

LEICESTER CITY HEALTH AND WELLBEING BOARD
26th January 2022

Subject:	Roles and Responsibilities of Integrated Care Boards
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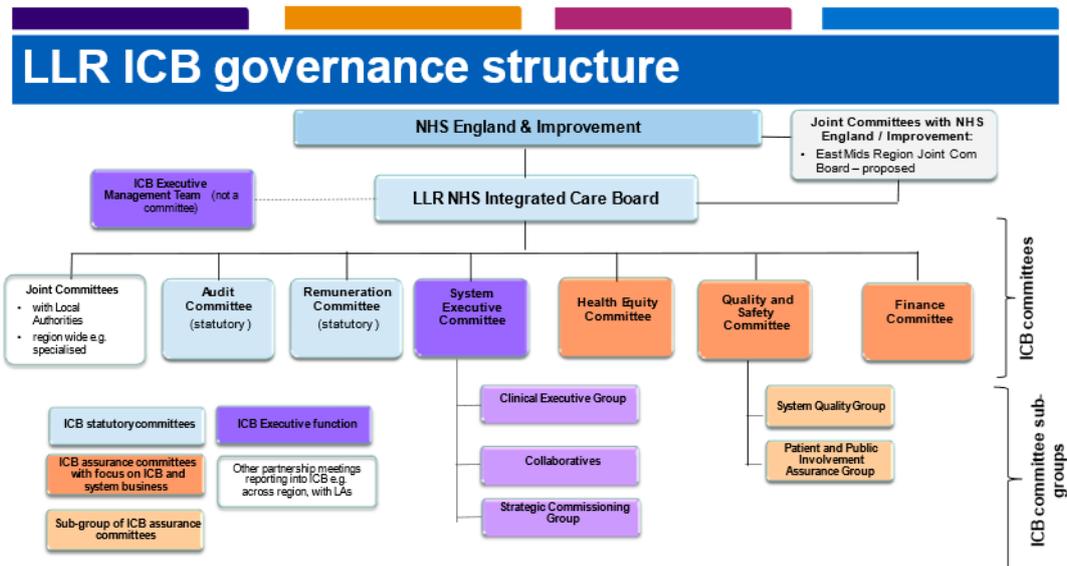
EXECUTIVE SUMMARY:

1. This paper sets out the roles and responsibilities of Integrated Care Boards which replaced Clinical Commissioning Groups from July 2022.

BACKGROUND

2. On the 1st July 2022 Integrated Care Boards were established. They replaced Clinical Commissioning Groups and have responsibility for arranging health care provision in their area. This includes:
 - Securing the provision of health services to meet the needs of the local population
 - Responsible for the co-ordination of the local NHS
 - Set strategic direction and responsibility for strategic planning across the local NHS
 - Bring together all those involved in planning and providing NHS services to take a collaborative approach to agreeing and delivering ambitions for the health of their population
 - Developing a plan to meet the health needs of the population within their defined geography
 - Taking on the commissioning functions of the clinical commissioning groups (CCGs)
 - Accountable for NHS spend and performance within their area
 - Developing a revenue and capital plan for their area
 - Being part of a wider partnership working to tackle population health and enhance health and care services
3. Integrated Care Boards are statutory organisations governed by a constitution with a Board made up of both NHS and Local Authority members. The constitution for the Leicester, Leicestershire and Rutland Integrated Care Board can be found at https://leicesterleicestershireandrutland.icb.nhs.uk/wp-content/uploads/2022/10/2.-LLR-ICB-Constitution_20220519_V19_September-2022-APPROVED-Oct-2022.pdf

4. The Integrated Care Board is supported to discharge its duties by several committees and groups as set out in the following governance structure.



ROLES AND RESPONSIBILITIES OF AN INTEGRATED CARE BOARD

5. As well as the roles and responsibilities set out in paragraph 2 the ICB has several legal duties most of which have been transferred from the Clinical Commissioning Group. These are:
- To promote the NHS Constitution in securing health care services and awareness with patients, staff and public
 - To be effective, efficient and economic
 - To secure improvements in quality of services including continuous improvement in quality outcomes and effectiveness of services, safety and experience of services
 - To reduce health inequalities across both access and outcomes
 - Promote involvement of patients and their carers in decisions relating to prevention and diagnosis of illness and their care and treatment
 - Promote patient choice with a view to enabling patients to make choices with respect to aspects of health services provided to them
 - To obtain appropriate advice to enable effective discharge of responsibilities
 - To promote innovation in the provision of health care services
 - To promote research on matters relevant to the health service and the use in the health service of evidence obtained from research
 - To promote education and training to support health service delivery
 - To promote integration where it would improve the quality of services and or reduce inequalities in outcomes and access.
 - Make decisions having regard to all likely effects of that decision in relation to the health and wellbeing of people; the quality of services provided to individuals; efficiency and sustainability in the use of resources
 - To support relevant climate change legislation in the discharge of their duties.

6. In addition, Integrated Care Boards have a duty to involve and consult with their population. This requires that ICBs must make arrangements to secure that individuals to whom the services are being or may be provided are involved in:
 - The planning of the commissioning arrangements put in place by the ICB
 - In the development and consideration of proposals by the ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them
 - In decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decision would (if made) have such an impact.

ICB ROLE WITHIN AN INTEGRATED CARE SYSTEM

7. As well as the duties and responsibilities set out above the Integrated Care Board is part of a wider system (known as the Integrated Care System). The Integrated Care System has four key purposes:
 - Improving the population health and healthcare
 - Tackling unequal outcomes and access
 - Enhancing productivity and value for money
 - Helping the NHS to support broader social and economic development
8. The ICB has a responsibility to support the above four areas.

HEALTH AND WELLBEING PARTNERSHIP

9. As part of the legislative changes on the 1st of July 2022 the Leicester, Leicestershire and Rutland Health and Wellbeing Partnership was established as a statutory committee jointly formed by all the upper tier local authorities in LLR and the LLR Integrated Care Board. The partnership is co-chaired by the Chairs of the LLR Health and Wellbeing Boards and the Chair of the LLR ICB. Its membership is formed from health, local authorities and wider partners.
10. The primary purpose of the HWP is to support the development of a plan to address the health and wellbeing of the people in Leicester, Leicestershire and Rutland through enhanced integration.
11. As an ICB we have responsibility to contribute to the development of the Health and Wellbeing Partnership both as healthcare providers and commissioners but also how we can support the broader social and economic development.

RECOMMENDATIONS:

The Health and Wellbeing Board is requested to:

NOTE the content of the paper.