

DRAFT

Leicester, Leicestershire and Rutland Integrated Care System (ICS): Functions and Decisions Map (v13, 31 May 2022)

Version control:

v13, 31 May 2022 / DKB (status: draft document, to be finalised by June 2022)

Requirement:

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

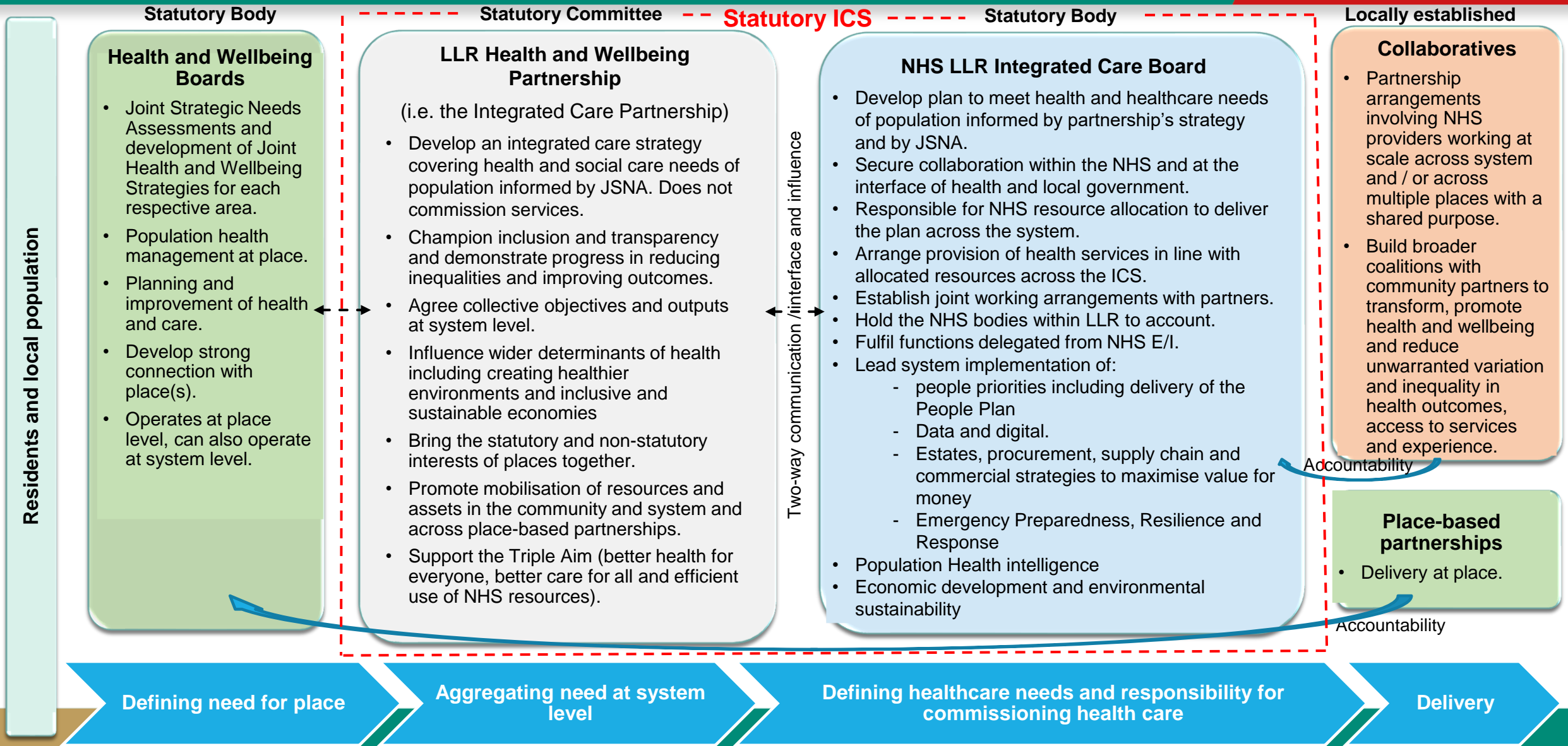
It should provide an overview of where decisions are taken across the ICS, it should outline roles of different committees / partnerships and has to be easily understood.

Content:

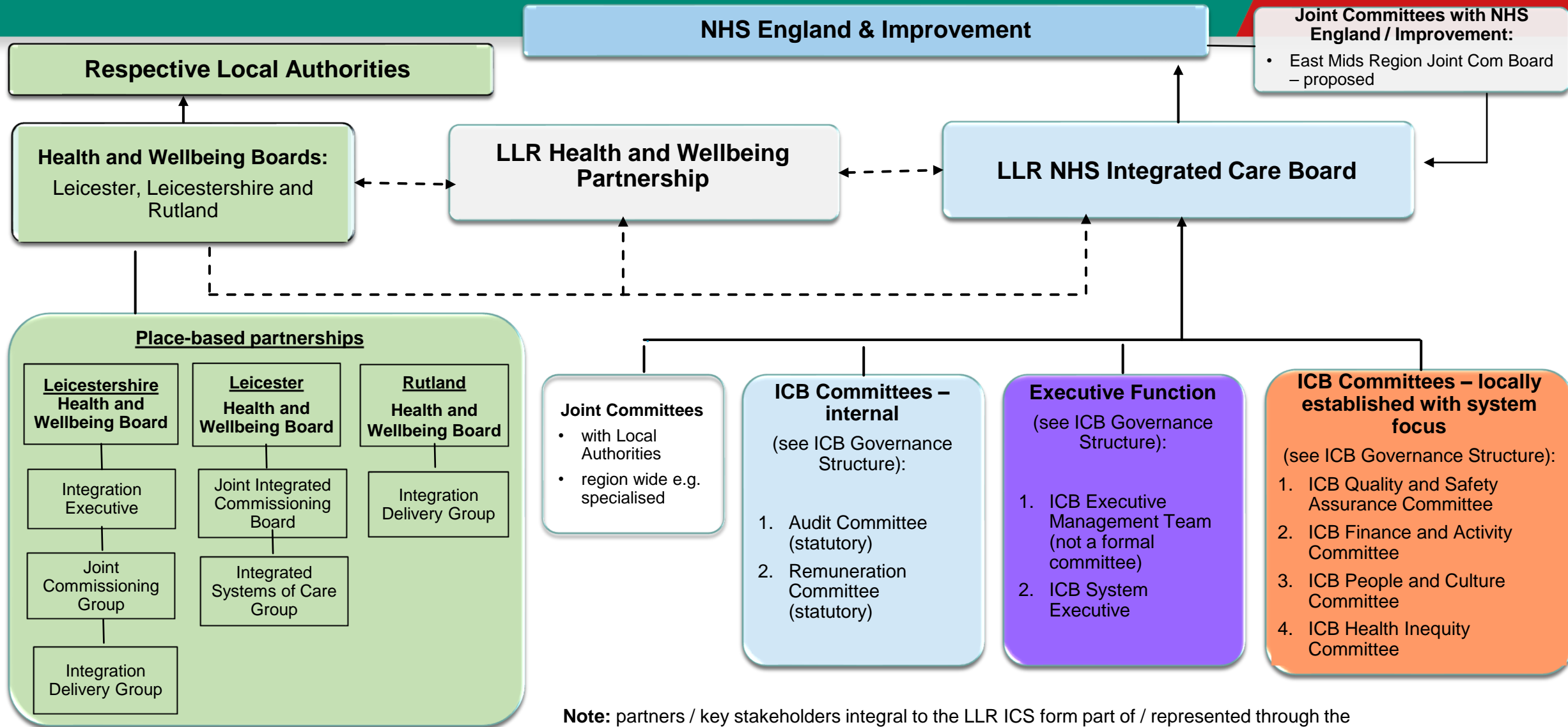
Content is draft at present and continues to be informed by:

- 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)

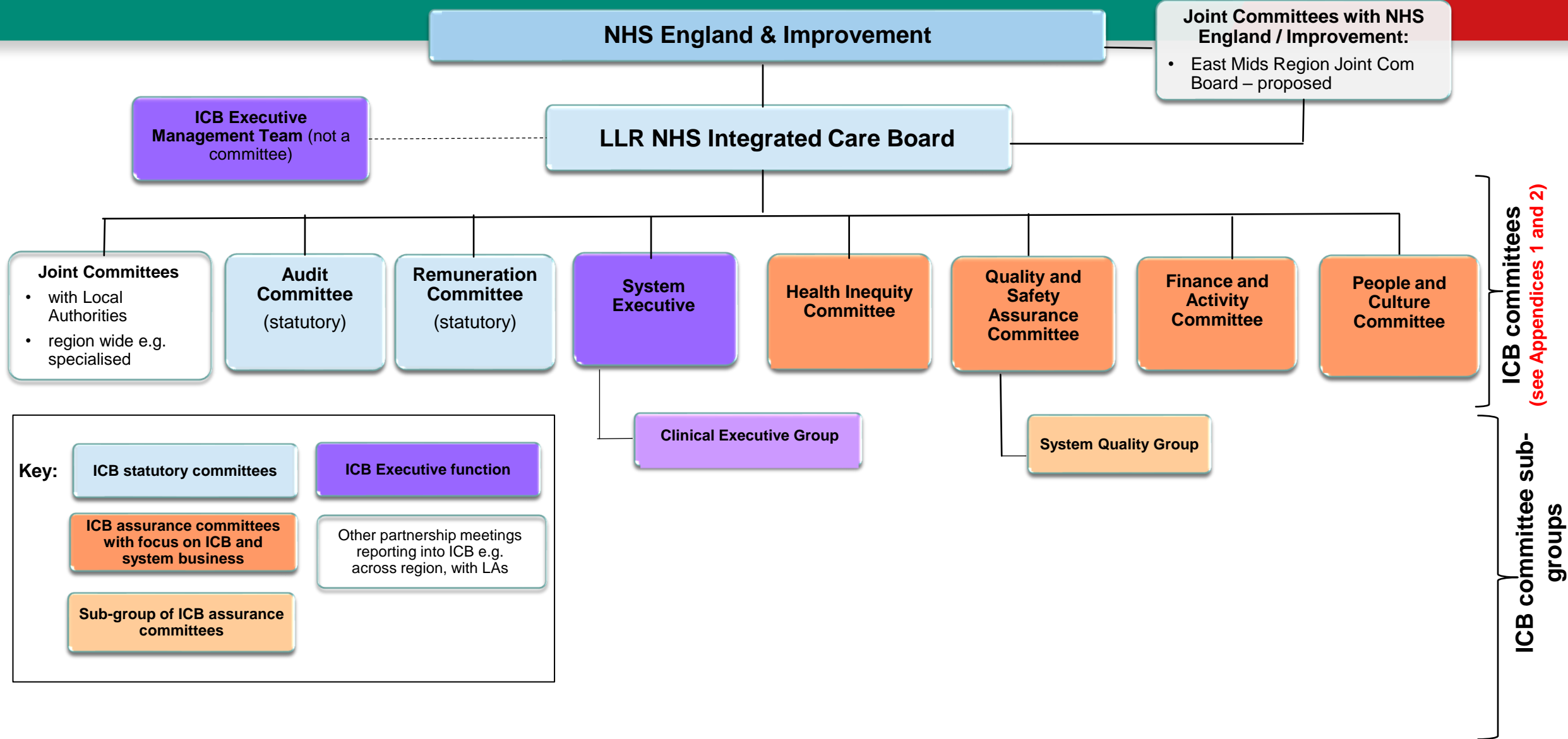


LLR Integrated Care System: interface and accountability



Note: partners / key stakeholders integral to the LLR ICS form part of / represented through the 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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<p>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.</p> <p>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.</p> <p>Membership to include:</p> <ul style="list-style-type: none"> - ICB EMT members - SROs for various collaboratives - UHL and LPT CEOs
Finance and Activity Committee	<ul style="list-style-type: none"> • 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	<p>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.</p> <p>Sub-groups: System Quality Group will be a key sub-group a requirement set out by the National Quality Board.</p>
People and Culture Committee	<p>Details to be confirmed</p>
Health Inequity Committee	<p>Details to be confirmed</p>