

Functions & Decisions Map – Staffordshire and Stoke-on-Trent Integrated Care Board / System

	Role	Function	Examples of Key Decisions
Multi-Integrated Care System (ICS) Arrangements	NHS England (NHSE) or ICBs may arrange for functions to be delegated or jointly delivered by Joint Committees. ICBs may delegate certain functions & duties to another ICB. Provider Collaboratives may also be at pan-system level.	Key Function = Joint working arrangements (e.g. delegated Specialised or Primary Care Services) that require Collaboration Arrangements & Delegation Agreements to be put in place between two or more Relevant Bodies.	The commissioning functions of Relevant Bodies being exercised by e.g. a Joint Committee or delegation to another Relevant Body, depending on the nature of the partnerships and number of partners involved.
Integrated Care Board (ICB)	Brings partners together to integrate, plan & provide services collaboratively to improve population health & care, tackle inequalities, experience & access, enhance productivity and support broader social /economic development.	In addition to new functions & responsibilities, statutory functions similar to those exercised by CCGs are conferred on ICBs. Associated Governance & Leadership arrangements will use these to promote greater collaboration.	Undertaking ICB delegated decisions at ICB Committees*. The initial operating model will delegate functions / duties to committees, then longer-term to develop arrangements to delegate relevant functions to Relevant Bodies.
Integrated Care Partnership (ICP)	A joint committee between ICB / Local Authorities and any further members as appointed by it, arranging for how assessed needs in its area are to be met by the ICB, NHSE and the responsible Local Authorities.	Key Function = to prepare an Integrated Care Strategy, setting how local needs & National Mandate will be met; involving local people in production and having regard to local health & wellbeing strategies / needs assessments.	Considering how arrangements for the provision of health-related services can be more-closely integrated, including needs being met more effectively; having due regard to Secretary of State’s Mandate and involving Local Healthwatch
Place-Based Partnerships (PBPs)	The primary focus for how health & care services are organised / delivered to reduce health & care inequalities and to improve health & care outcomes for their population. A local partnership that responds to strategic direction.	Decisions taken as close as possible to / in consultation with local communities. Place Committees will be developed and delegated to, meaning local communities are able to influence relevant decisions affecting them.	Undertaking ICB-delegated decisions at Place Committees* (It may not always be possible or desirable to delegate functions & duties, though arrangements made will ensure communities are able to influence relevant decisions).
Provider Collaboratives	Their role is to oversee the delivery of partnership arrangements working at scale, across multiple providers in order to provide resilience and to deliver system priorities.	Functions delegated to an NHS Provider or Collaborative will be set out in Delegation Agreement(s) stating ICB’s terms & requirements on how to exercise the function, plus reporting / assurance requirements.	Pending future regulations, to delegate relevant at-scale ICB functions to co-design, plan and deliver, to help our ICS tackle unwarranted variation, improve provider resilience and deliver the best care for patients / communities.

(*) Please also refer to ICB Governance Handbook to see more comprehensive details of where decisions are made, including the map of ICB committees with a list of delegated functions listed for each. This also describes the various lines of accountability for planning, assurance, delivery functions etc of the ICB, plus the System’s Operating Model and Governance Arrangements (associated documents like the ICB Constitution and ICB Scheme of Reservation & Delegation: SoRD showing the full details of where ICB or ICS decisions are

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The Staffordshire & Stoke-on-Trent Integrated Care Partnership (ICP) is a statutory joint committee between the ICB and the two Local Authorities (City & County Councils).

The ICP prepares an **Integrated Care Strategy** setting out how the assessed health, social care and public health needs of people / the population are to be met by the ICB, the City & County Councils, NHS England.

FEEDING INTO....

Two Health & Wellbeing Boards are statutory committees of the two Local Authorities, with statutory ICB membership.

The Boards discharge joint duties to:

- Prepare Joint Strategic Needs Assessments (JSNAs) for the Local Authority areas;
- Prepare Joint Local Health and Wellbeing Strategies that set out how the Local Authorities, ICB and NHS England will meet assessed needs.

The West Midlands Integrated Commissioning Committee is a joint committee between NHS England and the ICBs in the West Midlands.

The Committee arranges for the provision of specialised services – acute & pharmacy services, specialised mental health, learning disabilities and autism services.

The Integrated Care Board (ICB) is a statutory NHS organisation whose Board discharges the following broad functions and makes associated decisions either directly or via its appointed committees:

- Prepare a five-year **Forward Plan** with partner NHS providers to set out how ICB functions will be delivered to meet the health needs of local people, having due regard to Integrated Care Strategy and Joint Local Health & Wellbeing Strategies
- **Allocate Resources** across the system to deliver the Forward Plan via a **Joint Capital Resource Use Plan**, prepared with partner NHS providers
- Establish **Joint Working Arrangements** with partners that embed collaboration as the basis for delivery of joint priorities within the plans
- Establish **Governance Arrangements** to support collective accountability between partner organisations for whole-system delivery & performance to ensure statutory duties are met – including preparing the ICB Constitution & related documents that describe how these arrangements operate
- Arrange for the **Provision of Hospital & other Health Services** in line with allocated resources across the ICS – including putting contracts & agreements in place to secure delivery of the Forward Plan by providers, supporting them working at scale / at place to lead major service transformation programmes
- Arrange for the provision of **NHS Continuing Healthcare, Funded Nursing Care, Personal Health Budgets and Direct Payments** for healthcare
- Arrange for the provision of **Primary Medical Services** (*as delegated by NHS England*).
- Manage **Individual Funding Requests**
- Lead system-wide implementation of the **People Plan**
- Lead system-wide action on **Data & Digital**
- Understand **Local Priorities, Delivery of Plans, Monitors & Addresses Variation and Drives Continuous Improvement** in performance & outcomes, using joined-up data and digital capabilities
- Ensure the NHS plays a full part in **Social & Economic Development and Environmental Sustainability**
- Drive joint work on **Estates, Procurement, Supply Chain & Commercial Strategies**
- Plan for, responds to, and leads recovery from incidents (**EPRR**)
- Work with partners to **safeguarding vulnerable children, young people and adults**
- Determine employees **Terms & Conditions** and Board / Committee members **Remuneration & Allowances**
- Prepare an **Annual Report & Accounts**
- Maintain a **Register of Interests** and manage Conflicts of Interest

The ICB's Scheme of Reservation and Delegation provides detailed information on the functions and decisions that are reserved to the ICB's Board and those that are delegated to the Board's committees, sub-committees and to ICB employees. It also sets out any ICB functions delegated to other bodies or to joint committees with other bodies, and how functions delegated to the ICB will be exercised.

Place-Based Partnerships (PBPs) bring together all partner organisations within specific localities, incorporating a number of Neighbourhoods.

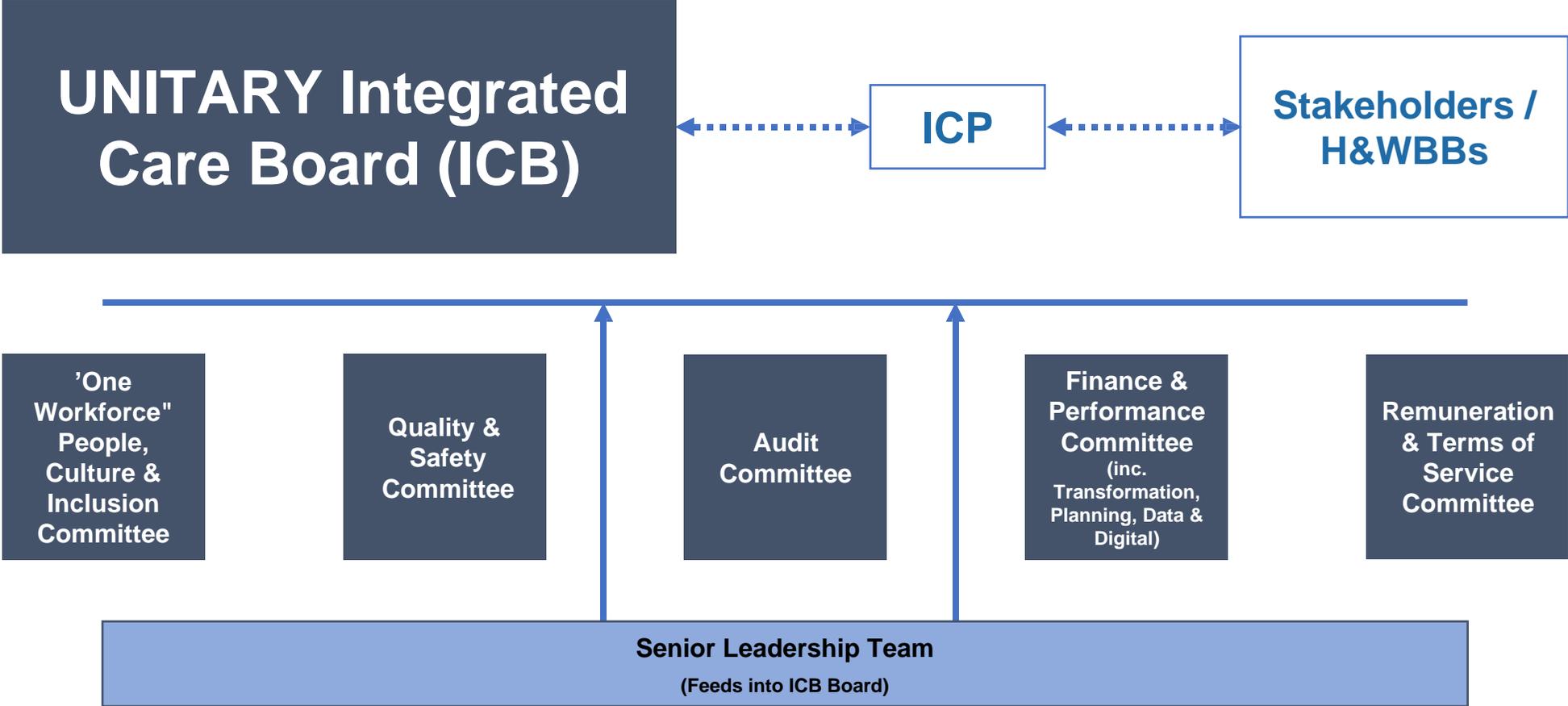
They develop Primary Care Networks and implement national requirements. Providing operational support for General Practice and interface with Neighbourhood-level teams to deliver local service development & improvement. Including delivery of local Medicines Optimisation; designing, planning & implementing specified programmes of work in line with local priorities. Running Costs & Programme Budgets are delegated as part of ICB's annual budget setting arrangements to enable local delivery of ICB functions.

The Provider Collaborative is comprised of statutory NHS provider organisations that work together at scale to secure the benefits of collaborative working and mutual aid.

The Collaborative:

- Enables accelerates post-pandemic recovery of elective services, addressing inequalities in access and outcomes;
- Maximises the collective impact of the provider organisations as 'anchor institutions' (e.g. purchasing more locally, reducing environment impact, supporting local recruitment etc).

Integrated Care Board – Committees Governance: Board Assurance (part 1)

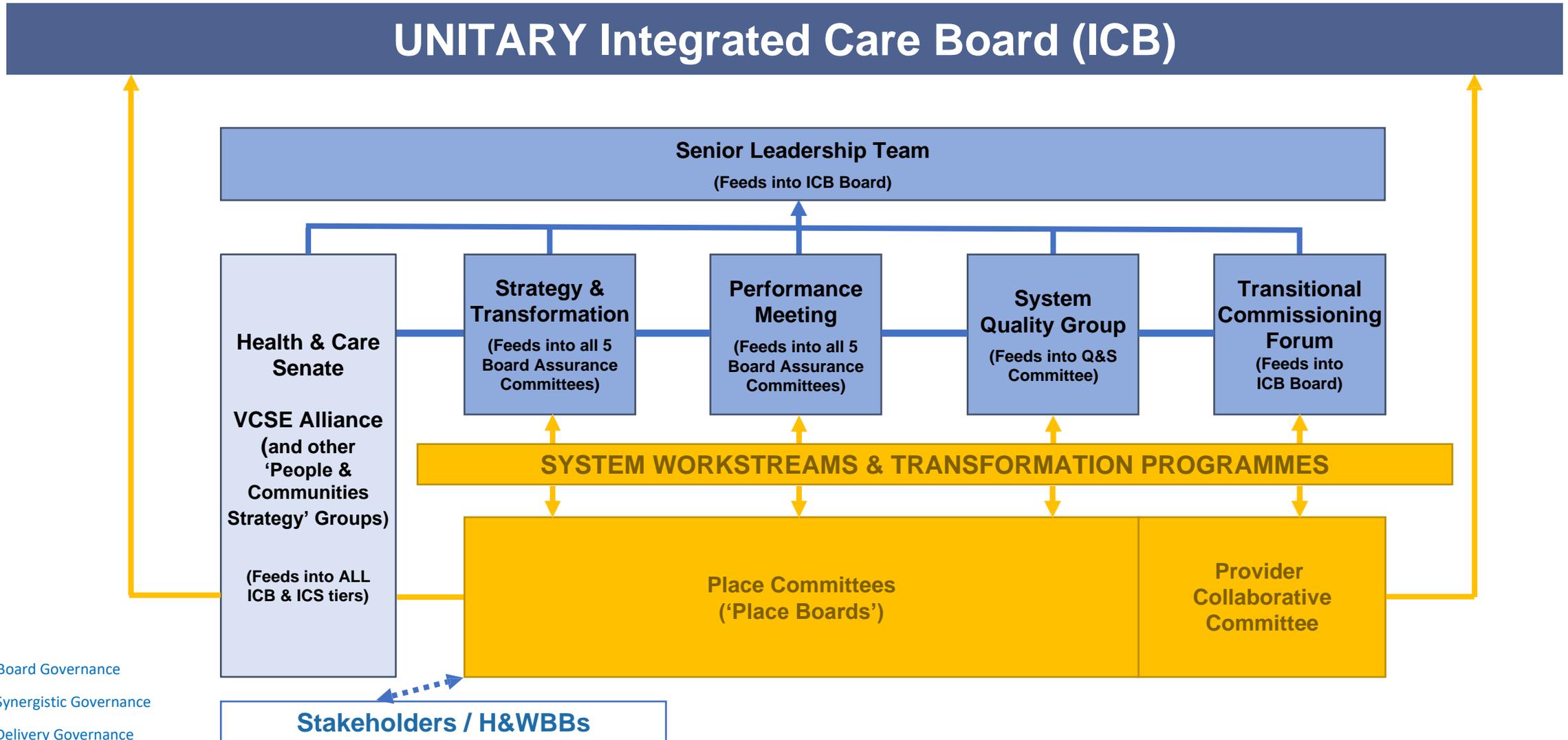


Key Committee Roles to support the Functions & Decisions Map

This page will become a core part of a web-based interactive F&D Map – where ultimately users will be able to click on each part of the Committee Structure to see what it is there for, its TORs (Membership & Purpose), its Functions and the Decisions it will take (inc. any delegated). For now, the intended layout appears here as a guide pending development of the ICB website and inter-operability features.

Name of Committee	Audit	Remuneration & Terms of Service	Finance & Performance	Quality & Safety	People, Culture & OD
Purpose					
Membership					
Core Duties					
Frequency of Meeting					
ICB Delegations					

Integrated Care Board – Broader ICS Governance Committees (draft model, part 2)



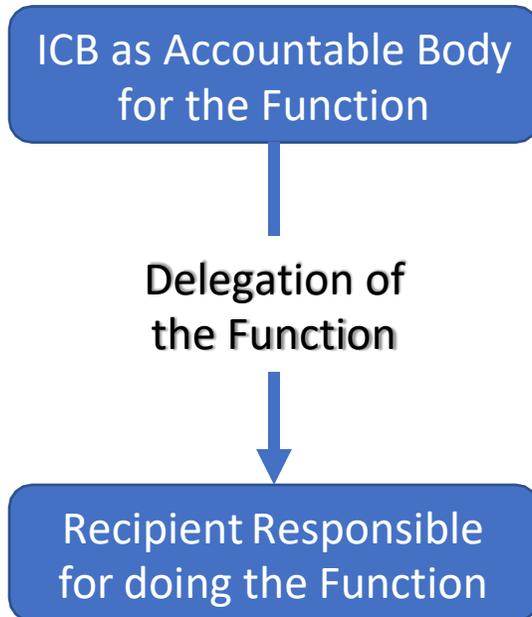
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Name	SLT	Strategy & Transformation	Transitional Commissioning (In Development)	Performance Meeting	Place Committee	Provider Collaborative	Health & Care Senate
Purpose							
Membership							
Core Duties							
Frequency of Meeting							
ICB Delegations							

Key Principles about the Functions & Decisions Map

Extracts from a variety of sources as a visual aid about what can be delegated and to whom, to understand the scope of ICB Functions & Decisions

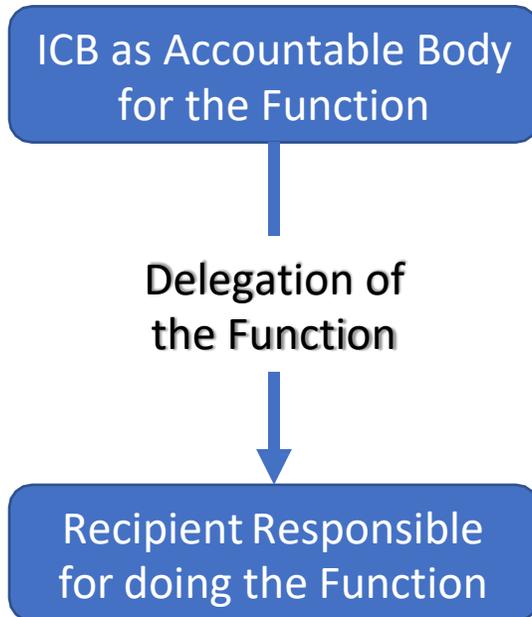


This can be an ICB Committee, an ICB Employee or a “Relevant Body” (e.g. another ICB, NHS England, an NHS Provider or a Local Authority)

- ❑ ICB has freedom to set delegated budgets and delegate certain functions
- ❑ E.g. to Place-Based Partnerships to support local decisions on NHS resources
- ❑ ICB Constitution sets out the arrangements for exercising an ICB’s functions
- ❑ It also covers the procedure for making decisions and delegations
- ❑ Every delegation needs a Delegation Arrangement setting out the terms
- ❑ An ICB remains accountable for all functions, including those delegated

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This can be an ICB Committee, an ICB Employee or a “Relevant Body” (e.g. another ICB, NHS England, an NHS Provider or a Local Authority)

- ❑ Delegated decisions must be consistent with ICB’s Constitution
- ❑ The default is that functions will be exercised by ICB unless delegated
- ❑ ICB Board remains legally accountable for exercise of its functions
- ❑ Any delegation means responsibility for managing Assets and Liabilities
- ❑ Legislation / guidance may specify functions that may not be delegated
- ❑ It is not possible to delegate Assurance or Corporate functions to another body
- ❑ Full delegation may still be articulated as an aspiration where relationships are insufficiently developed to facilitate it immediately