



North East and  
North Cumbria

NHS North East and North Cumbria

# Scheme of Reservation and Delegation

Version 6-0, Approved 26 March 2024

**Better health  
and wellbeing for all...**



**Schedule of Matter Reserved to NHS North East and North Cumbria  
and Scheme of Delegation**

**Introduction**

The arrangements made by the North East and North Cumbria, hereafter referred to as the Integrated Care Board (ICB) for the reservation and delegation of decisions are set out in this scheme of reservation and delegation.

The ICB remains accountable for all its functions, including any that it has delegated.

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<b>Regulation and Control</b>						
Constitution 1.6	Consideration and approval of applications to NHS England on any matter concerning changes to the ICB's constitution, including arrangements for taking urgent decisions, and standing orders	✓ Approval of proposed changes		✓ Chair and/or Chief Executive may periodically propose amendments to the constitution		
Constitution 1.6.2	Approve Constitution (including Standing Orders)	✓ Approves (subject to NHS England approval)			✓ NHS England	
Constitution 4.4.2	Approve the ICB scheme of reservation and delegation (SoRD) and amendments to the SoRD	✓ Approves	✓ Audit Committee (Recommends)	✓ Chief Executive (Prepares)		
Constitution Appendix 2, Section 5	Suspension of Standing Orders			✓ Chair in discussion with at		

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				least two other members		
Constitution Appendix 2, 4.9.4	Urgent Decisions			✓ Chair and Chief Executive (or relevant lead director in the case of committees)		In the first instance, every attempt will be made for the Board to meet virtually. Where this is not possible, the delegation to the Chair and Chief Executive (or relevant lead director in the case of committees) applies. The exercise of such powers shall be reported to the next formal meeting of the board for formal ratification and the Audit Committee for oversight
	Establish governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.	✓				

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Constitution 4.6	Establish ICB Committees, Subcommittees, and Joint Committees	<p style="text-align: center;">✓</p> Board approves the establishment of ICB Committees. Board approves ICB Committees terms of reference. Board and partners approve the establishment of Joint Committees and their terms of reference.	<p style="text-align: center;">✓</p> Parent Committees approve the establishment of subcommittees and their terms of reference			Definition: A <u>Committee</u> is established by and accountable to the ICB Board. A <u>Subcommittee</u> is established by the relevant parent Committee and accountable to its parent Committee. <u>Parent Committees</u> Audit Committee; Finance, Performance and Investment Committee; Quality and Safety Committee; Remuneration Committee; and Executive Committee
	Approve the ICB operating framework	<p style="text-align: center;">✓</p> (Approves)		<p style="text-align: center;">✓</p> Chief Executive (Recommends)		
	Approve the ICB operating structure	<p style="text-align: center;">✓</p> (Approves)		<p style="text-align: center;">✓</p> Chief Executive (Recommends)		

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<p>Constitution 1.4</p> <p>Health and Care Act 14Z32 to 14Z44 and 14Z49</p>	<p>Approve the arrangements for discharging the ICB's functions including but not limited to:</p> <p>a) Having regard to and acting in a way that promotes the NHS Constitution (14Z32)</p> <p>b) Exercising its functions effectively, efficiently, and economically (14Z33)</p> <p>c) Securing continuous improvement in the quality of services (14Z34)</p> <p>d) Reducing inequalities (14Z35)</p> <p>e) Promote involvement of each patient (14Z36)</p> <p>f) Patient choice (14Z37)</p> <p>g) Obtaining appropriate advice (14Z38)</p> <p>h) Promote innovation (14Z39)</p>	<p>✓</p>				

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	<p>j) Research (14Z40)</p> <p>k) Education and training (14Z41)</p> <p>l) Promote integration (14Z42)</p> <p>m) Duty to have regard to effect of decisions (14Z43)</p> <p>n) Duties as to climate change etc (14Z44)</p> <p>o) Duty to keep experience of members under review (14Z49)</p>					
Constitution 1.4.5 c-g	<p>Approve the arrangements for discharging the ICB's statutory duties, including but not limited to:</p> <p>c) Duties in relation to children including safeguarding, promoting welfare etc (including the Children Acts 1989 and 2004, and the Children and Families Act 2014)</p> <p>d) Adult safeguarding and carers (the Care Act 2014)</p>	✓				

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	<p>e) Equality, including the public-sector equality duty (under the Equality Act 2010) and the duty as to health inequalities (section 14Z35);</p> <p>f) Information law, (for instance, data protection laws, such as the UK General Data Protection Regulation 2016/679 and Data Protection Act 2018, and the Freedom of Information Act 2000), and</p> <p>g) Provisions of the Civil Contingencies Act 2004</p> <p>h) Serious violence duty through the Police, Crime, Sentencing and Courts (PCSC) Act 2022. The ICB is a 'specified authority'</p>					<p>See section 11 of, and Schedule 1 to, the Police, Crime, Sentencing and Courts Act 2022 for the definition of specified authorities - for the health sector these are Integrated Care Boards in England</p>
Constitution 3.3.1	Appointment of ICB Chair				<p>✓ NHS England, with the approval of the Secretary of State</p>	

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Constitution 3.4.1 and 3.4.2	Appointment of ICB Chief Executive			✓ Appointed by ICB Chair in accordance with any guidance issued by NHS England*		*Appointment subject to approval of NHS England in accordance with any procedure published by NHS England
	Exercise or delegation of those functions of the ICB which have not been retained as reserved by the ICB Board, delegated to a committee or sub-committee or specified individual			✓ ICB Chief Executive		
Constitution 3.5.4, 3.6.5, 3.7.4	Appointment of Partner Member/s: <ul style="list-style-type: none"> <li>• Trusts</li> <li>• Primary Medical Services</li> <li>• Eligible Local Authorities</li> </ul>			✓ Approval ICB Chair*		*Supported by an Appointment Panel

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Constitution 3.8.3, 3.9.3, 3.10.3, 3.12.3	Appointment of: <ul style="list-style-type: none"> <li>Executive Medical Director</li> <li>Executive Chief Nurse</li> <li>Executive Director of Finance</li> <li>Other Executive Board Members</li> </ul>			<p>✓</p> <p>Appointed by ICB Chief Executive*</p> <p>✓</p> <p>Approval ICB Chair</p>		*Supported by an Appointment Panel
Constitution 3.11.2	Appointment of Independent Non-Executive Member/s			<p>✓</p> <p>Approved by ICB Chair*</p>		*Supported by an Appointment Panel
	Approve the System Collaboration and Financial Management Agreement	<p>✓</p> <p>(Approves)</p>	<p>✓</p> <p>Finance, Performance and Investment Committee (Recommends)</p>			In consultation with partners
Constitution 1.7.3 (c)	Approve Standing Financial Instructions (SFIs), Financial Delegations and Financial Limits	<p>✓</p> <p>(Approves)</p>	<p>✓</p> <p>Audit Committee (Recommends)</p>	<p>✓</p> <p>Executive Director of Finance (Prepares)</p>		



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	Approval of individual funding requests (IFR) in accordance with the ICB policy		<p style="text-align: center;">✓</p> <p style="text-align: center;">IFR Panels<sup>2</sup></p>		<p style="text-align: center;">✓</p> <p style="text-align: center;">Individual members appointed as decision makers (as approved by the Executive Medical Director) to make decisions on behalf of the ICB relating to individual funding requests, in line with ICB Policy<sup>1</sup></p>	<p><sup>1</sup>Appointed decision makers may make decisions not reserved to the IFR Panels.</p> <p><sup>2</sup>The IFR Panels are subcommittees of the Executive Committee</p> <p><sup>3</sup>IFR requests that fall within the parameters of the Value Based Clinical Commissioning Policy are based on meeting clinical exceptionality and are not a financial decision. For requests out with of a commissioned service/VBCC Policy , the ICB's financial limits will be considered amongst other factors as per the IFR Policy.</p>

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Standing Orders, Section 6	Set out who can execute a document by signature / use of the seal	✓ In approving Standing Orders		✓ Authorised to authenticate the use of the seal by their signature: - ICB Chair - Chief Executive - Executive Director of Finance		
	Appoint ICB: <ul style="list-style-type: none"> <li>• Caldicott Guardian</li> <li>• Conflicts of Interest Guardian</li> <li>• Senior Information Risk Officer</li> <li>• Data Protection Officer</li> <li>• Chief Information Officer</li> <li>• EPRR Accountable Emergency Officer</li> </ul>			✓ ICB Chief Executive		
	Approve Patient Group Directions			✓ ICB Medical Director, following review by the Quality and Safety Committee		

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<b>Strategy and Planning</b>						
	Agree the vision, values, and overall strategic direction of the ICB	✓				
	Approving the strategy for improving population health and reducing health inequalities	✓				Having regard to the Integrated Care Partnership, Integrated Care Strategy
	Approve the Commissioning Strategy	✓ (Approves)	✓ Executive Committee (Recommends)			
Health and Social Care Act 2022, 14Z52	Agree a system plan [with partner trusts] to meet the health and healthcare needs of the population within the North East and North Cumbria	✓ (Approves)	✓ Executive Committee* (Recommends)			*The Executive Committee will consult the Finance, Performance and Investment Committee in the development of the plan
	Complementary to the System Plan, agree a plan to meet the health and healthcare needs of the population within each place	✓ (Approves)		✓ Executive Area Director (Recommends)		

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	Approval of the ICB's non-programme budgets	✓ (Approves)	✓  Executive Committee (Recommends)			
	Approval of the ICB's programme budgets	✓ (Approves)	✓  Executive Committee (Recommends)			
	Approval of the capital plan for the ICB and partner NHS Foundation Trusts across the ICS	✓ (Approves)		✓  Executive Director of Finance (Recommends)		Finance, Performance and Investment Committee will seek assurance around the development and delivery of the capital plan
	Develop an approach to distribute ICB resources through commissioning and direct allocation to drive agreed change based on the ICB strategy	✓ (Approves)	✓  Finance, Performance and Investment Committee (Recommends)			

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	Approve all ICB programme costs	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ Executive Committee*	✓ Refer to financial delegations*		* Contracts will be approved by either the ICB Board, Executive Committee, or relevant individual in accordance with the financial delegations and financial limits
	Approve all ICB non-programme costs	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ Executive Committee*	✓ Refer to financial delegations*		* Non-programme contracts will be approved by either the ICB Board, Executive Committee, or relevant individual in accordance with the financial delegations and financial limits.
	Approve the strategic financial framework of the ICB, and manage overall resources, manage financial risk, monitor system financial performance and report material exceptions to the Board	✓ (Approves the strategic financial framework)	✓ Finance, Performance and Investment Committee (Recommends)			

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	Approve a Performance and Outcomes Framework for Providers	✓ (Approves)	✓ Executive Committee (Recommends)			
	Monitor provider performance against contract and report material exceptions to the Board		✓ Executive Committee			
	Agree arrangements regarding the System Oversight Framework		✓ Executive Committee			
	Approval of variations to annual planned budgets	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ Finance, Performance and Investment Committee*	✓ Refer to financial delegations*		*Variations to budgets will be approved by the Board, or Finance, Performance and Investment Committee, or an individual, in accordance with financial delegations and financial limits.
	Approval of variations to <u>non-programme contracts</u>	✓ Approved by the Board or as delegated in accordance with	✓ Executive Committee*	✓ Executive Director*		*Variations to non-programme contracts will be approved by the Board, or Executive Committee, or an

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		financial delegations and limits				Executive Director, in accordance with financial delegations and financial limits.
	Approval of variations to <u>programme</u> contracts	✓ Approved by the Board or as delegated in accordance with financial delegations and limits	✓ Executive Committee*	✓ Executive Director*		*Variations to programme contracts will be approved by the Board, or Executive Committee, or an Executive Director, in accordance with financial delegations and financial limits
	In accordance with ICB policy, lead significant service reconfiguration programmes to achieve agreed outcomes	✓ (Approves)	✓ Executive Committee (Assurance)	✓ Executive Director (Recommends)		In leading service reconfiguration, the ICB will work with providers at scale and place
	Planning and commissioning of services (to include procurement and evaluation strategies and recommended bidder reports).	✓ Approved by the Board or as delegated in accordance with financial	✓ Executive Committee*	✓ Executive Director*		* Approval by the Board, or Executive Committee, or an Executive Director. in accordance with financial delegations and financial limits

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		delegations and limits				
Delegation agreement	<p><u>Specialist Commissioning delegation from NHS England</u></p> <p>Approve decisions on the review, planning and procurement of specialist commissioned services (consistent with the terms of the delegation agreement with NHS England)</p>		<p>✓</p> <p>Executive Committee</p>			
Delegation agreement	<p><u>Primary Care Services delegation from NHS England</u></p> <p>Approve decisions on the review, planning and procurement of primary care services (consistent with the terms of the delegation agreement with NHS England)</p>	<p>✓</p> <p><u>Primary Care Services</u></p> <p>Approval of strategies as shown in Appendix <b>2b</b></p>	<p>✓</p> <p><u>Primary Care Services</u></p> <p>Delegation to the Primary Care Strategy and Delivery Sub Committee as shown in Appendix <b>2c (1-4 and 6)</b></p> <p>✓</p> <p><u>Primary Medical Services</u></p>	<p>✓</p> <p><u>Primary Medical Services</u> - delegation to ICB Chief Executive or Executive Director of Finance or ICB Chair as shown in Appendix <b>2a</b></p>		<p>Primary Care Services consists of:</p> <ul style="list-style-type: none"> <li>• Primary Medical Services</li> <li>• Pharmacy</li> <li>• Optometry</li> <li>• Dentistry</li> </ul>



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			Delegation to the to ICB sub committees at Place as shown in Appendix 2d			
Delegation Agreement	<p><u>Pharmaceutical Services delegation from NHS England</u></p> <p>Determination of applications submitted under the NHS (Pharmaceutical Services) Regulations 2005 (as amended), which fall to be determined by virtue of the transitional provisions set out in the Pharmacy Manual, Version 2, 10 February 2023*</p>		<p>✓</p> <p><u>Primary Care Services</u></p> <p>Delegation to the Pharmaceutical Services Regulations (sub) Committee as shown in Appendix 2c(5)*</p>			<p>*The Pharmacy Manual complements the Regulations and any Directions issued by the Secretary of State for Health and Social Care and should be read alongside them (and not in place of them). Where any discrepancy or contradiction between the content of this manual and the Regulations/Directions is identified, the legal underpinning documents (i.e., regulations/directions, etc) are to take precedence</p>

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	Primary Care Services – Urgent Decisions			✓ ICB Senior Responsible Officer (SRO) for Primary Care Services or his/her named deputy		See Appendix 2
	Primary Medical Services – Special Allocation Scheme, decisions on reviews and commissioner instigated removals			✓ ICB Medical Director		
	Workforce planning		✓ Executive Committee			
	Agree <u>system</u> implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce' including through closer collaboration across the health and care sector, with local government,	✓ (Approves strategy)	✓ Executive Committee (Monitors)	✓ Executive Director Lead for People (System leadership)		

Official

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	the Voluntary and Community Sector (VCS) and volunteers.					
	Agree system-wide strategy and action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services .	✓ (Approves strategy)	✓ Executive Committee (Monitors)	✓ Executive Chief Digital and Information Officer (System leadership)		
	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability	✓ (Approves strategy)	✓ Finance Committee	✓ Executive Director (System leadership)		
<b>Annual Report and Accounts</b>						
	Approval of the ICB's annual report and annual accounts	✓ (Approves)	✓ Audit Committee (Assurance)			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
<b>Human Resources</b>						
	Code of Conduct for staff (titled: Standards of Business Conduct Policy and Declarations of Interest policy and procedures)	✓ Approves	✓ Executive Committee (Recommends)			
Constitution3 .14	Approve the <u>arrangements</u> for determining the terms and conditions, remuneration and travelling or other allowances for Board members, employees and others who provide services to the ICB, including pensions and gratuities.	✓ In approving Terms of reference of Remuneration Committee			✓ NHS England (Terms of appointment of the Chair will be determined by NHS England)	
Constitution 3.14	Approve the terms and conditions, remuneration and travelling or other allowances for Board members, including pensions and gratuities (subject to Prime Minister limit)	✓ (The Panel of the Board determines Remuneration for Non-Executive Members)	✓ ICB Remuneration Committee (Approves all except those delegated to the Panel of the Board or NHS England)		✓ NHS England (Remuneration for the Chair will be set by NHS England)	The Panel of the Board comprises the Chair, Chief Executive and Executive Director Lead for People

Official

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approve the terms and conditions, remuneration and travelling or other allowances for <u>employees</u> of the ICB and to <u>other</u> persons providing services to the ICB		✓ ICB Remuneration Committee			
	Approve arrangements for staff appointments		✓ Executive Committee (Approves)	✓ Executive Director Lead for People (Prepares)		
	Changes to staffing establishment, Tier 1			✓ Director (Approves)		<u>Tier 1 Definition</u> Exact like-for-like replacement of a leaver or any changes to post, grade or WTE with positive financial implications (i.e., a reduction in cost). This can be approved by the relevant place-based or corporate Director (i.e., a director who reports to an executive director)

Official

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Changes to staffing establishment, Tier 2			<p style="text-align: center;">✓</p> Executive Director (Approves)		<p><u>Tier 2 Definition</u>                      Backfill for maternity, secondments or sickness absence; temporary acting up where funding is already available; and hosted/seconded-in posts where funding is already available. These can be approved by the relevant Executive Director</p>
	Changes to staffing establishment, Tier 3		<p style="text-align: center;">✓</p> Executive Team (Approves)			<p><u>Tier 3 Definition</u> Any changes to post, grade or WTE with negative financial implications (i.e., an increase in cost); permanent re-gradings; agency workers; and any other changes not covered in Tiers 1 or 2. Changes of this type can only be approved by the Executive Team.</p>

Official

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
<b>Quality and Safety</b>						
	Approve arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes		✓ Quality and Safety Committee			
	Provide the ICB with assurance that it is delivering its functions in a way that delivers high quality safe patient care in commissioned services and secures continuous improvement in the quality of services		✓ Quality and Safety Committee (assures the Board)			Quality and Safety Area Sub Committees will review quality and safety issues and escalate any concerns or issues to the Quality and Safety Committee.
<b>Operational and Risk Management</b>						
	Approve the appointment of Internal Auditors		✓ Audit Committee (Approves)	✓ Executive Director of Finance (Recommends)		
	Approve the appointment of External Auditors	✓ (Approves)	✓ Auditor Panel (Recommends)			Note: the Auditor Panel is made up wholly of Audit Committee members (see Audit Committee Terms of Reference)

Official

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approve the ICB's counter fraud and security management arrangements	✓ (Approves)	✓ Audit Committee (Recommends)			
	Approve the ICB's risk management arrangements	✓ (Approves)	✓ Executive Committee (Recommends)			
	Approve the ICB's arrangements for managing conflicts of interest	✓				In proposing ICB Constitution to NHS England
	Establish a comprehensive system of internal control across the ICB		✓ Executive Committee			
	Approve arrangements for action on litigation against or on behalf of the ICB		✓ Executive Committee			
	Approve arrangements for planning, responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times		✓ Executive Committee			



Official

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	of greatest need, including taking on incident coordination responsibilities as delegated by NHS England					
	Approve the ICB's arrangements for handling complaints		✓ Executive Committee			
	Approve arrangements for ensuring the ICB has an integrated approach to the management standards of health and safety and has appropriate strategy and policies in place		✓ Executive Committee			
	Approve arrangements for complying with the NHS Provider Selection Regime		✓ Executive Committee			
	Approve Communications and Engagement Strategy	✓ (Approves)	✓ Executive Committee (recommends)			
	Approve and implement the ICB's information governance policies, including handling Freedom of Information requests, ensuring appropriate and safekeeping and		✓			

Official

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	confidentiality of records and for the storage, management and transfer of information and data		Executive Committee			
<b>Policies</b>						
	Approve human resources policies for employees and for other persons working on behalf of the ICB		✓ Executive Committee (Approves)	✓ Executive Director Lead for People (Prepares)		
	Approve clinical, quality and safety policies		✓ Quality and Safety Committee			
	Approve corporate policies (unless specified elsewhere)		✓ Executive Committee			
	Approve ICB standard operating procedures (SOPs)			✓ Directors, as relevant to their function		

Official

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
	Approve the risk management strategy		✓ Executive Committee			
	Determine the ICB pay policy (including the adoption of pay frameworks such as Agenda for Change)		✓ Remuneration Committee			
	Approve the complaint's policy		✓ Executive Committee			
	Approve health and safety policies		✓ Executive Committee			
	Approve information governance policies		✓ Executive Committee			
	Approve the value based commissioning policy		✓ Executive Committee			

Reference	Decision	Reserved to the ICB Board	Delegated to a Committee or Sub-Committee (Subject to the Financial Delegations/ Financial Limits)	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
<b>Partnership Working</b>						
Integrated care boards Guide to developing a SoRD, page 9	Approve arrangements for coordinating supra* commissioning arrangements with other ICBs or with local authorities, where appropriate	✓ (Approves)	✓ Executive Committee (Recommends)			*Where one service provider spans more than one ICB
Constitution 4.3.2 – 4.3.3 and 4.7	Authorisation of arrangements made under section 65Z5 or section 75 of the 2006 Act	✓ Approved by the Board or as delegated in accordance with financial delegations and financial limits	✓ Executive Committee*	✓ Refer to financial delegations*		*Arrangements will be approved by either the ICB Board, Executive Committee, or relevant individual in accordance with the financial delegations and financial limits  See Table 1
	Approve decisions that individual members or employees of the ICB participating in joint arrangements on behalf of the ICB can make	✓				Such delegated decisions must be disclosed in this scheme of reservation and delegation

**Table 1: Key legislative mechanisms for collaborative working**

Official

Mechanism for collaboration	Organisations	Description of mechanism
<b>Section 65Z5 delegation</b>	NHS England, ICBs, NHS trusts and foundation trusts	<p>This is a voluntary arrangement whereby NHS organisations listed under s65Z5 delegate responsibility for carrying out specific functions to other listed NHS organisations and/or to local authorities (LAs) and/or to combined authorities (Cas).</p> <p>There are some constraints on what functions can be delegated and how these delegations are made, which are set out in the 2022 Regulations and in Annex E of the statutory guidance.</p> <p>NHS organisations cannot delegate their functions to non- statutory, non-public organisations (that is, independent or voluntary sector providers).</p> <p>LAs and CAs cannot delegate their functions to statutory NHS organisations using this mechanism – although they can receive delegated responsibility for the functions of NHS organisations under s65Z5 arrangements. For delegation of LA functions, see s75 arrangements below.</p>
<b>Sections 65Z5 and 65Z6 joint exercise arrangements</b>	NHS England, ICBs, NHS trusts and foundation trusts	<p>Two or more NHS organisations within the scope of s65Z5 can choose to come together (including via a joint committee) to make legally binding decisions and pool funds across agreed functions.</p> <p>Any constraints on how these arrangements are made and which functions can be part of them are set out in the 2022 Regulations and in Annex E of the statutory guidance.</p> <p>LAs and CAs can be part of these arrangements – but they cannot include their own functions in any joint decision- making using this mechanism. Joint working between LAs and NHS organisations, including for LA functions, can be achieved using s75 and s65Z5 arrangements.</p>
<b>Section 75 partnership arrangements</b>	NHS England and/or ICBs with LAs and/or CAs NHS trusts and/or foundation trusts with LAs and/or CAs	<p>Section 75 partnership arrangements are a longstanding collaboration mechanism under the 2006 Act.</p> <p>These enable collaborative working between at least one NHS organisation (NHS England/ICB or NHS trust/foundation trust) and at least one LA to exercise or delegate a range of the NHS organisation’s functions and the LA’s health-related functions.</p> <p>Any delegation/joint exercise of health-related LA functions to/with NHS organisations will continue to be achieved using the powers in s75 of the 2006 Act and the associated partnership arrangement</p>

Official

Mechanism for collaboration	Organisations	Description of mechanism
		regulations. The 2022 Act requires ICPs to consider the use of section 75 arrangements in preparing their strategy for their system.
<b>Conferral of discretions</b>	NHS England, ICBs, NHS trusts and foundation trusts	<p>This provision has been included to make clear the lawful scope of contractual arrangements between commissioners and providers. It confirms that a commissioner can lawfully give providers a wide degree of latitude as to the services they provide under a contract, both in terms of which services are delivered and how they are delivered, so as to resolve any doubt on this issue. The commissioner will still set the broad scope of what the provider is expected to achieve (clinical outcomes, for example) under a contract.</p> <p>A contract that confers discretion on a provider in respect of some or all services under the contract may be a useful alternative or precursor to delegation to trusts or foundation trusts under s65Z6.</p>

[Extract from publication reference PR1560 - Statutory guidance: Arrangements for delegation and joint exercise of statutory functions, Guidance for integrated care boards, NHS trusts and foundation trusts (September 2022)]

**Committees and Sub Committees**  
**of NHS North East and North Cumbria Integrated Care Board (ICB)**

**1. Committees**

The ICB has established the following Committees

- Audit Committee
- Remuneration Committee
- Finance, Performance, and Investment Committee
- Quality and Safety Committee
- Executive Committee

**2. Subcommittees**

The ICB has established the following subcommittees:

- Healthier and Fairer Advisory Group (subcommittee)
- Individual Funding Requests Panel (subcommittee) x 2
- ICB subcommittees at place x 12
- Primary Care Strategy and Delivery
- Medicines
- Safeguarding
- Quality and Safety (Area) x 4
- Pharmaceutical Services Regulatory [sub] Committee
- Antimicrobial Resistance and Healthcare Associated Infection
- Mental Health, Learning Disabilities and Autism
- People & Organisational Development Subcommittee
- Special Education Needs and Disability (SEND) Assurance Subcommittee
- Clinical Effectiveness Subcommittee

**3. Joint Committees**

The ICB and Partners have established the following joint committees:

North East and North Cumbria Integrated Care Partnership (ICP), and the following Area ICPs:

- **North Area** Integrated Care Partnership (ICP)
- **Central Area** Integrated Care Partnership (ICP)
- **Tees Valley Area** Integrated Care Partnership (ICP)
- **North Cumbria Area** Integrated Care Partnership (ICP)

**Primary Care Services: Allocation of Roles and Responsibilities within the ICB**

Delegation of Primary Care Services from NHS England (NHSE) to NHS North East and North Cumbria Integrated Care Board (the ICB)

These tables set out how the ICB has delegated responsibilities within the organisation.



## Appendix 2a

**Primary Care Services - delegation to ICB Chief Executive or Executive Director of Finance or ICB Chair**

Reference	Delegation	NHS England Approval
1	Taking any step or action in relation to the settlement of a Claim, where the value of the settlement exceeds £100,000	NHS England Head of Legal Services and Local NHS England Team Director or Director of Finance
2	Any matter in relation to the primary care Delegated Functions which is novel, contentious or repercussive	Local NHS England Team Director or Director of Finance or NHS England Region Director or Director of Finance or NHS England Chief Executive or Chief Financial Officer
3	The entering into of any Primary Care Services Contract which has or is capable of having a term which exceeds five (5) years	Local NHS England Team Director or Director of Finance

## Appendix 2b

**Primary Care Services – reserved to ICB Board**

Reference	Delegation
1	Approval of strategies

**Appendix 2c(1)**

**Primary Care Services - delegation of Primary Care Services to Primary Care Strategy and Delivery Subcommittee: GENERIC**

(Decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Occupational health contract commissioning and management
2	Escalation of disputes
3	Forward plans for all functions
4	Enabler plans for all functions including estates, workforce and digital
5	Local professional network proposals (for decision)
6	Decisions in respect of Quality Assurance Frameworks
7	Commissioning needs analysis and commissioning of ad-hoc primary care services
8	Decisions in respect of investigations (commencement and outcome excluding Primary Medical Care Services)
9	Clinical Waste contract commissioning and management

**Appendix 2c(2)**

**Primary Care Services - delegation to Primary Care Strategy and Delivery Subcommittee - OPTOMETRY**

(Decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Primary Care Audits - Assurance Framework outcome
2	Optometry National and Local Enhanced Services commissioning and contracting
3	New optometry contracts
4	Variations decisions affecting existing contracts

**Appendix 2c(3)**

**Primary Care Services - delegation to Primary Care Strategy and Delivery Subcommittee - DENTISTRY**

(Decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

<b>Reference</b>	<b>Delegation</b>
1	Commissioning needs analysis for dental services
2	Primary Care Audits - Assurance Framework
3	Dental National and Local Enhanced Services commissioning and contracting
4	New dental contracts
5	Variations decisions affecting existing contracts with exception of those noted in Appendix 2e

**Appendix 2c(4)**

**Primary Care Services - delegation to Primary Care Strategy and Delivery Subcommittee – PHARMACY**

(Decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

<b>Reference</b>	<b>Delegation</b>
1	Primary Care Audits- Community Pharmaceutical Assurance Framework (CPAF)
2	Community Pharmacy National and Local Enhanced Services commissioning and contracting
3	Pharmacy Integration Fund decisions

**Appendix 2c(5)**

**Pharmaceutical Services - Delegation to the Pharmaceutical Services Regulations**

**[Sub] Committee - PRSC**

(Decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Determination of applications (current and future) with exception of those listed in Appendix 2f
2	Determination of controlled localities including 'serious difficulty' applications with exception of those listed in Appendix 2f
3	Contract commissioning, performance, and management decisions
4	Designation, review, and cancellations relating to LPS areas with exception of those listed in Appendix 2f
5	Fitness to practice
6	Disputes and appeals with exception of those listed in Appendix 2f

*\*Please refer to the NHS Pharmacy Manual 2023 for full detail breakdown on regulations\**

**Appendix 2c(6)**

**Primary Medical Services - delegation to Primary Care Strategy and Delivery**

**Subcommittee:**

(Decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Decision to procure a new Primary Medical Services contract <sup>1</sup>
2	Decision to award (following procurement) of a new Primary Medical Services contract <sup>1</sup>
3	Interface and management of assurance to the ICB Executive Committee - ICB wide strategy development and delivery oversight
4	Govern and manage assurance of delegated commissioning from Place to ensure the ICB meets its duties in relation to delegation
5	Strategic oversight of Place operational planning, delivery and management in respect of Primary Medical Services
6	Interface and management of assurance to NHS England North East and Yorkshire region
7	Clinical waste contract oversight (General Practice)
8	National funding scheme development and oversight
9	Quality on Outcomes Framework (QOF) annual sign off of scheme and approval of payments

Reference	Delegation
10	Manage the design (where applicable) and commissioning of any regional services, including re-commissioning these services annually where appropriate
11	Decision making and budget management regarding primary care estates strategies and overarching revenue consequences
12	Decision making and budget management regarding primary care GPIT
13	Revenue decisions relating to premises (affecting more than one Place)
14	Decisions escalated from Place where it exceeds financial limits and risk

Notes

<sup>1</sup> For contracts which have or are capable of having a term which exceeds five (5) years, see Appendix 2a.

General Note

Any matter in relation to the primary medical delegated functions which is novel, contentious or repercussive must be referred to the ICB Chief Executive or Executive Director of Finance or ICB Chair (see Appendix 2a)

**Appendix 2d**

**Primary Medical Services - ICB subcommittee at place**

(Decisions by subcommittees are limited to the financial limits of the most senior ICB officer present)

Reference	Delegation
1	Management of delegated funds in relation to Primary Medical Services
2	Assessing quality and outcomes (including clinical effectiveness, patient experience, patient safety and addressing inequalities) in collaboration with others in the ICB with responsibility for quality and safety
3	Take decisions relating to dispersing the patient lists of Primary Medical Services Providers at place
4	Approving Primary Medical Services closures including branch closures <sup>1</sup>
5	Manage the Primary Medical Services Contracts and perform all NHSE's obligations under each of the Primary Medical Services Contracts
6	Planning Primary Medical Services including carrying out needs assessments <sup>1</sup>
7	Undertaking reviews of Primary Medical Services
8	APMS contract management

Reference	Delegation
9	Actively manage each of the relevant Primary Medical Services Contracts including agreeing local prices, managing agreements or proposals for local variations and local modifications
10	Commissioning Needs Analysis for Primary Medical Services contracting <sup>1</sup>
11	Disputes
12	Estates (Primary Care) <sup>1</sup>
13	General Practice investigations (for sanctions see Appendix 2a)
14	Home Office Resettlement Schemes
15	Local Resilience Schemes/Support for General Practice Contractors
16	Mergers, boundary changes, list closures, incorporations <sup>1</sup>
17	Patient list management and allocations
18	Primary Care Network (PCN) contracting and commissioning <sup>1</sup>
19	Local Primary Care workforce plans <sup>1</sup>
20	Collation of General Practice data/information; performance management and quality assurance of General Practice
21	Management of Quality and Outcomes Framework (QOF) <sup>2</sup>
22	Winter pressures – primary care
23	Operational Plan
24	Access
25	Manage the design (where applicable) and commissioning of any Local Enhanced Services, including re-commissioning these services annually where appropriate
26	Design and offer Local Incentive Schemes for Primary Medical Services Providers, sensitive to the differing needs of their particular communities. This includes in addition to or as an alternative to the national contractual frameworks (including as an alternative to QOF or Enhanced Services), provided that such schemes are voluntary, and the ICB continues to offer the national schemes.
27	Make decisions on Discretionary Payments or Support at place (subject to available budget)
28	Manage Primary Medical Services Providers providing inadequate standards of patient care at place
29	Revenue decisions relating to premises <sup>1</sup>
30	General Practice sanctions
31	Decision to extend an existing Primary Medical Services contract in accordance with contract terms

#### Notes

<sup>1</sup> Must be escalated for action or decision to the Primary Care Strategy and Delivery Subcommittee where the action/decision would impact across more than one place.

<sup>2</sup> For authorisation of QOF annual scheme and approval of payments see Appendix 2c(2)

#### General Note

Any matter in relation to the primary care delegated functions which is novel, contentious or repercussive must be referred to the ICB Chief Executive or Executive Director of Finance or ICB Chair (see Appendix 2a) via the Primary Care Strategy and Delivery Subcommittee and the Executive Committee.

Appendix 2e

**Primary Care Dental Services – decisions delegation to an ICB Primary Care Officer or Manager**

Reference	Delegation
1	<p>Contract delivery performance:</p> <ul style="list-style-type: none"> <li>• mid year reviews and agreement of action plans (including issuing of remedial and breach notices for non-compliance with submission of action plans)</li> <li>• end of year performance review and reconciliation including decisions on adverse events/exceptional circumstances/force majeure requests for dental relief (greater carry forward of activity) and issuing of breach notices for under-performance of contract activity.</li> </ul> <p>NB: decisions on sanctions, other breach notices (excluding the year end under-performance) and withholding of payments to be escalated to PCSDSC</p>
2	<p>Contractor disputes /appeals– requirement to escalate should local resolution fail</p>
3	<p>Contract variations (decisions and signing of variation notices) limited to:</p> <ul style="list-style-type: none"> <li>• 24-hour retirements;</li> <li>• Change of ownership/legal entity (excluding incorporation/dis-incorporations and contract novation's which would be escalated to PCSDSC for decision)</li> <li>• Changes of opening hours (where there is no overall contractual reduction in hours)</li> <li>• Changes of activity (where activity change is within total contract value)</li> <li>• Minor relocation (within 5 miles)</li> <li>• Mergers where the same legal entity ensues</li> </ul>
4	<p>Management of practice/performer issues identified via the Dental Assurance Framework or contract monitoring process (including decision on undertaking further investigation i.e., practice visit/record card checks etc.</p>
5	<p>Orthodontics – decision on 2<sup>nd</sup> course of treatment (following national guidance within dental policy book)</p>

**Primary Care Pharmaceutical Services – decisions delegation to an ICB Primary Care Officer or Manager**

Reference	Delegation
1	Change of ownership applications (Reg 26)
2	Temporary arrangements during emergencies or because of circumstances beyond the control of NHS chemists (Reg 29)
3	Deferrals arising out of LPS designations (Reg 32)
4	Serious difficulty applications (Reg 48)
5	Applications to increase core opening hours (Reg 65)
6	Decisions under the following paragraphs of Schedule 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013  Para 1 (10) Para 11 (1) and 2 (b) Para 14 Para 19 Para 22 (2) Para 28 Para 30 Para 31 Para 32 Para 33 Para 34 Para 35
7	Decisions under the following paragraphs of Schedule 4 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013  Para 27 Para 27B Para 28A
8	Decisions under the following paragraphs of Schedule 5 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013  Para 13 (6)
9	Determination of action where the contractor exceeds the maximum number of appliance use reviews that may be done in any one year



**Primary Care Optometry Services – decisions delegation to an ICB Primary Care Officer or Manager**

Reference	Delegation
1	Contract delivery performance –performance review and reconciliation (decisions on sanctions, breach notices and withholding of payments to be escalated to PCSDSC)
2	Contractor disputes – requirement to escalate should local resolution fail
3	Contract variations limited to: 24-hour retirements; Change of legal entity; Changes of opening hours (where there is no overall contractual reduction in hours) Minor relocations (within 5 miles)
4	Management of practice/performer issues identified via the Optometry Assurance Framework
5	Fitness to practice assessments for Directors

**Delegation Summaries**

NHS North East and North Cumbria has entered into the following delegation agreements from NHS England:

<b>Delegated Functions</b>	<b>Schedule</b>	<b>Effective Date of Delegation</b>
Primary Medical Services Functions	Schedule 2A –	1 July 2022
Primary Dental Services and Prescribed Dental Services Functions	Schedule 2B –	1 April 2023
Primary Ophthalmic Services Functions	Schedule 2C –	1 April 2023
Pharmaceutical Services and Local Pharmaceutical Services Functions	Schedule 2D –	1 April 2023

NHS North East and North Cumbria has not delegated any of its functions to other organisations.

## REMUNERATION GUIDANCE

### **Introduction**

This statement summarises NHS North East and North Cumbria Integrated Care Board's (the ICB) approach to staff remuneration.

The ICB Chair is appointed by NHS England with the approval of the Secretary of State. The ICB Chief Executive is appointed by the ICB Chair subject to approval of NHS England.

The ICB Chair approves the appointment of Board members.

### **Governance**

The ICB has established a Remuneration Committee (made up wholly of non-executive director members) responsible for:

- Approving the terms and conditions, remuneration and travelling or other allowances for employees of the ICB and other persons providing services to the ICB. The ICB is guided by Agenda for Change.
- Approving the terms and conditions, remuneration and travelling or other allowances for Board members, including pensions and gratuities, except for the following:
  - A Panel of the Board (comprising the Chair, Chief Executive and Executive Director lead for people) determines remuneration for non-executive members of the Board.
- Remuneration for the ICB Chair is set by NHS England.

Where a conflict arises then the Chair will remove conflicted parties from the meeting.

**GLOSSARY**

<b>2006 Act</b>	National Health Service Act 2006
<b>2012 Act</b>	Health and Social Care Act 2012 (this Act amends the 2006 Act)
<b>Chief Executive</b>	<p>An individual, as defined under paragraph 12 of Schedule 1A of the 2006 Act (as inserted by Schedule 2 of the 2012 Act), appointed by the NHS Commissioning Board, with responsibility for ensuring the ICB:</p> <ul style="list-style-type: none"> <li>• complies with its obligations under: <ul style="list-style-type: none"> <li>○ sections 14Q and 14R of the 2006 Act (as inserted by section 26 of the 2012 Act),</li> <li>○ sections 223H to 223J of the 2006 Act (as inserted by section 27 of the 2012 Act),</li> <li>○ paragraphs 17 to 19 of Schedule 1A of the NHS Act 2006 (as inserted by Schedule 2 of the 2012 Act), and</li> <li>○ any other provision of the 2006 Act (as amended by the 2012 Act) specified in a document published by the Board for that purpose.</li> </ul> </li> <li>• exercises its functions in a way which provides good value for money.</li> </ul>
<b>Area</b>	The geographical area that the ICB has responsibility for, as defined in Chapter 2 of the Constitution
<b>Audit Committee</b>	A committee of the Board
<b>Board</b>	<p>The body appointed under section 14L of the NHS Act 2006 (as inserted by section 25 of the 2012 Act), with the main function of ensuring that an ICB has made appropriate arrangements for ensuring that it complies with:</p> <ul style="list-style-type: none"> <li>• its obligations under section 14Q under the NHS Act 2006 (as inserted by section 26 of the 2012 Act), and</li> <li>• such generally accepted principles of good governance as are relevant to it.</li> </ul>
<b>Board Member</b>	Any member appointed to the Board of the ICB
<b>Budget</b>	A resource, expressed in financial terms, proposed by the Board for the purpose of carrying out, for a specific period, any, or all of the functions of the ICB.
<b>Budget Holder</b>	The director or employee with delegated authority to manage finances (Income and Expenditure) for a specific area of the organisation.
<b>Chair of the Board</b>	The individual appointed by the ICB to act as chair of the Board

## Official

<b><i>Executive Director of Finance</i></b>	The qualified accountant employed by the ICB with responsibility for financial strategy, financial management and financial governance
<b><i>Commissioning</i></b>	The process for determining the need for and for obtaining the supply of healthcare and related services by the ICB within available resources.
<b><i>Committee</i></b>	A committee created and approved by the ICB Board
<b><i>Sub-Committee</i></b>	A sub-committee created by ICB Board or a committee of the ICB Board, and approved by the Board
<b><i>Committee Members</i></b>	Persons formally appointed by the Board to sit on or specific committees.
<b><i>Constitution</i></b>	A Constitution is the set of principles and rules by which an organisation is governed and managed.
<b><i>Board Secretary</i></b>	A person appointed to act independently of the Board to provide advice on corporate governance issues to the Board and the Chair and monitor the ICB's compliance with the law, Standing Orders, and Department of Health guidance.
<b><i>Contracting and Procurement</i></b>	The systems for obtaining the supply of goods, materials, manufactured items, services, building and engineering services, works of construction and maintenance and for disposal of surplus and obsolete assets.
<b><i>Director of Public Health</i></b>	A health care professional who is a specialist in Public Health or a Consultant in Public Health medicine who may hold the post of Director of Public Health.
<b><i>Financial Directions</i></b>	Any and all Directions made by the Secretary of State from time to time which relate to financial entitlements and or requirements.
<b><i>Financial Year</i></b>	This usually runs from 1 April to 31 March, but under paragraph 17 of Schedule 1A of the 2006 Act (inserted by Schedule 2 of the 2012 Act), it can for the purposes of audit and accounts run from when an ICB is established until the following 31 March.
<b><i>Health and Wellbeing Board</i></b>	The role of the Health and Wellbeing Board is to bring together the Local Authority, Voluntary Sector, Local Healthwatch, NHS and Public health to work together to improve the health and wellbeing of local people.
<b><i>Health and Wellbeing Strategy</i></b>	A strategy developed with Local Authorities for the purpose of purpose of advancing the health and wellbeing of the people in its area and implemented by the Health and Wellbeing Board

## Official

<b><i>Healthcare Professional</i></b>	An individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
<b><i>Integrated Care System (ICS)</i></b>	The ICS is a geographical partnership that brings together providers and commissioners of NHS services across the North East and North Cumbria.
<b><i>Non – Executive Members</i></b>	Independent members of the Board.
<b><i>NHS England</i></b>	NHS England (operating as the National Health Service Commissioning Board Authority prior to its formal establishment as a non-departmental public body).
<b><i>Officer</i></b>	Employee of the ICB or any other person holding a paid appointment or office with the ICB.
<b><i>Officer Member</i></b>	A member of the ICB who is either an officer of the ICB or is to be treated as an officer (i.e., the Chair of the ICB, or any person nominated by such a committee for appointment as an ICB member).
<b><i>Registers of Interests</i></b>	Registers an ICB is required to maintain and make publicly available under section 14O of the 2006 Act (as inserted by section 25 of the 2012 Act), of the interests of: <ul style="list-style-type: none"> <li>• the members of the ICB.</li> <li>• the members of its Board.</li> <li>• the members of its committees or sub-committees and committees or sub-committees of its Board; and</li> <li>• its employees.</li> </ul>
<b><i>Remuneration Committee</i></b>	A Committee of the Board
<b><i>Scheme of Reservation and Delegation</i></b>	Delegates powers and authority to the various elements of the ICB.
<b><i>Standing Orders</i></b>	The standing orders of the ICB
<b><i>Standing Financial Instructions</i></b>	They are part of the ICB’s control environment for managing the organisation’s financial affairs as they are designed to ensure regularity and propriety of financial transactions. They define the purpose, responsibilities, legal framework, and operating environment of the ICB.
<b><i>Vice-Chair</i></b>	The non-officer member appointed by the Board to take on the Chair’s duties if the Chair is absent for any reason.