DRAFT

Leicester, Leicestershire and Rutland Integrated Care System (ICS): Functions and Decisions Map

(v13, 31 May 2022)

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Requirement: To develop a functions and decisions map showing the arrangements to support good governance.

It should provide an overview of where decisions are taken across the ICS, it should outline roles of different committees / partnerships and has to be easily understood.

Content:

Content is draft at present and continues to be informed by:

- Legislation, guidance and national requirements..
- Discussions taking place through the development of the ICB Constitution with ICB Chair and CEO for ICB governance arrangements.
- Arrangements at "place" reflect existing forums.

LLR Integrated Care System: planning, partnerships and delivery (key functions and roles)

| Health and Wellbeing Boards Joint Strategic Needs Assessments and development of Joint Health and Wellbeing Strategies for each respective area. Population health management at place. Population health and care. Population health and care. Population health and care. Planning and improvement of health and care. Planning and improvement of health and care. Population health and care. Population health and care. Population informed by JSNA. Does not commission services. Champion inclusion and transparency and dere. Planning and improvement of health ad care. Operates at place level, can also operate at system level. Support the Triple Aim (better health for everyone, better care for all and efficient use of NHS resources). Support the Triple Aim (better health for everyone, better care for all and efficient use of NHS resources). | Statutory Body | Statutory Committee Statu | utory | ICS Statutory Body | Locally established |
|--|---|---|---|--|--|
| | Boards Joint Strategic Needs Assessments and development of Joint Health and Wellbeing Strategies for each respective area. Population health management at place. Planning and improvement of health and care. Develop strong connection with place(s). Operates at place level, can also operate | LLR Health and Wellbeing Partnership (i.e. the Integrated Care Partnership) Develop an integrated care strategy covering health and social care needs of population informed by JSNA. Does not commission services. Champion inclusion and transparency and demonstrate progress in reducing inequalities and improving outcomes. Agree collective objectives and outputs at system level. Influence wider determinants of health including creating healthier environments and inclusive and sustainable economies Bring the statutory and non-statutory interests of places together. Promote mobilisation of resources and assets in the community and system and across place-based partnerships. Support the Triple Aim (better health for everyone, better care for all and efficient | communication /iinterface and influence | NHS LLR Integrated Care Board Develop plan to meet health and healthcare needs of population informed by partnership's strategy and by JSNA. Secure collaboration within the NHS and at the interface of health and local government. Responsible for NHS resource allocation to deliver the plan across the system. Arrange provision of health services in line with allocated resources across the ICS. Establish joint working arrangements with partners. Hold the NHS bodies within LLR to account. Fulfil functions delegated from NHS E/I. Lead system implementation of: people priorities including delivery of the People Plan Data and digital. Estates, procurement, supply chain and commercial strategies to maximise value for money Emergency Preparedness, Resilience and Response Population Health intelligence Economic development and environmental | Partnership arrangements involving NHS providers working at scale across system and / or across multiple places with a shared purpose. Build broader coalitions with community partners to transform, promote health and wellbeing and reduce unwarranted variation and inequality in health outcomes, access to services and experience. Adcountability Place-based partnerships Delivery at place. |

Defining need for place

Aggregating need at system level

Defining healthcare needs and responsibility for commissioning health care

Delivery

Residents and local population

LLR Integrated Care System: interface and accountability



various fora detailed above.

LLR Integrated Care Board governance structure



Appendices

APPENDIX 1: SUMMARY OF STATUTORY AND INTERNAL COMMITTEES

| Committee / group | Responsible for | |
|--|--|--|
| Integrated Care Board (Board of the statutory Body) | Responsible for developing a plan and allocating resource to meet the health and healthcare needs of the population. Establishing joint working arrangements with partners that embed collaboration for delivery. Establishing governance arrangements to support collective accountability for whole-system delivery and performance. Arranging for the health provision of services including contracting arrangements, transformation, working with local authority and partners to put in place personalised care for people. Leading system implementation of people priorities including delivery of the People Plan and People Promise. Leading system-wide action on data and digital. Scheme of Reservation and Delegation determined by the ICB Board, has overarching financial authority. Delegations as from NHS England. | |
| Audit Committee (Statutory) | Providing ICB with independent and objective review of adequacy and effectiveness of internal control systems including financial information and compliance with laws, guidance and regulations governing the NHS. Delegation in relation to Annual Report and Accounts and governance related policies in line with SORD. | |
| Remuneration Committee (Statutory) | Pay policy, terms of service and remuneration. Review remuneration for CEO, executive directors and clinical leads (outside of pay arrangements set at a national level). Oversee contractual arrangements for staff. Approve remuneration for executive members (except Chief Executive) and clinical leads. | |

APPENDIX 2: SUMMARY OF COMMITTEES WITH SYSTEM FOCUS

| Committee/Group | Responsible for | | |
|--|--|--|--|
| System Executive Team | Executive and management responsibilities. Development of system strategy, planning and finance. Oversight of system performance and manage the day-to-day delivery of NHS services at system level with support from Collaboratives, Clinical Executive and other such groups. Financial delegation to be proposed approx. up to £20m for approval of healthcare procurement and contracts over term of contract following approval of the Operational and Financial Plan by the Board. Membership to include: ICB EMT members SROs for various collaboratives UHL and LPT CEOs | | |
| Finance and Activity Committee | Scrutiny of the delivery of a robust, viable and sustainable system financial strategy and plan. Oversight of payment policy reform and oversight of reporting of placed based allocations and provider collaborations. Provide assurance on the system's current and forecast financial position and recovery plans to address any challenges. Oversight of system capital plans and monitoring and forecasting for onward assurance. | | |
| Quality and Safety Assurance Committee | Development of system quality, performance improvement and assurance strategy. Provide assurance on quality, safety, performance improvement, patient engagement, patient experience, patient and public involvement, and the personalisation of care. Monitor quality, safety and performance risks at and receive assurance in relation to mitigations and improvement plans. Approval of clinical pathways and clinical policies. Sub-groups: System Quality Group will be a key sub-group a requirement set out by the National Quality Board. | | |
| People and Culture Committee | Details to be confirmed | | |
| Health Inequity Committee | Details to be confirmed | | |