NHS North Central London
Integrated Care Board
Population Health Strategic Commissioning Committee
Terms of Reference

1. Introduction

1.1 The Population Health Strategic Commissioning Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Integrated Care Board ('ICB'). It is a committee of the ICB's Board of Members.

1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

2.1 The purpose of the Committee is to:

a) Oversee and drive the delivery of the North Central London approach to strategic commissioning and the development of a Commissioning Strategy, which will derive from the NCL Population Health and Integrated Care Strategy ('Population Health Strategy') and be in line with the 10 Year Health Plan;
b) Ensure a commissioning construct is created to deliver Integrated Health Organisations (IHOs), Neighbourhoods and other new models of care;
c) Oversee the accompanying financial strategy (ensuring necessary linkage and alignment with the ICB's Finance Committee);
d) Ensure resources are concentrated appropriately to address health inequalities and achieve the ICB's three strategic objectives of:
    - Knowing our population (segmentation, stratification and actuarial approach);
    - Developing our approach to strategic commissioning;
    - Delivering the Neighbourhood model;
e) Approve the commissioning of health services that deliver the Population Health Strategy and the ICB's wider strategic objectives;
f) Oversee the development of North Central London ('NCL') system plans, the ICB's commissioning strategies and plans to ensure they:
    - Improve outcomes in population health and healthcare;
    - Tackle inequalities in outcomes, experience and access;
    - Enhance productivity and value for money;
    - Help the NHS support broader social and economic development;
g) Provide assurance to the Board of Members that the ICB is discharging its statutory duties relating to strategic commissioning functions effectively in line with the Model ICB;
h) Oversee the implications and market management outcomes from the commissioning strategy;
i) Oversee the Primary Care Committee, the Individual Funding Request ('IFR') Panel, the IFR Appeals Panel and the Local Care Infrastructure Delivery Board.

3. Role

3.1 The Committee will:

a) Work together to provide system challenge and support, ensuring that decisions are made in the best interests of our population;
b) Provide clinical and senior management leadership for at scale and transformational strategic developments and service improvement strategies;

c) Oversee the development and implementation of the ICB's strategic approach to commissioning and associated strategies - which support delivery of the wider long-term objectives aligned to NHS policy direction/guidance;
d) Ensure service improvement and commissioning plans reduce the impact of inequalities;
e) Approve the ICB's annual plan and/or key national plan submissions to regulators as required;
f) Approve the commissioning and decommissioning of healthcare services for our population. This includes (but is not limited to) investment and disinvestment decisions, and service reconfigurations;
g) Oversee market management implications, recognising changes in provider landscape;
h) Oversight of key population health and health inequality metrics and associated links to strategies and priorities;
i) Oversee the development of collaborative, joint and/or delegated commissioning arrangements to support population health and inequalities improvements across North Central London;
j) Oversee and approve the ICB's approach to a) Digital and b) Estates strategic developments, ensuring they align with the strategic objectives of the ICB, the 10 Year Health Plan and the Model ICB;
k) Approve business cases, service specifications and authorise investment expenditure from within the Committee's delegated authority limits;
l) Identify and ensure the delivery of strategic redesign work streams, including clinical input to these;
m) Monitor and review the effectiveness and the implementation of development or service improvement strategies, plans and redesign work streams;
n) Oversight of the annual contracting round;
o) Ensure that investments are affordable, value for money, sustainable and are underpinned by a robust and deliverable efficiency plans, where appropriate;
p) Make decisions on behalf of the ICB on recommendations from the System Management Board as appropriate;
q) Ensure place alignment with system-wide priorities and objectives;
r) Ensure that service development decisions reflect the ICB's patient and public and equality and diversity strategies;
s) Review performance issues that require a service improvement decision, service development and/or contract action and make decisions, provide advice and guidance or make recommendations to the Board of Members as appropriate;
t) Consider and act upon the strategic commissioning implications of any issues referred by the Board of Members or any of its committees or sub-committees;
u) Determine arrangements to enable patients to make informed choices (for example, through the provision of relevant and timely information and where appropriate the development of personal budgets and care plans);
v) Provide assurance to the Board of Members that significant service development and improvement risks are being properly managed and agree remedial actions where necessary;
w) Make recommendations to the Board of Members and/or any of its committees as appropriate;
x) Consider Individual Funding Requests ('IFR') applications where the value exceeds the IFR Panel's financial authority limits (this is currently set at £50,000 per year per case);
y) Consider any matter referred from the Primary Care Committee;
z) Consider any matter referred from the Local Care Infrastructure Delivery Board;
aa) Consider any commissioning matter referred from the Integrated Medicines Optimisation Committee.

4. Membership

4.1 The Committee shall comprise of the following voting members:

a) ICB Chair;
b) Two Non-Executive Members;
c) Three Partner Members;
d) Chief Executive;
e) Chief Finance Officer;
f) Chief Medical Officer;
g) Chief Nursing Officer;
h) Chief Transformation Officer;
i) Chief Strategy Officer.

4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

4.3 In accordance with the ICB's Constitution all voting members of the Committee must be approved by the ICB's Chair.

4.4 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

4.5 Voting members may nominate deputies to represent them in their absence.

5. Participants and Observers

5.1 The following people shall attend Committee meetings as standing participants:

a) The ICB Chief People Officer;
b) A representative from Adult Social Care;
c) A representative from Children's Services;
d) A representative from Public Health;
e) A representative from the GP Provider Alliance;
f) A representative from the VCSE Alliance;
g) A Community Participant.

5.2 Participants at Committee meetings are non-voting.

5.3 The roles referred to in the list of standing participants above describe the substantive roles and any equivalent successor roles and not the individual title or titles.

5.4 The list of standing participants is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.

5.5 Standing participants may nominate deputies to represent them in their absence.

5.6 The Committee may invite or allow additional people to attend meetings as participants. Participants may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.

5.7 The 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.

5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

6.1 The Committee Chair shall be the ICB Chair**.** The Chair may nominate a deputy to represent them in their absence.

7. Voting

7.1 The ICB has agreed to use a collective model of decision making that seeks to find consensus between system partners and make decisions based on unanimity as the norm. This includes working though difficult issues where appropriate. If it is not possible to achieve unanimity a vote will be required. Voting shall be as per clause 7.2 below.

7.2 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

8.1 The Committee will be considered quorate when at least six voting members are present which must include:

a) ICB Chair;
b) A Non-Executive Member;
c) Chief Executive or Chief Finance Officer;
d) Chief Medical Officer or Chief Nursing Officer;
e) A Partner Member;
f) Chief Transformation Officer or Chief Strategy Officer.

8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.

8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

8.4 In the circumstances where a quorum cannot be obtained in accordance with clauses 8.1 to 8.3 above the quorum shall be 4 non-conflicted voting members

9. Secretariat

9.1 The Secretariat to the Committee shall be provided by the Chief People Officer Directorate.

10. Frequency of Committee Meetings

10.1 Committee meetings will be held six times per year but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less than 7 days in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by NCL ICB Governance, Risk and Legal Services Team and submitted for agreement at the following meeting.

14. Authority

14.1 The Committee is accountable to the Board of Members and will operate as one of its committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

14.2 The Committee is authorised by the Board of Members to obtain at the ICB's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

15. Reporting Responsibilities

15.1 The Committee will report to the Board of Members on all matters within its duties and responsibilities.

15.2 The Committee may make recommendations to the Board of Members it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

17. Virtual Meetings and Decision Making

17.1 Committee meetings may be held in person or virtually.

17.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting (either in person or virtually) in sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

18. Sub-Committees

18.1 The Committee has four sub-committees with delegated functions and authorities which are:

a) The Primary Care Committee;
b) The Individual Funding Requests Panel;
c) The Individual Funding Requests Appeals Panel;

d) The Local Care Infrastructure Delivery Board.

18.2 The Committee may appoint additional sub-committees to advise the Committee and assist it in carrying out its duties. The Committee may not delegate any of its functions, powers or decision making authority to any of its additional sub-committees.

19. Conflicts of Interest

19.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda.

20. Gifts and Hospitality

20.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

20.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda.

21. Standards of Business Conduct

21.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

a) The law of England and Wales;
b) The NHS Constitution;
c) The Nolan Principles;
d) The standards of behaviour set out in the ICB's Constitution;
e) The Standards of Business Conduct Policy;
f) The Conflicts of Interest Policy;
g) The Counter Fraud, Bribery and Corruption Policy;
h) Any additional regulations or codes of practice relevant to the Committee.

21.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

22. Review of Terms of Reference

22.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the ICB.

22.2 Going forward, these Terms of Reference will be reviewed as part of the merger arrangements with North West London ICB, and then also formally reviewed, as appropriate, annually. These Terms of Reference may be varied or amended by the Board of Members.

Date approved by the Board of Members: 3 November 2025.
Date of next review: To be confirmed - in preparation for April 2026.

Schedule 1
List of Members

The voting members of the Committee are:

Position	Name
ICB Chair	
Non-Executive Member	
Non-Executive Member	
Partner Member	
Partner Member	
Partner Member	
Chief Executive	
Chief Finance Officer	
Chief Medical Officer	
Chief Nursing Officer	
Chief Transformation Officer	
Chief Strategy Officer	

Committee Chair:

Position	Name
ICB Chair	

The standing participants are:

Position	Name
ICB Chief People Officer	
A representative from Adult Social Care	
A representative from Children's Services	
A representative from Public Health	
A representative from the GP Provider Alliance	
A representative from the VCSE Alliance	
A Community Participant	