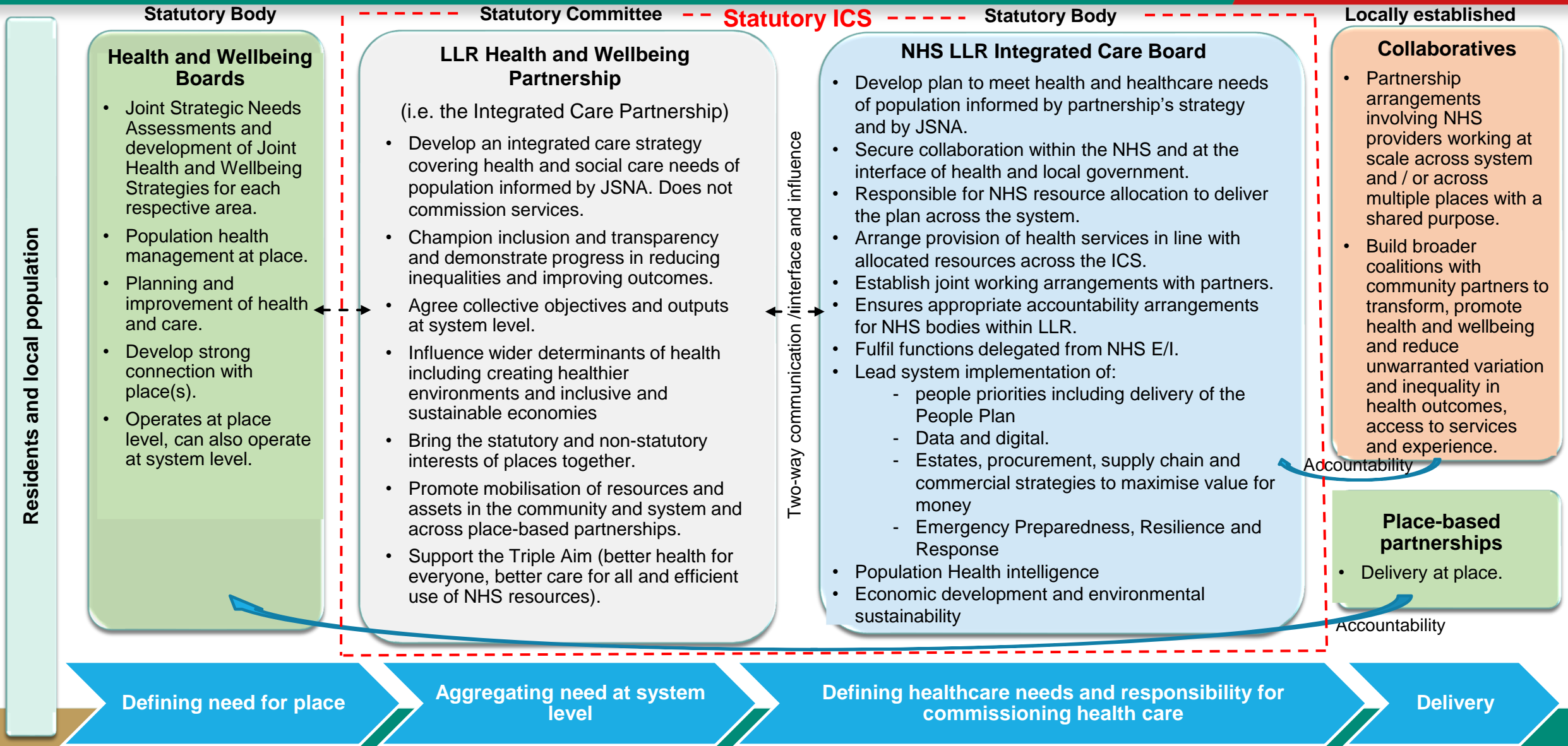




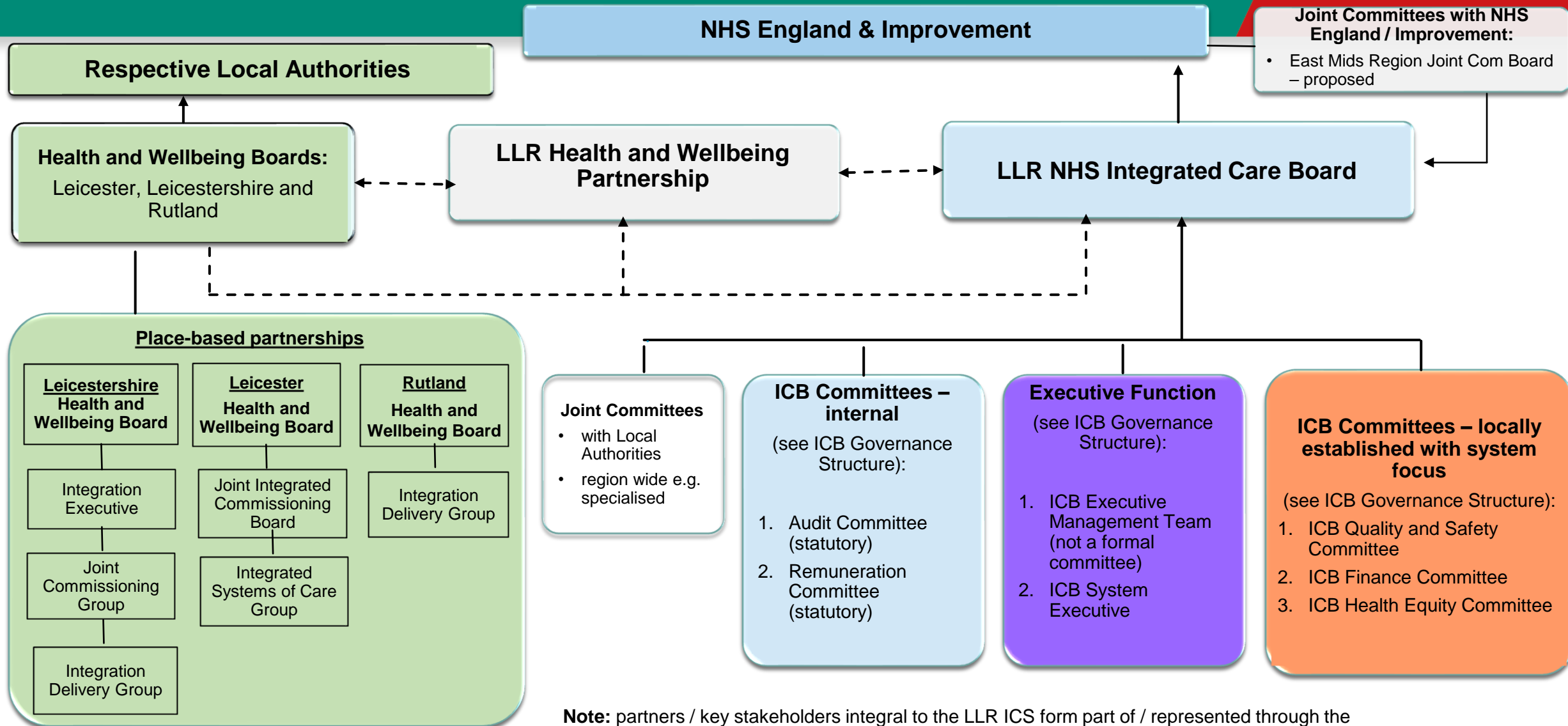
**Leicester, Leicestershire and Rutland  
Integrated Care System (ICS):  
Functions and Decisions Map**  
(v1, 1 July 2022)



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

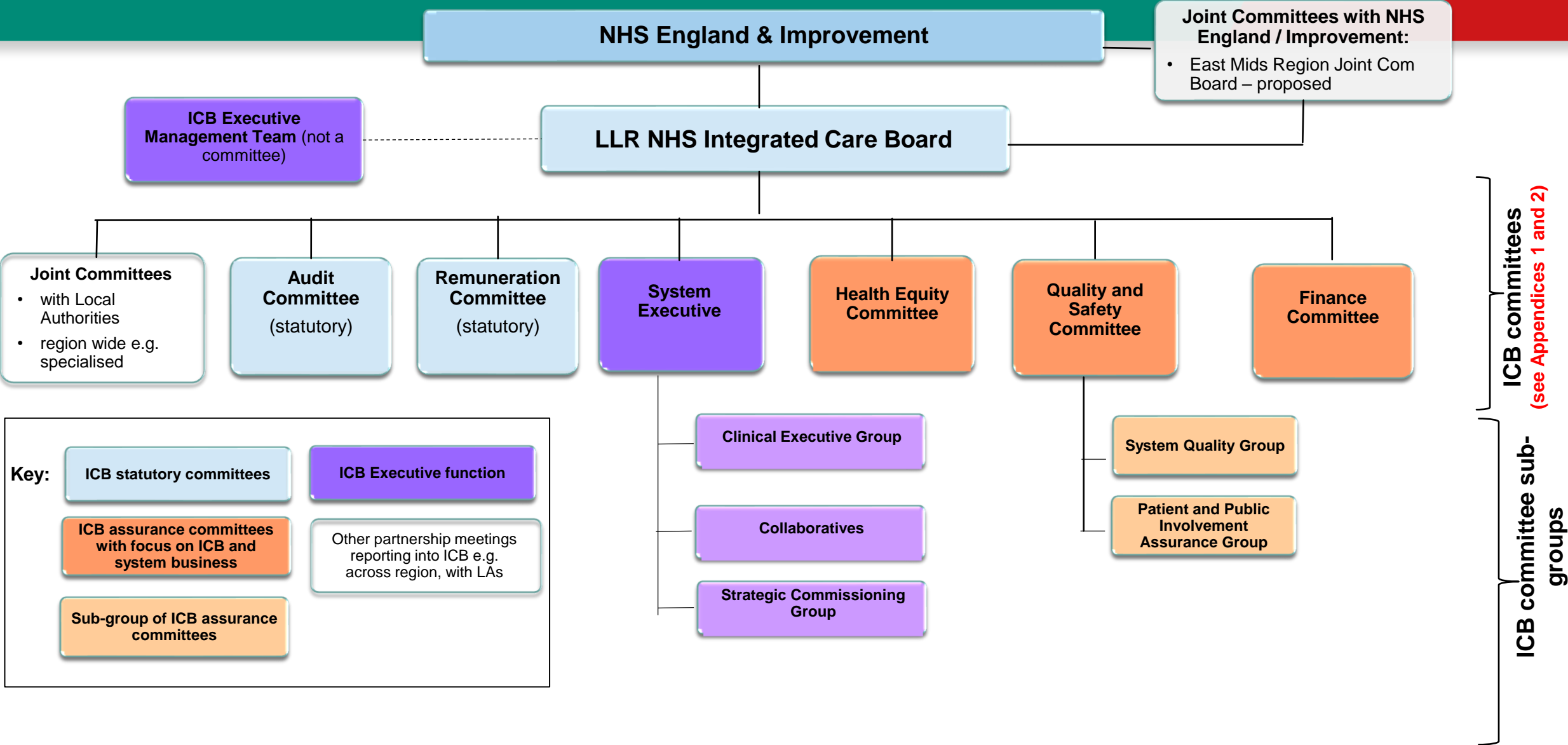


# LLR Integrated Care System: interface and accountability



**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...
<b>Integrated Care Board</b> (Board of the statutory Body)	<ul style="list-style-type: none"> <li>• Responsible for developing a plan and allocating resource to meet the health and healthcare needs of the population.</li> <li>• Establishing joint working arrangements with partners that embed collaboration for delivery.</li> <li>• Establishing governance arrangements to support collective accountability for whole-system delivery and performance.</li> <li>• 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.</li> <li>• Leading system-wide action on data and digital.</li> <li>• Oversight and approval of the Scheme of Reservation and Delegation.</li> <li>• Discharging duties in line with delegations from NHS England.</li> </ul>
<b>Audit Committee</b> (Statutory)	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Approval of the Annual Report and Accounts and governance related policies in line with SoRD.</li> </ul>
<b>Remuneration Committee</b> (Statutory)	<ul style="list-style-type: none"> <li>• Approving the pay policy, terms of service and remuneration.</li> <li>• Review of the remuneration for the CEO, executive directors and clinical leads (outside of pay arrangements set at a national level).</li> <li>• Approving remuneration for executive members (except Chief Executive) and clinical leads.</li> </ul>

# APPENDIX 2: SUMMARY OF COMMITTEES WITH SYSTEM FOCUS

Committee/Group	Responsible for...
<b>System Executive Team</b>	<ul style="list-style-type: none"> <li>• Executive and management responsibilities at system level (membership will include: ICB Executive Management Team, UHL and LPT CEOs, and senior responsible officers for each of the Collaboratives).</li> <li>• Developing a system strategy, planning and finance.</li> <li>• Oversight of system performance and managing the day-to-day delivery of NHS services at system level with support from Collaboratives, Clinical Executive and the Strategic Commissioning Group for primary medical services.</li> <li>• Carrying out its functions in line with delegated financial authority (up to <b>£20m</b> for approval of healthcare services related procurement and contracts over term of contract following approval of the Operational and Financial Plan by the Board).</li> </ul>
<b>Finance Committee</b>	<ul style="list-style-type: none"> <li>• Scrutiny of the delivery of a robust, viable and sustainable system financial strategy and plan.</li> <li>• Oversight of payment policy reform and oversight of reporting of placed based allocations and provider collaborations.</li> <li>• Providing assurance on the system's current and forecast financial position and recovery plans to address any challenges.</li> <li>• Oversight of system capital plans and monitoring and forecasting for onward assurance.</li> </ul>
<b>Quality and Safety Committee</b>	<ul style="list-style-type: none"> <li>• Development of system quality, performance improvement and assurance strategy.</li> <li>• Providing assurance on quality, safety, performance improvement, patient engagement, patient experience, patient and public involvement, and the personalisation of care.</li> <li>• Monitoring quality, safety and performance risks at and receive assurance in relation to mitigations and improvement plans.</li> <li>• Approval of clinical pathways and clinical policies.</li> <li>• Oversight of the nationally mandated sub-group, the System Quality Group (requirement set out by the National Quality Board).</li> </ul>
<b>Health Equity Committee</b>	<ul style="list-style-type: none"> <li>• Seeking assurance that the ICB is delivering its statutory functions and making decisions to enable inclusion, improve health outcomes for patients and service users, and reduce unwarranted health inequality.</li> <li>• Scrutinising the robustness of, and gain and provide assurance to the ICB, that there is an effective and sustainable system of monitoring our progress in reducing health inequalities that supports effective deliver of the ICB's strategic objectives and provides sustainable, high quality care.</li> </ul>