



North East and North Cumbria

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

BOARD	
30 May 2023	
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	
<p>The Health and Care Act 2022 (the Act) established integrated care boards as part of integrated care systems on 1 July 2022. The aim of the Act was to bring health and care organisations together to provide greater opportunities for collaboration and a shared responsibility for health of local populations in the planning and delivery of services to tackle health inequality and improve quality and outcomes.</p> <p>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.</p> <p>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 formally approved by NHS England on 27 May 2022. It has subsequently been updated on by the Board at its meeting on 29 November 2022 and approved by NHS England on 22 December 2022.</p> <p>A further update it now required following the constitutional changes to the establishment of the two unitary Local Authorities, Cumberland, Westmorland and Furness as from the 1 April 2023. The revision of the Constitution document reflects this change along with a small number of other minor amendments needed.</p> <p>These are summarised below and highlighted within the attached Constitution for ease of reference:</p>	

All hyperlinks within the constitution document that refer to published documentation have been revised to reflect the correct website link: "North East and North Cumbria ICB".

- Section 1.3.1 – Area Covered by the Integrated Care Board – updated the unitary councils to 'Cumberland' and 'part of Westmorland and Furness (the former Eden District Council area)'
- Section 2.2.2 – Reference to (a) 'In addition' to the statutory minimum of two Non-Executive Members, replace the number (2) to (3) to take account of the geographical size and complexity of the ICS area
- Section 2.2.2 – Reference to (b) the executive role title: One 'Executive Chief People Officer' – updated to 'One Executive Director of Improvement and Experience'
- Section 2.2.2 – Reference to (b) the executive role title: One 'Executive Director of Strategy and System Oversight' – updated to 'One Executive Chief of Strategy and Operations'
- Section 2.2.2 – Reference to (b) the executive role title: 'Two Executive Directors of Place Based Delivery' – updated to 'Two Executive Area Directors'.
- Section 2.2.3 – Reference to (j) 'One Executive Chief People Officer' – updated to 'One Executive of Improvement and Experience'
- Section 2.2.3 – Reference to (l) 'One Executive Director of Strategy and System Oversight' – updated to 'One Executive Chief Strategy and Operations'
- Section 2.2.3 – Reference to (m) 'Two Executive Directors of Place Based Delivery' – updated to 'Two Executive Area Directors'
- Section 2.3.2 – Participants - addition of 'subject to the selection and appointment process as set out in section 3 for partner members to b) and c)
- Section 3.7.1 – Partner Member(s) – Eligible Local Authorities. Replace (a) Cumbria County Council with 'Cumberland Council'. Insert (d) to read 'Furness and Westmorland Council'
- Section 3.7.2 – Partner Member(s) – eligibility criteria updated to include' one member must also fulfil a leadership role of either chief executive or council leader within the respective local authority area'
- Section 3.8 – Wording amendment from "Medical Director" to read "Executive Medical Director".
- Section 3.11.1 – Wording amendment to the ICB will appoint four "Non-Executive Members" changed to five.
- Section 4.6.1 – Wording amendment from 'appoint' to read 'establish' subcommittees.
- Section 4.6.3 – Remove context wording 'For the avoidance of doubt, committees may not establish subcommittees without Board approval'.

The updated Constitution is attached at **Appendix 1**.

Risks and issues

The Constitution is a key governance document and will require to be kept under review to ensure any changes reflect current legislation, guidance and the ICB's Operating Model.

Assurances

The Constitution changes reflect the two newly established Local Authorities within the ICB area as from 1 April 2023.

The Constitution is fully compliant with NHS England requirements.

Recommendation/action required

Item: 10.3

The Board is asked to: <ul style="list-style-type: none"> • 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						
All abbreviations and acronyms have been explained within this document.						
Sponsor/approving executive director	Claire Riley, Executive Director of Corporate Governance, Communications and Involvement					
Date approved by executive director	Insert date					
Reviewed by	D Cornell, Director of Corporate Governance and Involvement					
Report author	L Hutchinson, Senior Corporate Governance Lead					
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						
Any potential/actual conflicts of 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, has a quality impact assessment been undertaken? (please tick)	Yes		No		N/A	✓
Key implications						
Are additional resources required?	None					
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)					