

Item: 10

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	✓
Official: Sensitive Commercial		Provides assurance	
Official: Sensitive Personal		For information only	

	BOARD 1 OCTOBER 2024
Report Title:	Constitution of the NHS North East and North Cumbria Integrated Care Board

Purpose of report

To present the Board with an updated Constitution for the North East and North Cumbria Integrated Care Board (the ICB).

Key points

The NHS North East and North Cumbria Integrated Care Board (the ICB) is the statutory decision-making body for the commissioning of health services and responsible for the effective stewardship of NHS spending for all the people living in the North East and North Cumbria.

The Constitution and supporting documents set out the framework for the ICB to delegate decision-making authority, functions and resources. The Constitution is fully compliant with NHS England requirements and was initially formally approved by NHS England on 27 May 2022. The latest version of the Constitution was approved by the Board at its meeting on 26 March 2024 and formally approved by NHS England on 01 August 2024.

The final publication of the NHS England Guidance concerning ICB model constitutions (PAR1551) was received in July 2024 and sets out final suggested amendments to ICB constitutions.

In addition to the changes required within the ICB model constitution document, further changes have to the constitution have been suggested in relation to the number of independent non-executive members and partner members on the Board.

A summary of the main changes is set out below:

- The inclusion of the requirement to appoint a Senior Non-Executive Member.
- A proposal to increase the number of Partner Members representing primary care (from two to three members) to allow for a dental representative partner member.
- The reduction in non-executive members (from five down to four) to allow for the increase in dental representative partner member.
- Changes to recognise the split in responsibility from one Chief Nurse, AHP and People Officer –
 splitting the role into a Chief Nurse and AHP Officer, and a Chief People Officer role (including
 updating references to these job titles throughout the constitution document). These changes will
 come into effect when the current Chief Nurse, AHP and People Officer leaves the ICB.
- Minor amends to section 7 concerning arrangements for ensuring accountability and transparency
 (as recommended in the ICB model constitution guidance) concerning items to include in the Joint
 Forward Plan and also minor amends to recognise that the NHS Provider Selection Regime has
 now come into effect.

- Minor amends to Appendix 1: Definitions of terms used in the constitution.
- Minor clarification concerning quoracy within the standing orders.

The updated Constitution (including tracked changes) is attached at Appendix 1.

Risks and issues

 Failure to adhere to NHSE guidance concerning ICB model constitutions could leave the ICB open to challenge.

Assurances

- The Constitution amendments reflect the new summary of changes in the NHS England publication PAR1551 ICB model constitution guidance.
- The Constitution is fully compliant with NHS England requirements.

Recommendation/action required

The Board is asked to:

- Approve the amendments as set out in the summary above.
- Agree for the Constitution to be submitted to NHS England for formal approval.

Acronyms and abbreviations explained Integrated Care Board (ICB)

Sponsor/approving executive director	Claire Riley, Chief Corporate Services Officer	
Date approved by executive director	23/09/2024	
Reviewed by	Deborah Cornell, Director of Corporate Governance and Board Secretary	
Report author	Neil Hawkins, Strategic Head of Corporate Governance	

Link to ICP strategy priorities (please tick all that apply)		
Longer and Healthier Lives	✓	
Fairer Outcomes for All	✓	
Better Health and Care Services	✓	
Giving Children and Young People the Best Start in Life	✓	

Relevant legal/statutory issues

Any potential/actual conflicts of

Note any relevant Acts, regulations, national guidelines etc

interest associated with the paper? (please tick)	Yes	No	✓	N/A	
If yes, please specify					
Equality analysis completed					,
(please tick)	Yes	No		N/A	→
If there is an expected impact on			•		
patient outcomes and/or experience.					

No

N/A

Key implications

Are additional resources required?

has a quality impact assessment been undertaken? (please tick)

None

Yes

Has there been/does there need to be appropriate clinical involvement?	Not Applicable
Has there been/does there need to be any patient and public involvement?	Not Applicable (original Constitution was subject to wide engagement)
Has there been/does there need to be partner and/or other stakeholder engagement?	Not Applicable (original Constitution was subject to wide engagement)