NHS South West London Integrated Care Board
Strategic Commissioning Committee
Terms of Reference

Document Management

Revision history

Version	Date	Summary of changes
1	April 2026	Initial core parts of ToRs developed by Directors of Commissioning in SEL ICB
2	15 May 2026	Initial draft in ToRs template by SEL governance team for engagement
3	28 May 2026	To reflect SWL F&P Committee inputs on future committee functions
4	3 June 2026	Updated to incorporate amendments proposed by SWL Director of Corporate and SEL NEM member for governance
5	10 June 2026	Updated to incorporate amendments proposed by SWL and SEL NEMs
6	28 June 2026	CEO review and comments
7	7 July 2026	Added 2 x PELs as committee members

Approved by

Version	Date Committee / Group name	
7	15 July 2026	SWL ICB Board

Contents

1. Constitution

1.1 The Strategic Commissioning Committee is established by the Integrated Care Board (the Board or ICB) as a committee of the Board. in accordance with its Constitution, Standing Financial Instructions, Standing Orders and Scheme of Reservation and Delegation (SoRD).

1.2 These Terms of Reference (ToR) set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. They will be published as part of the Governance Handbook on the ICB's website.

2. Authority

2.1 The Strategic Commissioning Committee is authorised by the Board to:

- Undertake any activity within its ToR;
- 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 Strategic Commissioning Committee) within its remit as outlined in these ToR;
- Commission any reports it deems necessary to help fulfil its obligations;
- 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;
- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Strategic Commissioning Committee members. The Strategic Commissioning Committee shall determine the membership and ToR of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and SoRD but may not delegate any decisions to such groups.

2.2 For the avoidance of doubt, the Strategic Commissioning Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the SoRD, except as outlined in these ToR.

2.3 The Strategic Commissioning Committee has no executive powers, other than those delegated in the SoRD and specified in these ToR.

3. Purpose

3.1 The Strategic Commissioning Committee is established to act as the principal forum for strategic commissioning development and oversight on behalf of the Board.

3.2 The ICB's core purpose is strategic commissioning, inclusive of the development of enhanced strategic commissioning capabilities and approaches, with an increasing

focus on improving population health outcomes, reducing inequalities, delivering its strategic ambitions (including the 'left shift' towards prevention, community-based care and digital), commissioning high quality, effective and efficient services and exercising its system convening role working with partners.

3.3 The Strategic Commissioning Committee is a formal committee of the ICB Board and will be authorised by the Board to put forward proposals which meet the objectives of the ICB's strategic plan, including proposals for service change, procurement, outcomes and key enablers for strategic commissioning.

3.4 The Committee has a role in ensuring alignment of borough based joint commissioning with the ICB strategy and the effective delivery of agreed ICB priorities and outcomes where relevant. Joint commissioning will be led at place (with defined budgets and commissioning responsibility) to enable close alignment with local authority commissioning and delivery responsibilities, including public health and social care and with a focus on ensuring that joint commissioning arrangements support integration of services and care for local populations.

3.5 The Committee will have a close working relationship with the Neighbourhood Based Care Committee. The Neighbourhood Based Care Committee will be responsible for overseeing the delivery of the ICB's neighbourhood-based care agenda which includes ensuring the delivery of commissioning priorities and actions relating to the development and delivery of neighbourhood care. The Strategic Commissioning Committee will have a role in ensuring that the ICB's strategic commissioning, operational plans and use of payor/contracting functions support the effective delivery of the agreed neighbourhood care objectives and outcomes.

3.6 An annual programme of business will be agreed before the start of the financial year and will include strategic commissioning, integrated planning, affordability, delivery oversight and performance and assurance matters. The programme will remain flexible to new and emerging priorities, risks and system pressures.

4. Responsibilities of the Strategic Commissioning Committee

4.1 The committee will operate across the commissioning cycle in an advisory and scrutinising capacity, providing targeted assurance to support the Board rather than replicating an oversight role.

4.2 The committee will take decisions on matters delegated to it as determined by the ICB's SoRD.

4.3 A key role of the committee's is to advise and provide recommendations to the Board to ensure commissioning strategy is data and insights driven and reflects population need, inequalities, and the Board's agreed strategic intent, ensuring consideration of the evidence supporting health outcomes clinical outcomes and cost-effectiveness. clinical and cost-effectiveness evidence base.

4.4 Specific responsibilities of the Committee are as follows. In discharging these responsibilities the Committee will:

Delivery of the ICB strategy

4.5 Provide assurance to the Board on the delivery of the ICB's strategic ambitions, including the 'three shifts' and impact on outcomes and value.

4.6 Assure that there is alignment between commissioning priorities, operational planning, activity assumptions, workforce implications and financial frameworks to support delivery of agreed outcomes and system sustainability.

4.7 Advise the Board on major service change, reconfiguration, investment prioritisation, affordability considerations and strategic trade-offs to support Board decision making.

4.8 Provide oversight and scrutiny of strategic commissioning and procurement approaches relating to major service transformation, contracting arrangements and commercial decisions within the scope of the SoRD.

4.9 Provide strategic oversight of how the ICB uses its commissioning, contracting and 'payor function' responsibilities to shape the future health and care market to help contribute to delivery of its longer-term strategic objectives.

4.10 Provide advice, support and oversight of the development of key strategic commissioning capabilities and outputs e.g. frameworks and decision-making tools to support decision making and prioritisation, outcomes and evaluation.

4.11 Approve arrangements to secure continuous improvement in quality and patient outcomes

4.12 Ensure the ICB's underpinning care pathway and borough based joint commissioning integrated arrangements are aligned to the ICB's commissioning strategy and financial frameworks.

In-year contract delivery and performance

4.13 Review integrated system performance across commissioned services including financial, activity. quality[1], and delivery performance, together with associated risk, prioritising material variance, affordability and strategic concern.

4.14 Review delivery of savings, efficiency and productivity programmes linked to the ICB's commissioning, revenue and capital plans, including associated risks, mitigations and delivery confidence.

[1] The SCC will assume primary responsibility for the oversight of the quality of ICB-commissioned services as is required by current NHSE / NQB guidance. The ICB Patient Safety Committee will focus on assurance related to the safety and quality of care for the ICB's statutory functions, such as CHC, LeDeR. See Patient Safety Committee ToRs.

4.15 Review forecast financial and operational performance, including material risks, delivery assumptions and mitigating actions relating to commissioned services and system plans.

4.16 Escalate material financial, operational and commissioning or delivery concerns to the Board where risks, performance or affordability issues exceed agreed tolerances or require strategic decision-making.

4.17 Assure the evaluation of the impact and outcomes of services commissioned by the ICB including consideration of patients' views / voice, to ensure that lessons learned are identified and used to inform future commissioning decisions.

Other responsibilities

4.18 Approval of contracts at a level specified in the SoRD.

4.19 During the transition to new legislation, new Board membership and future ICB governance arrangements, the Committee may provide an important forum for review and discussion of key commissioning matters, supporting the ICB to conduct its commissioning business.

5. Membership and attendance

Membership

5.1 The Strategic Commissioning Committee membership is as follows:

5.1.1 Chair – Non Executive Member

5.1.2 Deputy Chair – Non Executive Member

5.1.3 ICB Chief Executive Officer

5.1.4 Chief Commissioning Officer

5.1.5 Directors of Strategic Commissioning

5.1.6 Chief Financial & Compliance Officer

5.1.7 Place Lead

5.1.8 Chief Nurse and Quality Officer

5.1.9 Medical Director

5.2 The role of Chair will be undertaken by Non-Executive Member.

5.3 Members are required to attend a minimum of 75% of meetings, other than absence due to sickness.

5.4 Members may nominate deputies to represent them in their absence and make decisions on their behalf, subject to the approval of the Chair.

5.5 Members will possess between them knowledge, skills and experience in the issues pertinent to the Strategic Commissioning Committee's business. When determining the membership of the Strategic Commissioning Committee, active consideration will be made to diversity and equality.

Chair and Vice Chair

5.6 The Strategic Commissioning Committee will be chaired by a member appointed on account of their specific knowledge skills and experience making them suitable to chair the Strategic Commissioning Committee.

5.7 Strategic Commissioning Committee members may appoint a Vice Chair who will be nominated by the Chair of the Strategic Commissioning Committee. If the Committee Chair is absent or is disqualified from participating by a conflict of interest, the Vice Chair, if present, shall preside. If the Chair or Vice Chair are absent from any meeting, a Chair shall be nominated by other members attending that meeting.

5.8 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.

Attendees

5.9 The Strategic Commissioning Committee shall have the following non-voting attendees (as and when required), noting this list is not intended to be exhaustive and may also change over time as agreed with the Committee Chair:

- Chief Pharmacist for the ICB,
- Director of Delivery for Neighbourhoods and Population Health
- Director of Insights
- Additional Place Leads
- Director of Public Health

5.10 Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.11 Attendees may nominate deputies to represent them in their absence, with agreement of the Chair.

5.12 The Strategic Commissioning Committee may call additional experts to attend meetings on a case-by-case basis to inform discussion.

5.13 The Strategic Commissioning Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.

5.14 The Chair of the ICB will be invited to attend one meeting each year in order to gain an understanding of the Committee's operations.

5.15 The Strategic Commissioning Committee 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.

6. Meeting Frequency, Quoracy and Decisions

6.1 The Strategic Commissioning Committee will usually meet every two months. Arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

6.2 The Board, Chair or Chief Executive may ask the Strategic Commissioning Committee to convene further meetings to discuss particular issues on which they want the committee's advice.

6.3 Meetings will be held in-person, unless previously agreed by the Chair. The Strategic Commissioning Committee may choose to meet online, via MS Teams or suitable alternative platform.

Quorum

6.4 For a meeting to be quorate the following members will be required:

6.4.1 Chair or Deputy Chair;

6.4.2 One Director of Strategic Commissioning;

6.4.3 Finance Representative;

6.4.4 Place Lead

6.4.5 Medical Director or Chief Nurse and Quality Officer

6.5 If any member of the Strategic Commissioning 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.

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

Decision making and voting

6.7 Decisions will be taken in accordance with the Standing Orders. The Strategic Commissioning Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

6.8 Only members of the Strategic Commissioning Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

6.9 Where there is a split vote, with no clear majority, the Chair of the Strategic Commissioning Committee will hold the casting vote.

6.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through email or other electronic communication.

6.11 Any decisions taken virtually must be recorded at the next scheduled meeting.

7. Accountability and reporting

7.1 The Strategic Commissioning Committee is accountable to the ICB Board and shall provide reports to the Board on how it discharges its responsibilities and shall draw to the attention to any issues that require disclosure or require action.

7.2 The Strategic Commissioning Committee shall make any such recommendations to the Board it deems appropriate on any area within its remit where action or improvement is needed.

7.3 The minutes of the meetings shall be formally recorded by the secretary and approved at the next scheduled meeting.

7.4 The Strategic Commissioning Committee will report to the Board at least annually to describe how it has fulfilled its ToR, give details of any significant issues that it has considered, and how they were addressed.

8. Conflicts of Interest

8.1 Conflicts of Interest shall be dealt with in accordance with the ICB Conflicts of Interest Policy.

8.2 The Strategic Commissioning Committee will have a Conflicts of Interest Register that will be presented as a standing item on the agenda.

8.3 All members and attendees of the Strategic Commissioning Committee must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair will determine if there is a conflict of interest such that the member and/or attendee will be required not to participate in a discussion.

9. Behaviours and Conduct

ICB values

9.1 Members will be expected to conduct business in line with the ICB values and objectives.

9.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Equality and diversity

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

10. Secretariat and Administration

10.1 The Strategic Commissioning Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken, agreed with the Chair, and a record of matters arising. Action points and issues, with progress updates, will be carried forward between meetings;
- The Chair is supported to prepare and deliver reports to the Board; and
- The Strategic Commissioning Committee is updated on pertinent issues / areas of interest / policy developments.

11. Review

11.1 The Strategic Commissioning Committee will review its effectiveness at least annually and recommend any changes it considers necessary to the Board.

11.2 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.