



**Leicester, Leicestershire
and Rutland**
Integrated Care Board

Leicester, Leicestershire and Rutland Integrated Care System (ICS): Functions and Decisions Map (v3, June 2023)

A proud partner in the:



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

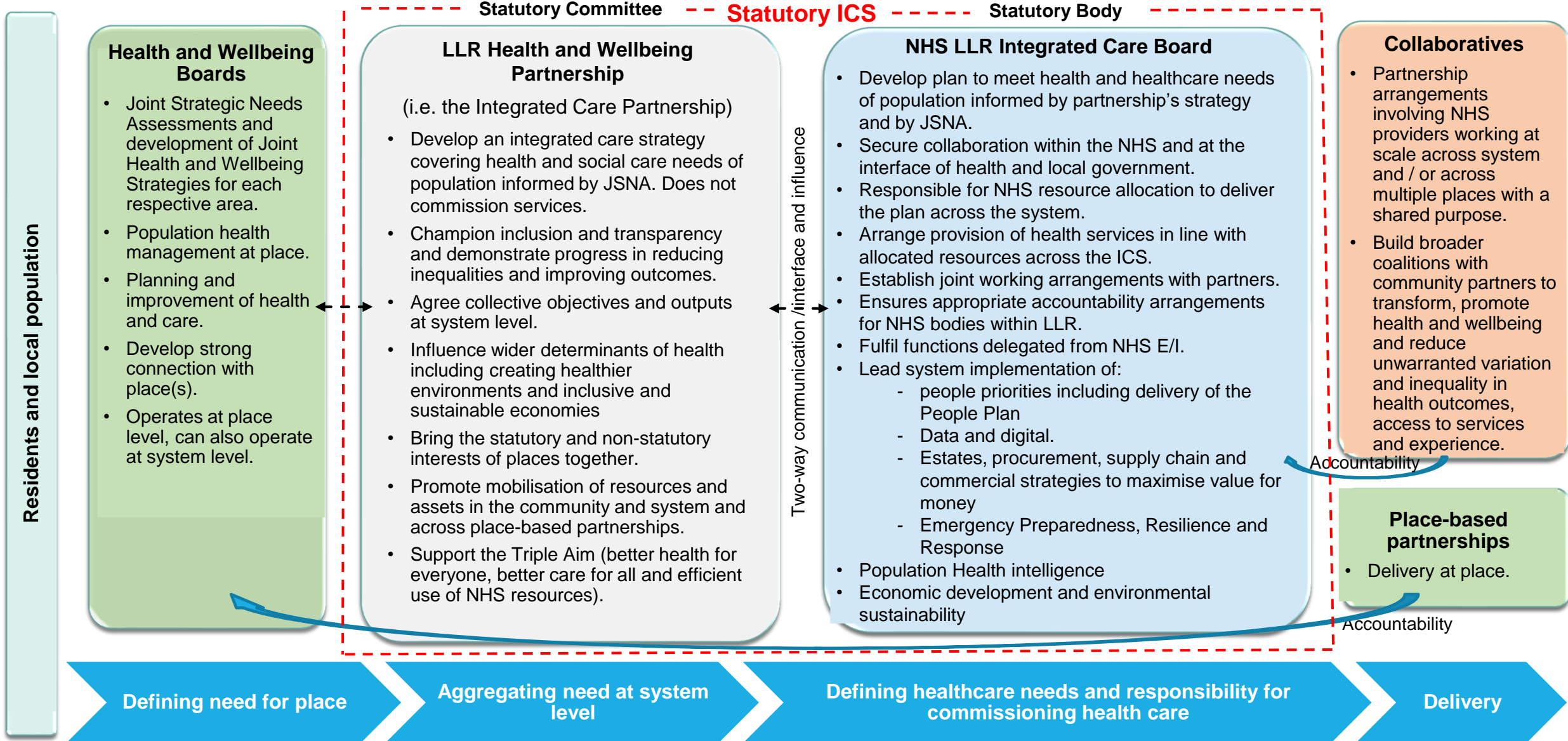


Introduction

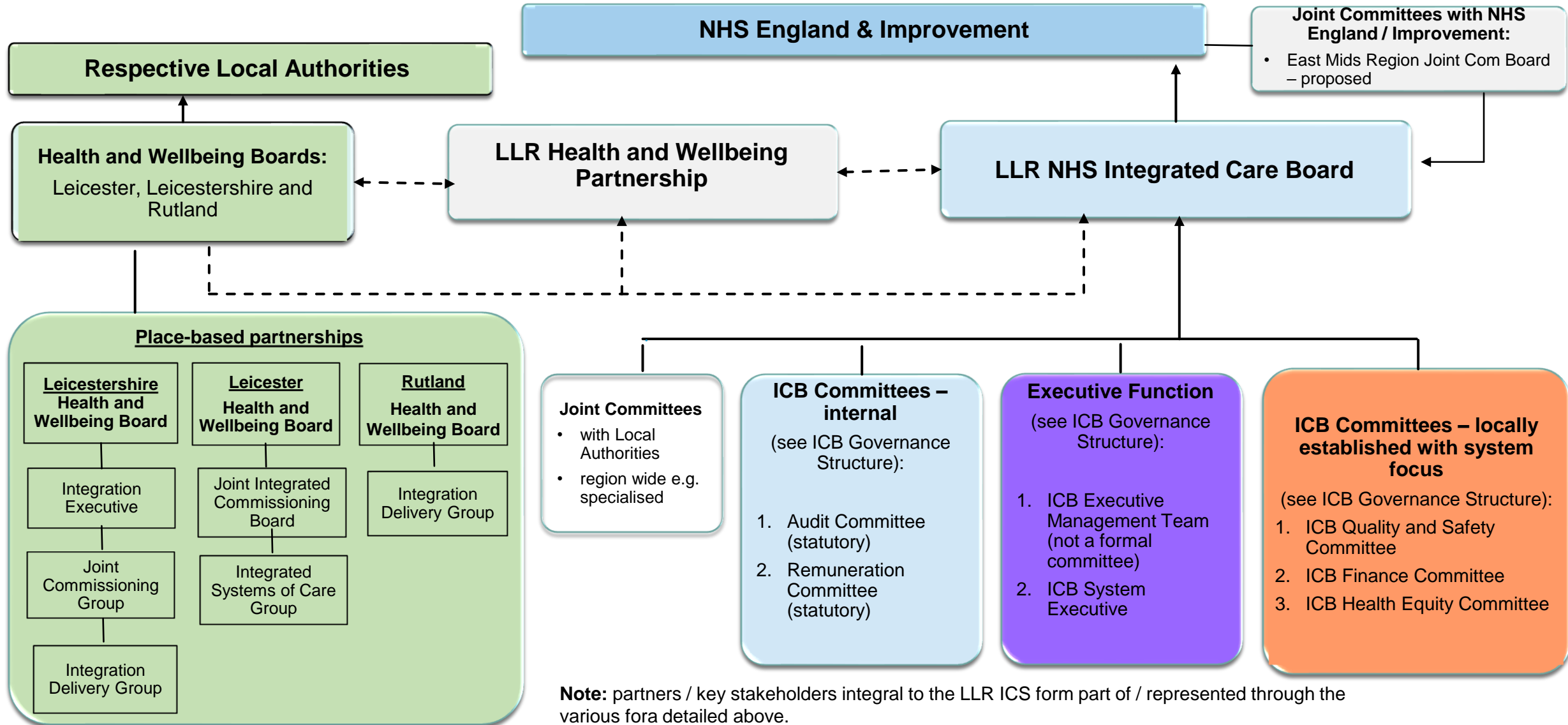
This Functions and Decision Map is a high-level structural chart that sets out where key ICB functions are delegated and where decisions are made across the system.

The Functions and Decision map also includes decision-making responsibilities that are delegated to the ICB (for example, from NHS England). This document should be read in conjunction with the ICB Constitution, Scheme of Reservations and Delegations, Standing Financial Instructions and the Detailed Financial Policies and Operational Scheme of Delegation that support a more detailed understanding of the nature of decisions taken and where they are taken.

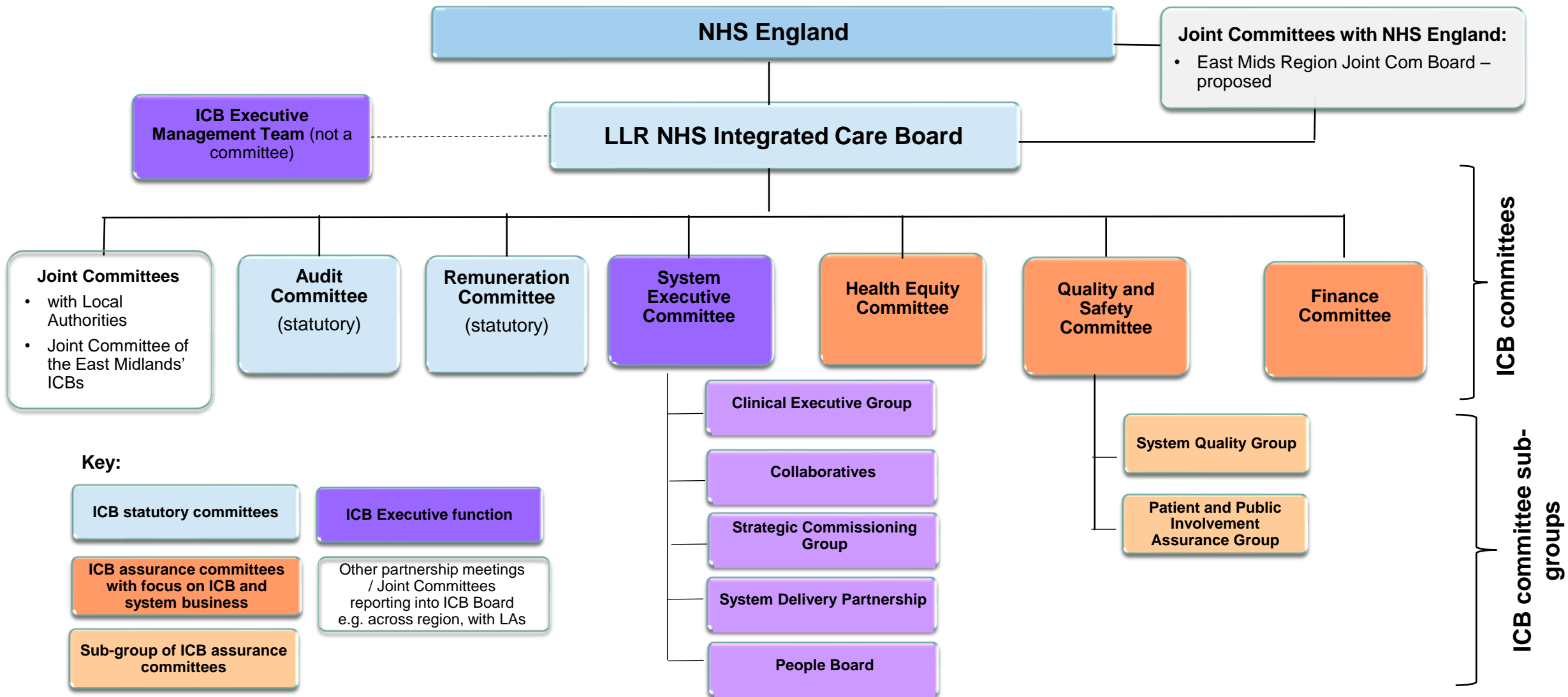
LLR Integrated Care System: planning, partnerships and delivery (key functions and roles)



LLR Integrated Care System: interface and accountability



LLR ICB governance structure (July 2023)



APPENDIX 1: NHS ENGLAND, THE INTEGRATED CARE PARTNERSHIP AND HEALTH AND WELLBEING BOARDS

NHS England, Department of Health, Social Care, Local Government Association

- Responsible for setting the direction and supporting the commissioning of high-quality services to deliver the NHS Long Term Plan balancing national direction with local autonomy to secure the best outcomes for patients. Making decisions about how best to support and assure performance, as well as supporting system transformation and the development of Integrated Care Systems. Acting as guardians of the health and care framework by ensuring the legislative, financial, administrative and policy frameworks are fit for purpose and work together.

The LLR Health and Wellbeing Partnership (i.e. the Integrated Care Partnership)

- Responsible for the development of an 'integrated care strategy' for the whole population (covering all ages) using the best available evidence and data, covering health and social care, and addressing health inequalities and the wider determinants which drive these inequalities. The ICP will champion inclusion and transparency and challenge all partners to demonstrate progress in reducing inequalities and improving outcomes. It will support place- and neighborhood-level engagement, ensuring the system is connected to the needs of every community it covers.

Health and Wellbeing Boards (Leicester, Leicestershire and Rutland)

- Responsible for setting the vision and high-level outcomes and priorities for their respective areas. Health and Wellbeing Boards (HWBBs) are responsible for conducting Joint Strategic Needs Assessments (JSNAs) for their areas and for setting the high-level priorities and outcomes in the Joint Health and Wellbeing Strategies (JHWBs). The HWBBs encourage integrated working between health, care, police and other public services in order to improve wellbeing outcomes for the local population.

APPENDIX 2: 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. • Oversight and approval of the Scheme of Reservation and Delegation. • Discharging duties in line with delegations 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. • Approval of the Annual Report and Accounts and governance related policies in line with SoRD.
Remuneration Committee (Statutory)	<ul style="list-style-type: none"> • Approving the pay policy, terms of service and remuneration. • Review of the remuneration for the CEO, executive directors and clinical leads (outside of pay arrangements set at a national level). • Approving remuneration for executive members (except Chief Executive) and clinical leads.

APPENDIX 3: SUMMARY OF COMMITTEES WITH SYSTEM FOCUS

Committee/Group	Responsible for...
System Executive Team	<ul style="list-style-type: none"> • 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). • Developing a system strategy, planning and finance. • 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 care services and healthcare commissioning). • Carrying out its functions in line with delegated financial authority (up to £20m for approval of healthcare services related procurement and contracts over term of contract following approval of the Operational and Financial Plan by the Board).
Finance 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. • Providing 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 Committee	<ul style="list-style-type: none"> • Development of system quality, performance improvement and assurance strategy. • Providing assurance on quality, safety, performance improvement, patient engagement, patient experience, patient and public involvement, and the personalisation of care. • Monitoring quality, safety and performance risks at and receive assurance in relation to mitigations and improvement plans. • Approval of clinical pathways and clinical policies. • Oversight of the nationally mandated sub-group, the System Quality Group (requirement set out by the National Quality Board).
Health Equity Committee	<ul style="list-style-type: none"> • 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. • 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.