quoracy* 31. For a meeting to be quorate, a minimum of 4 members must be in present, which must include one Non-Executive Member and one ICB Chief Officer.

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

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

Voting

34. Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible, the Chair may call a vote. Only members of the Committee 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 Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

Papers and notice

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

36. 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 papers shall be permitted in exceptional circumstances at the discretion of the Chair.

Virtual attendance

37. It is for the Chair to decide whether or not the Committee 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 and publication

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

Confidential information

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

Meeting minutes

40. 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 Committee together with the action log as soon after the meeting as practicable. The minutes will be submitted for agreement at the next meeting where they shall be signed by the Chair.

Governance support

41. Governance support to the Committee will be provided by the ICB's governance team.

Conflicts of interest

42. 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.

Behaviours and Conduct

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 includes the Code of Conduct 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.

Accountability and Reporting

45. The Committee is accountable to the Board and will report to the Board on how it discharges its responsibilities.

46. Exception reports will be presented to the ICB Board by the Chair of the committee.

47. The Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

48. The Committee shall:

    (a) Receive assurance and exception reports from the Commissioning Sub-Committee.

    (b) Escalate significant risks or concerns to the Board.

    (c) Provide assurance to the Board through regular reporting and an annual review of effectiveness.

	49. Refer matters requiring specialist scrutiny to the appropriate Board Committee where necessary.
Definitions	50. For the purpose of these Terms of Reference, the term "providers" includes NHS trusts, NHS foundation trusts, primary care contractors, local authority commissioned services, voluntary and community sector providers and independent sector providers unless otherwise specified.
Review	51. The Committee will review its effectiveness at least annually. The review will consider whether the Committee has: (a) Fulfilled its responsibilities set out in these Terms of Reference. (b) Provided effective scrutiny, challenge and assurance to the Board. (c) Received timely and appropriate information to support its work. (d) Maintained effective membership, attendance and participation. 52. The outcome of the review and any proposed improvements will be reported to the Board. 53. These ToR will be reviewed at least annually and more frequently if required. Any proposed amendments to the ToR will be submitted to the Board for approval.

Date of approval: 29 July 2026

Date of review: July 2027

Version: Version 1.0