

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

BOARD MEETING	
1 JULY 2022	
<b>Report Title:</b>	<b>Introduction to the Governance Handbook and Functions and Decisions Map</b>
<b>Purpose of report</b>	
To provide the Board with an introduction to the governance handbook and its key documents, including the functions and decisions map.	
<b>Key points</b>	
<p>The NHS Act 2022 (as amended by the Health and Care Act 2022) abolished clinical commissioning groups and established Integrated Care Boards with four broad aims:</p> <ul style="list-style-type: none"> <li>• Improve outcomes in population health and healthcare</li> <li>• Tackle inequalities in outcomes, experience and access</li> <li>• Enhance productivity and value for money</li> <li>• Help the NHS support broader social and economic development</li> </ul> <p>The NHS North East and North Cumbria Integrated Care Board (the ICB) is the statutory decision-making body of the North East and North Cumbria Integrated Care System. The ICB is responsible for the commissioning of health services and effective stewardship of NHS spending for all the people living in the North East and North Cumbria.</p> <p>The ICB's Constitution and supporting documents create the framework for the ICB to delegate decision-making authority, functions and resources to the 13 places to ensure we meet the diverse needs of our citizens and communities. The Constitution sets out the functions that the ICB will undertake (currently performed by Clinical Commissioning Groups) and is supported by the governance handbook.</p> <p>The handbook includes a number of key documents including a functions and decisions map, scheme of reservation and delegation, financial limits and committee terms of reference. The attached paper sets this out in more detail.</p>	
<b>Risks and issues</b>	
None to note.	

<b>Item: 4</b>
<b>Enclosure: 2</b>

### Assurances

The Constitution and handbook have been developed in line with all current guidance and in partnership with key stakeholders across the ICS in the North East and North Cumbria. It will be publicly accessible on the ICB's website.

### Recommendation/Action Required

The Board is asked to:

- Receive the functions and decisions map for information.
- Note the other documents referenced in the handbook are covered as separate items on the agenda as require formal approval.

<b>Sponsor/approving director</b>	C Riley, Executive Director of Corporate Governance, Communications and Involvement (Designate)
<b>Report author</b>	D Cornell, Associate Director of Operations, South Tyneside CCG

### Link to ICB corporate aims (please tick all that apply)

CA1: Improve outcomes in population health and healthcare	✓
CA2: tackle inequalities in outcomes, experience and access	✓
CA3: Enhance productivity and value for money	✓
CA4: Help the NHS support broader social and economic development	✓

### Relevant legal/statutory issues

Health and Care Act 2022

<b>Any potential/actual conflicts of interest associated with the paper?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
--	------------	--	-----------	--	------------	---

If yes, please specify

<b>Equality analysis completed</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
--	------------	--	-----------	--	------------	---

<b>If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?</b> (please tick)	<b>Yes</b>		<b>No</b>		<b>N/A</b>	✓
---	------------	--	-----------	--	------------	---

### Key implications

<b>Are additional resources required?</b>	None required – update report only.
<b>Has there been/does there need to be appropriate clinical involvement?</b>	Yes, as part of the handbook development.
<b>Has there been/does there need to be any patient and public involvement?</b>	Not applicable – update report only.

<b>Item: 4</b>
<b>Enclosure: 2</b>

<b>Has there been/does there need to be partner and/or other stakeholder engagement?</b>
--

Yes, as part of the handbook development.
---

## **Introduction to the Governance Handbook**

### **1. Introduction**

- 1.1 The North East and North Cumbria Integrated Care Board (the ICB) is a statutory health body established to arrange for the provision of health services within the North East and North Cumbria.
- 1.2 The ICB must publish its constitution. The constitution sets out the duties of the ICB, the makeup of its board and the overarching rules by which it operates. The constitution is available on our website.
- 1.3 The governance handbook is supplementary to the constitution and sets out how the ICB makes its decisions. This is captured in several documents which make up this handbook.

### **2. The Governance Handbook**

The governance handbook contains a number of key documents to support transparency and engagement in how the ICB will make decisions. It is intended to make it clear to the reader as to how they can inform decision-making, including understanding who makes decisions, how they can find out how matters are being considered, how they can influence them and the role of the local Healthwatch.

A full copy of the handbook is available on the ICB website.

#### **2.1 Functions and Decisions Map**

This map sets out those functions and decisions taken by the ICB centrally or by the ICB at place. There are 13 places in the ICB, and these are listed in the ICB constitution. A copy of the Functions and Decisions Map is attached for information.

The following documents are also included within the handbook but are covered as separate items on the agenda as they require formal Board approval.

## 2.2 Scheme of Reservation and Delegation

This document sets out those decisions reserved to the ICB board and those decisions which are delegated to others. Delegations may be made to individuals, committees, or other organisations.

## 2.3 Committee Terms of Reference

The ICB has established five committees of the board. Each committee has clear terms of reference which sets out their role and remit and the decisions that each committee is able to make.

## 2.4 Financial Documents

The ICB has three key financial documents which set out the rules for making decisions (standing financial instructions), who decisions are delegated to (financial delegation) and the financial limits applicable to ICB staff.

## 2.5 Standards of Business Conduct Policy/Conflicts of interest policy and procedures

The ICB must maintain registers of the interests of members of the ICB Board, members of its committees or sub-committees, and its employees. These registers are included in this governance handbook.

Members of the board, committees, sub committees, and all staff must comply with the ICB's Standards of Business Conduct Policy/Conflicts of Interest policy.

## 2.6 Communities and People Involvement and Engagement Strategy for the North East and North Cumbria

No decision will be made about changes to health and care services that people receive without talking and listening to people receiving those services or who may do in the future, about it first. It is important that people have their say to shape and improve local services.

The ICB's Communities and People Involvement and Engagement Strategy sets out how the ICB will engage and involve people.

## 3. Recommendation

### 3.1 The Board is asked to:

- Receive the functions and decisions map for information

<b>Item: 4</b>
----------------

<b>Enclosure: 2</b>
---------------------

- Note the other documents referenced in the handbook are covered as separate items on the agenda as require formal approval.

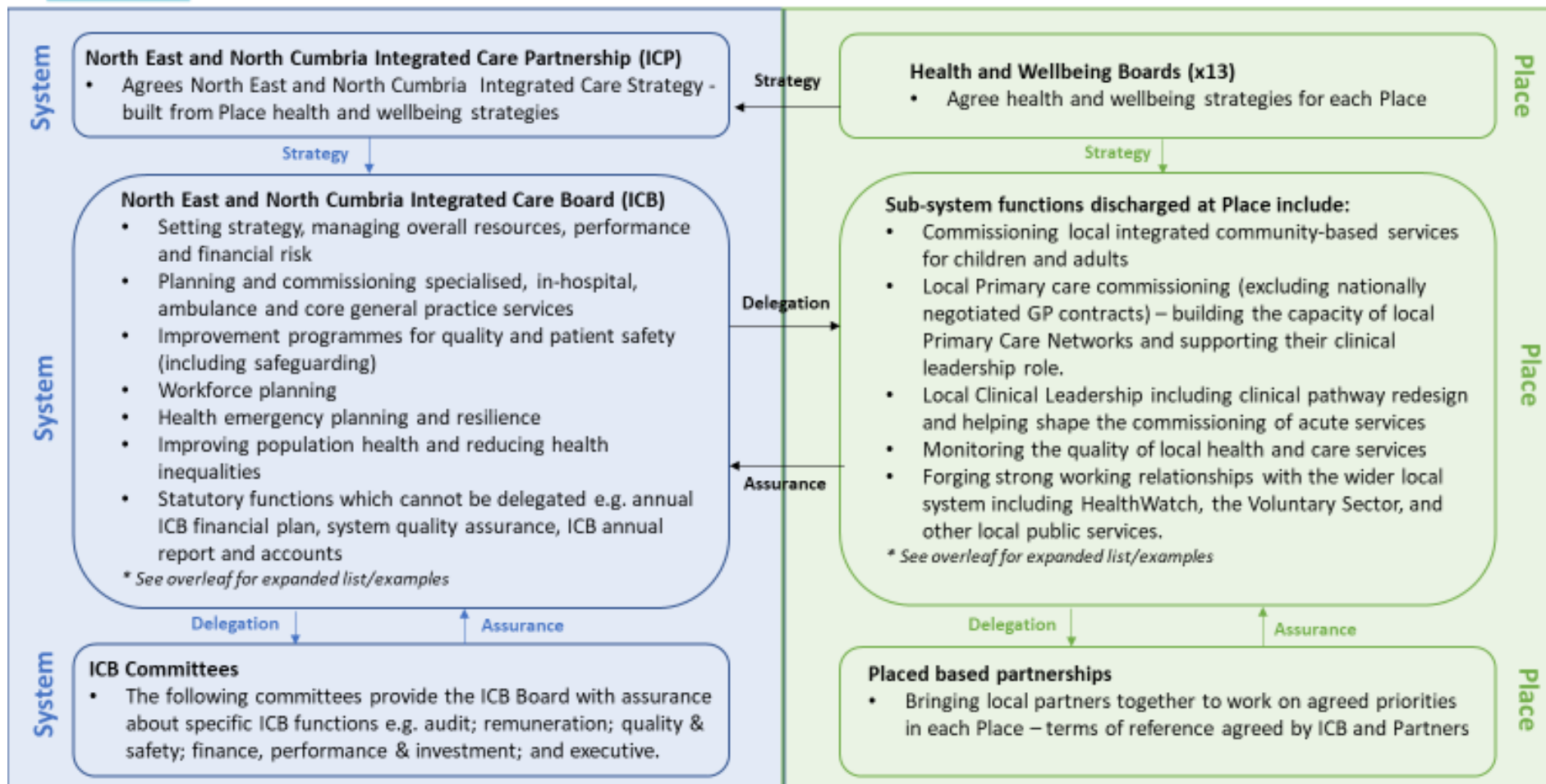
**Report author: D Cornell, Associate Director of Operations, South Tyneside CCG**

**Sponsoring Director: C Riley, Executive Director of Corporate Governance, Communications and Involvement (Designate)**

**Date: 14 June 2022**



North East and North Cumbria Integrated Care Board - functions and decisions map





## North East and North Cumbria Integrated Care Board - functions and decisions map

### ICB functions discharged at system level

- Setting strategy
- Managing overall resources, performance and financial risk
- Planning and commissioning specialised, in-hospital, ambulance and core general practice services
- Improvement programmes for quality and patient safety (including safeguarding)
- Workforce planning
- Horizon scanning and futures
- Harnessing innovation
- Building research strategy and fostering a research ecosystem
- Driving digital and advanced analytics as enablers
- Health emergency planning and resilience
- Improving population health and reducing health inequalities
- Strategic communications and engagement
- Statutory functions which cannot be delegated e.g. annual ICB financial plan, system quality assurance, ICB annual report and accounts

### Sub-system functions discharged at Place\*

- Building strong relationships with communities
- Fostering service development and delivery with a focus on neighbourhoods and communities
- Commissioning local integrated community-based services for children and adults (including care homes and domiciliary care).
- Local Primary care commissioning (excluding nationally negotiated GP contracts) – building the capacity of local Primary Care Networks and supporting their clinical leadership role.
- Local Clinical Leadership including clinical pathway redesign and helping shape the commissioning of acute services
- Monitoring the quality of local health and care services – including support to care homes, e.g. infection prevention and control.
- Forging strong working relationships with the wider local system including HealthWatch, the Voluntary Sector, and other local public services.
- Monitor Place based delivery of key enabling strategies.

In addition, there are formal place-based joint working arrangements between the NHS and Local Authorities which will also be part of the Integrated Care Board delegated functions; they include:

- Participation in Health & Wellbeing Boards to develop Joint Strategic Needs Assessments and Joint Health & Wellbeing Strategies
- Joint initiatives to promote health, prevent disease and reduce inequalities
- Joint commissioning and leadership of local services:
  - Continuing Health Care
  - Personal Health Budgets
  - Community mental health, learning disability and autism
  - Children and young people's services (including transitions, Special Educational Needs and Disabilities, Looked After Children)
- Service integration initiatives and jointly funded work through, e.g. the Better Care Fund and Section 75.
- Fulfilling the NHS's statutory health advisory role in adults' and children's safeguarding.
- The provision of updates to local Scrutiny Committees and Lead Members on local health and care services.

\* Some of these functions may have a policy or plan developed at a geography above Place for ICB consistency but the function would be delivered and nuanced at Place