

Meeting of ICB Board

Date: 01 July 2022

Time: 09:30

Location: MS Teams

Agenda Number :	4.3	
Title:	Scheme of Reservation and Delegation and Functions and Decisions Map	
Confidential Papers	Commercially Sensitive	No
	Legally Sensitive	No
	Contains Patient Identifiable data	No
	Financially Sensitive	No
	Time Sensitive – not for public release at this time	No
	Other (Please state)	No
Purpose: Decision – For Approval		
Key Points for Discussion:		
<p>The Scheme of Reservation and Delegation (SoRD) has been developed in accordance with national legislation and guidance on the establishment of Integrated Care Boards.</p> <p>The Functions and Decisions Map has been developed in collaboration with all system partners.</p> <p>Both documents were submitted in draft to NHSEI on 27 May 2022 and accepted without comment.</p>		
Recommendations:	To approve: <ul style="list-style-type: none"> • SoRD • Functions and Decisions Map 	
Previously Considered By and feedback:	BNSSG CCG Executive Group NHSEI South West Regional Team BNSSG System Partners	
Management of Declared Interest:	There are no actual or potential conflicts of interest related to the contents of this paper.	
Risk and Assurance:	There is a risk to the organisation if the ICB and its constituent governance structures do not fulfil their statutory and mandatory requirements.	



	The delegated authority detailed in the SoRD supports the management of ICB risk and assurance. ICB Risk Management is detailed in the Risk Management Framework, referenced in the BNSSG ICB Constitution as a constituent document of the BNSSG Governance Handbook
Financial / Resource Implications:	There are no finance or other resources implications.
Legal, Policy and Regulatory Requirements:	The SoRD has been developed in accordance with national legislation and guidance and were designed to meet the ICBs statutory and mandatory requirements.
How does this reduce Health Inequalities:	These documents have been developed in the context of the four core purposes of Integrated Care Systems: <ul style="list-style-type: none"> a) improve outcomes in population health and healthcare b) tackle inequalities in outcomes, experience and access c) enhance productivity and value for money d) help the NHS support broader social and economic development.
How does this impact on Equality & diversity	These documents have been developed in the context of the four core purposes of Integrated Care Systems: <ul style="list-style-type: none"> a) improve outcomes in population health and healthcare b) tackle inequalities in outcomes, experience and access c) enhance productivity and value for money d) help the NHS support broader social and economic development.
Patient and Public Involvement:	There has been no wider public engagement in the development of these documents. The Functions and Decisions Map presents how the citizen voice will be included and regarded in the governance structure of the ICS.
Communications and Engagement:	The SoRD and the Functions and Decisions Map will be published on the BNSSG ICB Website from 01 July 2022.
Author(s):	Sarah Carr, CCG Company Secretary Ellie Wetz, ICS Development Programme Manager Sarah Weston, ICS Development Project Manager
Sponsoring Director / Board Member:	Sarah Truelove, Deputy CEO

**BNSSG ICB Draft
Scheme of
Reservation and
Delegation v1**

Table of Contents

Table of Contents	2
1. Introduction	3
1.1 Background.....	3
NHS England has set out the following as the four core purposes of Integrated Care Systems:	3
1.2 Decision making.....	Error! Bookmark not defined.
1.3 Principles of decision making	Error! Bookmark not defined.
2. Decisions and functions reserved to NHSE	1
3. Decisions and functions reserved to the ICB Board	1
4. Decisions and functions reserved to the ICB Chair	4
5. Decisions and functions delegated by the Board to the ICB Committees 6	
6. Decisions and functions delegated to individual board members and employees	10
7. Decisions and functions delegated to be exercised jointly	16
8. Decisions and functions delegated by the Board to other statutory bodies	16
9. Decisions and functions delegated to the board by other organisations 16	

1. Introduction

1.1 Background

NHS England has set out the following as the four core purposes of Integrated Care Systems:

- a) improve outcomes in population health and healthcare
- b) tackle inequalities in outcomes, experience and access
- c) enhance productivity and value for money
- d) help the NHS support broader social and economic development.

The Integrated Care Board will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible.

ICBs are statutory bodies and as such their powers, functions and duties are conferred, in the main, by legislation. Additional responsibilities for other functions may be conferred through delegation to the ICB from other bodies (such as NHS England and NHS Improvement).

ICBs are able to delegate to a committee or sub-committee of the board, or to an individual member of the board or an employee. The legislation gives the ICB board flexibility to appoint to ICB committees and sub-committees members who are neither ICB employees nor board members. In addition, ICBS' have the power to agree with specified other statutory organisations (NHS trusts/foundation trusts, local authorities) that they will exercise their functions on behalf of the ICB or jointly with the ICB.

This Scheme of Reservation and Delegation (SoRD) sets out those decisions that are reserved to the ICB Board and those decisions that have been delegated to ICB Committees, individuals, joint committees and other statutory organisations.

[this page is left blank intentionally]

DRAFT

2. Decisions and functions reserved to NHSE	Reference
The power to obtain information from the ICB and intervene where NHS England is satisfied that the ICB is failing, or has failed, to discharge any of its functions or that there is a significant risk that it will fail to do so	S 14Z58 of NHS Act 2006 Constitution 1.4.8
Appointment of the ICB Chair	Constitution 3.3
Removal of the ICB Chair	Constitution 3.13.6
Terminate the appointment of the Chief Executive and direct the Chair as to the appointment of a replacement where NHSE is satisfied that the ICB is failing or has failed to discharge any of its functions or there is a significant risk that the ICB will fail to do so	Constitution 3.16.7
Approval of the ICB Constitution and any changes made to it	Constitution 1.5.1 1.5.3
Variation of the ICB Constitution other than on application by the ICB	Para 15 Schedule 1B NHS Act 2006 Constitution 1.6.1b
Remuneration of ICB Chair	Constitution 3.14.1
Delegated limit for virement – for the whole ICB unlimited value: this includes all allocation changes, consequent budget changes and any change required to meet Integrated Single Financial Environment (ISFE) reporting requirements	SFIs 6.4.2

3. Decisions and functions reserved to the ICB Board	Reference
Consideration and approval of applications to NHS England on any matter concerning changes to the ICB's Constitution, including the Standing Orders	s14Z25 (5) and s1B NHS Act (2006) Constitution 1.6.1a, 1.6.3
Require and receive the declaration of interests from members of the ICB Board	s14Z30 NHS Act (2006) Constitution s6.3
Receive reports from committees that the ICB is required by statute or other regulation to establish and take action upon those reports as necessary	Constitution 4.6.4
Approve any urgent decisions taken by the chair of the ICB Board for ratification in public session	SO s4.9.4 – 4.9.7
Approve the ICBs overarching scheme of reservation and delegation, which sets out those decisions of the ICB <u>reserved</u> to the ICB Board and those <u>delegated</u> to the <ul style="list-style-type: none"> • committees and any joint committees of the ICB, or • its employees 	Constitution 4.3, 4.4 4.6, 4.7
Approve Standing Financial Instructions (SFIs)	Constitution 5.2
Approve Functions and Decisions Map	Constitution 4.5
Appoint and dismiss committees of the ICB that are directly responsible to the Board	Constitution 4.6.1
Establish Terms of Reference and reporting arrangements for all of the committees of the Board	Constitution 4.6.3
Receive reports from committees of the ICB including those which the ICB is required by its Constitution, or by NHS England, or the Secretary of State or by any other legislation, regulations, directions or guidance to establish and to take appropriate action	Constitution 4.6
Confirm the recommendations of committees where committees do not have executive powers	Constitution 4.6

3. Decisions and functions reserved to the ICB Board	Reference
Delegate executive powers to be exercised by any of its members or employees	Constitution 4.3.1
Approval of the ICB Long Term Plan and annual operational plan, including financial plans	Constitution 7.3.8
Approval of the ICB's Annual Report and Accounts	Constitution 7.5
Approval of the arrangements for discharging the ICB's statutory financial duties.	Constitution 5.2
Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	s14Z34 NHS Act (2006) Constitution 1.4.5, 1.4.7, 4.2.1, 4.2.2
Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice and public engagement and consultation.	Constitution 1.4.5, 1.4.7, 4.2.1, 4.2.2
Approval of the ICB's arrangements for the management of risk	Constitution 4.2.2
Approval of a comprehensive system of internal control, including budgetary control, that underpins the effective, efficient and economic operation of the ICB.	Constitution 4.2.2
Approval of the ICB's corporate budgets that meet the ICB's financial duties	Constitution 4.2.2
Approve arrangements with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB.	Constitution 4.3.2,
Approve arrangements for the functions to be exercised by a joint committee and/or for the establishment of a pooled fund to fund those functions (section 65Z6).	Constitution 4.3.2, 4.3.3

3. Decisions and functions reserved to the ICB Board	Reference
The exercise of Delegated Functions to empower the ICB to commission a range of primary care services for the people of BNSSG as described in the Delegation Agreement and delegated by NHS England to the ICB	S65Z5 NHS Act 2006
Establish effective, safe, efficient, and economic arrangements for the discharge of Delegated Functions	S65Z5 NHS Act 2006
Consideration of whether any of the Delegated Functions in respect of Primary Medical Services,	S65Z5 NHS Act 2006
Develop an operational scheme of delegation defining those individuals or groups of individuals, including committees, who may discharge aspects of the Delegated Functions (this may be included in this Scheme of Reservation and Delegation) and determining the arrangements for the exercise of the Delegation Functions	S65Z5 NHS Act 2006
Ensuring the ICB compliance with the NHS Provider Selection Regime including approval of the ICB's Procurement Policy	Constitution 7.4.3
Approving arrangements for handling complaints and ensuring publication of the process	Constitution 7.3.4
Approving arrangements for handling Freedom of Information requests.	Constitution 7.3.5
Approve management policies including Human Resource policies	Constitution 8
Approve the arrangements for discharging the ICB's statutory duties as an employer, including Human Resource and employment policies	Constitution 8 SFI 8
Endorse the ICB internal audit charter and annual audit plan on the recommendation of the ICB Accountable Officer and audit and risk committee	SFI's 10.2
Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with the formal authorisation of tenders and competitive quotations over the total value of (contract life cycle) £1 million and over	SFIs 7.2.1

3. Decisions and functions reserved to the ICB Board	Reference
Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with formal authorisation and awarding of a contract may be decided within +/- 10 percent of the authorised tender value of (contract life cycle inc VAT) £1 million and over	SFIs 7.5
Signing of all contracts over £1 million (contract life including VAT) Chief Executive and Chief Finance Officer at the direction of the ICB Board and recorded in the relevant minute	SFIs 7.5
Approve the ICB's arrangements for business continuity, and for emergency planning.	Civil Contingencies Act 2004
Delegated limit for virement – for the whole ICB unlimited value: this includes Annual Operating Plan and any business cases/ proposals agreed by the Board.	SFIs 6.4.2
Formal authorisation of tenders and competitive quotations to the total value of (contract life cycle inc. VAT) over £1million	SFIs 8.2.1
Formal authorisation and awarding of a contract may be decided within a +/- 10 percent of the authorised tender value of (contact life cycle inc. VAT) over £1million	SFIs 8.8.1
All tenders that will, or are forecast to, exceed the budget of that tender or the designated budget holder shall be escalated to the next level up. Where the actual contract value is greater than +/- 10 percent of the authorised tender value authorisation limit (contract life cycle inc. VAT) is over £1million	SFIs 8.8.2
A member of the ICB Board will be required to be one of the two approved persons present for the opening of tenders estimated above £500K (contract life cycle)	SFIs 9.3.1 b)
Approval of schemes with a capital value of (contract life cycle inc. VAT) great than £5m	SFIs 12.1.5

4. Decisions and functions reserved to the ICB Chair		Reference
NHSE	Appointment of the ICB Chair	Constitution 3.3
NHSE	Removal of the ICB Chair	Constitution 3.12.6

4. Decisions and functions reserved to the ICB Chair		Reference
NHSE	Terminate the appointment of the Chief Executive and direct the Chair as to the appointment of a replacement where NHSE is satisfied that the ICB is failing or has failed to discharge any of its functions or there is a significant risk that the ICB will fail to do so	Constitution 3.12.7
Chair	Appointment of the Chief Executive	Constitution 3.4
Chair	Approval of appointment of partner members of the ICB Board	Constitution 3.5 - 3.7 inc
Chair	Appointment of Independent Non-Executive members of the ICB Board	Constitution 3.11
Chair	Approval of appointment of Chief Medical Officer	Constitution 3.8
Chair	Approval of appointment of Chief Nursing Officer	Constitution 3.9
Chair	Approval of appointment of Chief Finance Officer	Constitution 3.10

DRAFT

5. Decisions and functions delegated by the Board to the ICB Committees

Decisions and functions delegated by the Board to the ICB Audit Committee	Reference
Establish an auditor panel as a sub group to ensure the contract arrangements, including the procurement and selection, with the External Auditors is appropriate	SFIs 3.3.2x
Approve the appointment and removal of the ICBs Internal Auditors, the level of remuneration and terms of engagement	SFIs 10.2
Endorse and recommend the ICB internal audit charter and annual audit plan, to the ICB board	SFIs 10.2
Review the adequacy and effectiveness of the ICB's system of integrated governance, risk management and internal control across the whole of the ICB's activities	SFIs 3.3.2f
ensure there is an effective internal audit function including; costs of audit services, performance of service, review and approval of the annual internal audit plan, the findings of audit work including the Head of Internal Audit Opinion and management responses to these, adequate resourcing of the function.	SFIs 3.3.2a
Review the work and findings of the External Auditor and management responses	SFIs 3.3.2b
Review schedules of losses and compensations and make recommendations to the Board	SFIs 3.3.2h
Review the annual report and financial statements prior to submission to the Board	SFIs 3.3.2j
To be assured that the ICB has adequate arrangements in place for the counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's (NHSCFA) standards and shall review the outcomes of work in these areas.	Committee Terms of Reference: 6
To be assured that the ICB has adequate arrangements in place for Freedom to Speak Up	Committee Terms of Reference: 6
To be assured that the ICB has adequate arrangements in place for Information Governance	Committee Terms of Reference: 6

To monitor the integrity of financial statements of the ICB and any formal announcements relating to its financial performance, ensure systems for financial reporting to the Board are subject to review	Committee Terms of Reference: 6
To be assured that the ICB has adequate arrangements for the management of declared interests and conflicts of interest, including gifts and hospitality	Committee Terms of Reference: 6

Decisions and functions delegated by the Board to the ICB Remuneration Committee	Reference
Determine all aspects of remuneration for the Chief Executive, Directors and other Very Senior Managers including but not limited to salary, (including any performance-related elements) bonuses, pensions and cars	17 to 19 of Schedule 1B NHS Act 2006 s3.13.1 Constitution Committee Terms of Reference: 6
Determine arrangements for termination of employment and other contractual terms and non-contractual terms for the Chief Executive, Directors and other Very Senior Managers	17 to 19 of Schedule 1B NHS Act 2006 s3.13.1 Constitution Committee Terms of Reference: 6
Determine all aspects of remuneration for the Independent Non-Executive members of the ICB Board	17 to 19 of Schedule 1B NHS Act 2006 s3.13.1 Constitution Committee Terms of Reference: 6
Terms of appointment for ICB Board members	s3.13.1 Constitution Committee Terms of Reference: 6

Determine the ICB pay policy for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference: 6
Oversee contractual arrangements for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference: 6
Determine arrangements for termination payments and any special payments for all staff	17 to 19 of Schedule 1B NHS Act 2006 Committee Terms of Reference: 6

Decisions and functions delegated by the Board to the ICB Finance, Digital, and Estates Committee	Reference
Develop and recommend to the ICB Board annual, medium and long term plans	SFIs 3.4.3 (1) Committee terms of reference: 2
Develop and recommend to the ICB Board Standing Financial Policies	SFIs 3.4.3 (2) Committee terms of reference: 2
Develop and recommend to the ICB Board resource allocation approach	SFIs 3.4.3 (1) Committee terms of reference: 2
Oversight of procurement exercises where contracts have an estimate value (over life cycle) £1 million or where there is a significant reputational or service issue and make recommendations to ICB Board	SFIs 3.4.3 (2) Committee terms of reference: 2

Decisions and functions delegated by the Board to the ICB Outcomes, Quality and Performance Committee	Reference
Develop and recommend to the ICB Board the key outcomes, quality and performance priorities to be included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care	Committee terms of reference: 5
Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Outcomes, Quality and Performance Committee	Committee terms of reference: 5

Decisions and functions delegated by the Board to the ICB People Committee	Reference
Deliver its purpose as set out in these terms of reference	Committee terms of reference: 2
Investigate any activity within its terms of reference	Committee terms of reference: 2
Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference	Committee terms of reference: 2
Commission any reports it deems necessary to help fulfil its obligations	Committee terms of reference: 2
Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice	Committee terms of reference: 2
Create sub-groups in order to take forward specific programmes of work as considered necessary by the Committee members. The Committee shall determine the membership and terms of reference of any such sub-groups in accordance with the ICB's constitution, standing orders and SoRD. The committee may not delegate any of its accountabilities to such sub-groups	Committee terms of reference: 2

Decisions and functions delegated by the Board to the ICB Primary Care Commissioning Committee	Reference
Decisions in relation to the commissioning, management, planning (including carrying out needs assessments), and undertaking reviews, of Primary Medical Services and other ancillary activities that are necessary to exercise the delegated functions	Committee terms of reference: 5
The management of Delegated Funds in relation to Primary Medical Services	Committee terms of reference: 5
Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies	Committee terms of reference: 5
Design and commission Enhanced Services, including re-commissioning of services (in line with the ICB SFIs)	Committee terms of reference: 5
Design and offer Local Incentive Schemes for Primary Medical Services providers (in line with the ICB SFIs (put in reference)	Committee terms of reference: 5
Make decisions on discretionary payments or support	Committee terms of reference: 5
Review ICB plans for Primary Care Networks	Committee terms of reference: 5
Approve Primary Medical Services provider mergers and closures	Committee terms of reference: 5

6. Decisions and functions delegated to individual board members and employees		
Individual	Decisions and functions delegated to the individual	Reference
Chief Executive Officer	Convening a panel to advise on the appointment of ICB Board partner members	Constitution 3.5 - 3.7 inc

Chief Executive Officer	Endorse and recommend the ICB internal audit charter and annual audit plan to the audit and risk committee and the ICB Board	SFIs 10.2
Chief Executive Officer and Chief Finance Officer	Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with the formal authorisation of tenders and competitive quotations over the total value of (contract life cycle) over £500k and up to £1 million	SFIs 8.2.1
Chief Executive Officer and Chief Finance Officer	Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with formal authorisation and awarding of a contract may be decided within +/- 10 percent of the authorised tender value of (contract life cycle inc. VAT) over £500k and up to £1 million	SFIs 8.8.1
Chief Executive Officer and Chief Finance Officer	Signing of all contracts over £1 million (contract life cycle inc. VAT) Chief Executive and Chief Finance Officer at the direction of the ICB Board and recorded in the relevant minute	SFIs 8.8.4, 8.8.5
Chief Executive Officer and Chief Finance Officer	Signing of all contracts over £500k and up to £1 million (contract life including VAT) Chief Executive and Chief Finance Officer or their nominated deputies and formal authorisation must be put in writing	SFIs 8.8.4
Chief Finance Officer	Preparation and audit of annual accounts;	SFIs 3.2
Chief Finance Officer	Adherence to the directions from NHS England in relation to accounts preparation;	SFIs 3.2
Chief Finance Officer	Ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners;	SFIs 3.2
Chief Finance Officer	Ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;	SFIs 3.2

Chief Finance Officer	Meeting statutory requirements relating to taxation;	SFIs 3.2
Chief Finance Officer	Ensuring that there are suitable financial systems in place	SFIs 3.2 SFIs 6
Chief Finance Officer	Meeting the financial targets set for the ICB by NHS England;	SFIs 3.2
Chief Finance Officer	Ensuring the Governance statement and Annual Accounts & Reports are signed	SFIs 3.2
Chief Finance Officer	Ensuring that planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets;	SFIs 3.2
Chief Finance Officer	Making use of benchmarking to make sure that funds are deployed as effectively as possible;	SFIs 3.2
Chief Finance Officer	Executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;	SFIs 3.2
Chief Finance Officer	Specific responsibilities and delegation of authority to specific job titles are confirmed;	SFIs 3.2
Chief Finance Officer	Providing financial leadership and ensuring financial performance of the ICB;	SFIs 3.2
Chief Finance Officer	Identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions;	SFIs 3.2
Chief People Officer	Defining and delivering the overall human resources strategy and objectives	SFIs 8.1.2

All Executive Directors	Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with the formal authorisation of tenders and competitive quotations over the total value of (contract life cycle) up to and including £500K	SFIs 8.2.1
All Executive Directors	Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with formal authorisation and awarding of a contract may be decided within +/- 10 percent of the authorised tender value of (contract life cycle inc. VAT) up to and including £500K	SFIs 8.8.1
All Executive Directors	Signing of all contracts up to and including £500K (contract life cycle inc. VAT) by two Directors	SFIs 8.8.3
All Budget Holders	Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with the formal authorisation of tenders and competitive quotations over the total value of (contract life cycle inc. VAT) up to and including £50K	SFIs 8.2.1
All Budget Holders	Providing all the conditions and circumstances set out in ICB Standing Financial Instructions have been fully complied with formal authorisation and awarding of a contract may be decided within +/- 10 percent of the authorised tender value of (contract life cycle inc VAT) up to and including £50K	SFIs 8.8.1
All Budget Holders	Signing of all contracts up to and including £50K (contract life including VAT) by two Budget Holders	SFIs 8.8.3
Chief Executive Officer and Chief Finance Officer	Delegated limit for virement – for the whole ICB to a value over £500K and below £1 million: includes any committee that approves expenditure where the Chief Executive Officer or Chief Finance Officer or their appointed nominee is present	SFIs 6.4.2

Chief Finance Officer	Delegated limit for virement – for the whole ICB to a value below £500K includes any committee that approves expenditure where the Chief Finance Officer or their appointed nominee is present	SFIs 6.4.2
All Executive Directors	Delegated limit for virement – for their directorate to a value of up to £250K	SFIs 6.4.2
All Assistant Directors	Delegated limit for virement – for their directorate up to a value of £25K	SFIs 6.4.2
All Budget Holders	Delegated limit for virement – for their service up to a value of £10K	SFIs 6.4.2
All appropriately nominated managers	Responsibility for: <ul style="list-style-type: none"> a. submitting time records, and other notifications in accordance with agreed timetables; b. completing time records and other notifications in accordance with the Chief Finance Officer's instructions and in the form prescribed by the Chief Finance Officer including approval of expenses; c. submitting termination forms in the prescribed format immediately upon knowing the effective date of an employees or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Chief Finance Officer must be informed immediately 	SFIs 10.4.3
All appropriately nominated officers	Delegated authority to enter into contracts of employment, regarding staff, agency staff or temporary staff service contracts. Where a role is as a ICB Board Member or senior official, these must be in line with the 2012 HMT Review of Tax Arrangements for Public Sector Appointees, the HMT guidance "Managing Public Money" instructions from the Department of Health for the reimbursement of ICB Board members and senior officials, and the ICB Constitution	SFIs 8.7.1
All appropriately nominated officers	The Board shall delegate responsibility to an officer for: <ul style="list-style-type: none"> a. ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and b. dealing with variations to, or termination of, contracts of employment 	SFIs 10.5.1

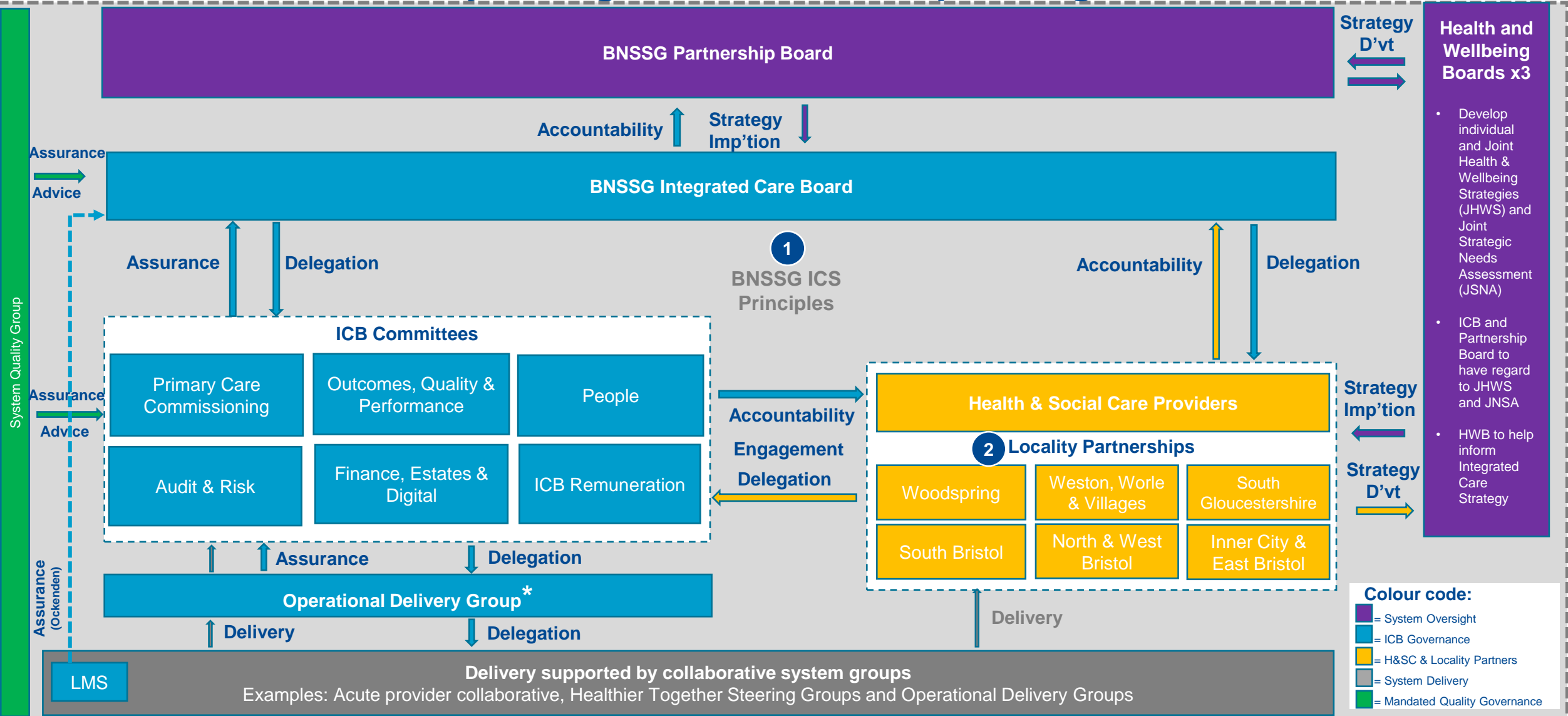
Chief Finance Officer	<p>Responsibility for the prompt payment of accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.</p> <p>The Operational Scheme of Reservation and Delegation sets out levels of delegated authority for payment authorisation in the following instances:</p> <ul style="list-style-type: none"> a. Budget already approved by the ICB Board e.g. payments to NHS bodies arising from agreement of NHS Contracts. b. Payments to NHS bodies where there is no contract in place 	SFIs 11.2.2
Chief Executive Officer and Chief Finance Officer	Approval of capital schemes to the total value of (contract life cycle inc. VAT) between £500K and £5m (both Chief Executive Officer and Chief Finance Officer required)	SFIs 12.1.5
Chief Finance Officer	Approval of capital schemes to the total value of (contract life cycle inc. VAT) up to £500K	SFIs 12.1.5
ICB Corporate Secretary	Approval of defence document or offers of settlement in line with legal advice and NHS R advice for claims assessed as under the value of £50K	SFIs 18.2.2
Chief Executive Officer or Chief Finance Officer	Approval of defence document or offers of settlement in line with legal advice and NHS R advice for claims assessed as over the value of £500K up to £1 million	SFIs 18.2.3
Chief Executive Officer and Chief Finance Officer and with advice from Chair of Audit, Governance & Risk	Approval of defence document or offers of settlement in line with legal advice and NHS R advice for claims assessed at over the value of £1 million	SFIs 18.2.3

7. Decisions and functions delegated to be exercised jointly		
Joint Committee	decisions and functions delegated to the joint committee	Reference
	<i>*Future iterations will reference the ICP board as being a jointly established committee of the ICB and local authorities once terms of reference finalised across partners. This reflects the Health and Care Act provisions*</i>	

8. Decisions and functions delegated by the Board to other statutory bodies		
Statutory Body	Decisions and functions delegated to other statutory bodies	Reference
	None	

9. Decisions and functions delegated to the board by other organisations		
Delegating Body	Decisions and functions delegated by other organisations	Reference
	None	

BNSSG ICS: Future system governance and operating model



Key:

- **Strategy Development** = Input into system forward-planning
- **Strategy Implementation** = The delegation of the implementation of system strategy
- **Delegation** = The delegation of functions to deliver strategy or operational plans
- **Accountability** = Responsibility for implementation, delivery and outcomes of operational and strategic plans

- **Assurance** = Confirmation that systems, processes and behaviours are in place and appropriate to deliver the functions
- **Advice** = Strategic input and guidance into system decision making. Assurance must be given that this advice and guidance has been given due regard
- **Engagement** = Collation of advice, views and opinions, which are then used to inform, develop and/or implement delivery
- **Delivery** = Outputs from workstreams/ programmes/ working groups

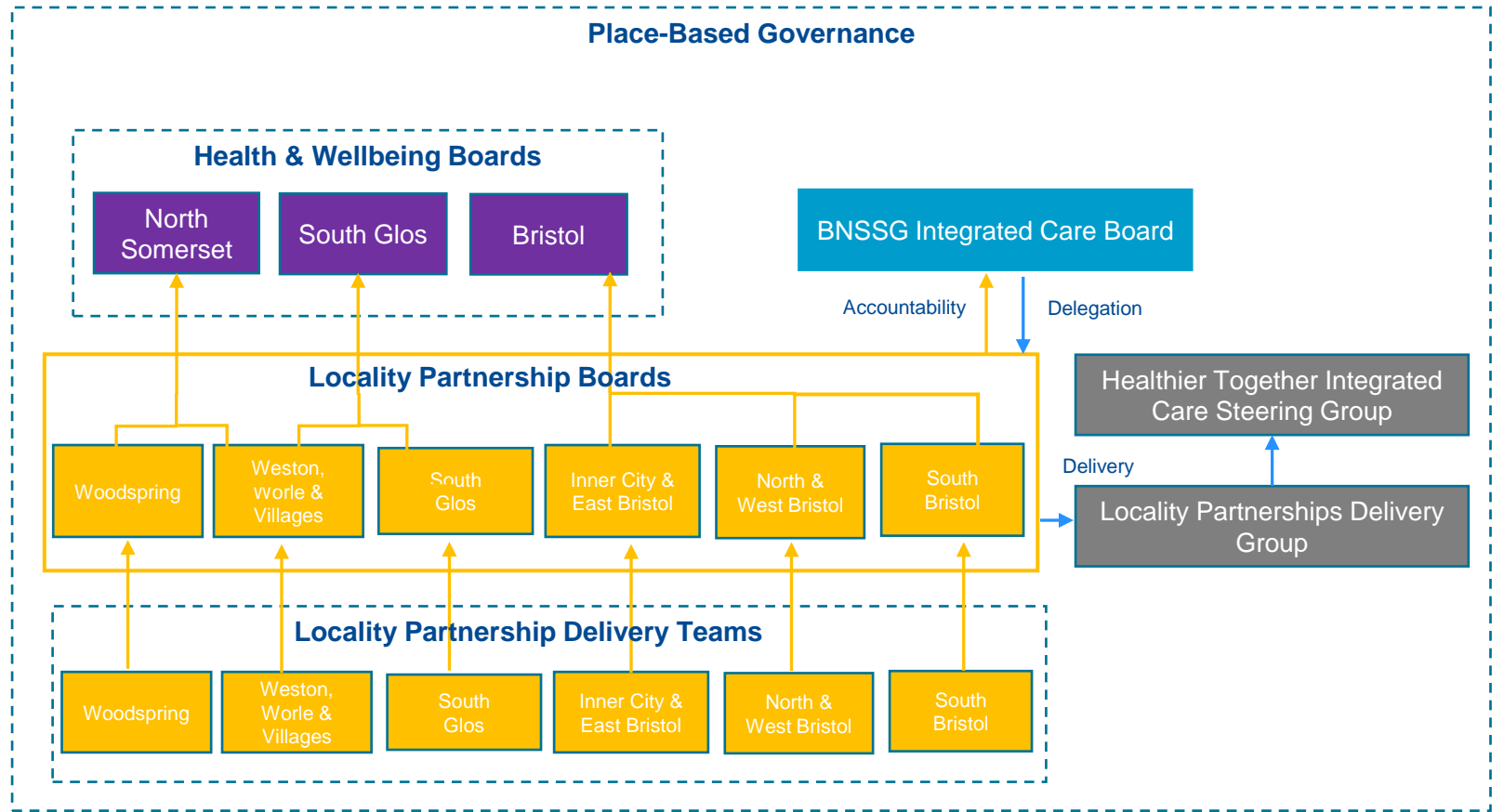
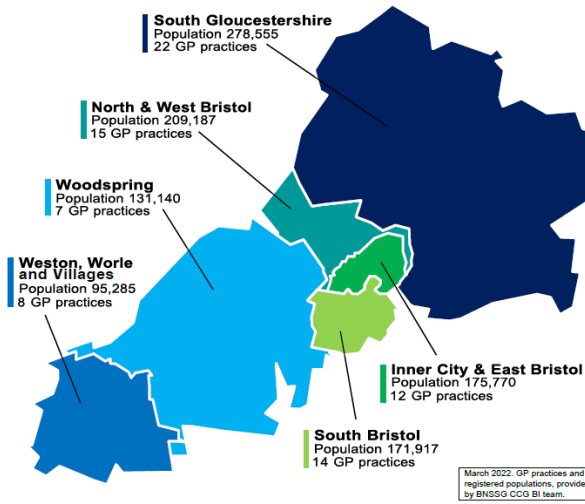
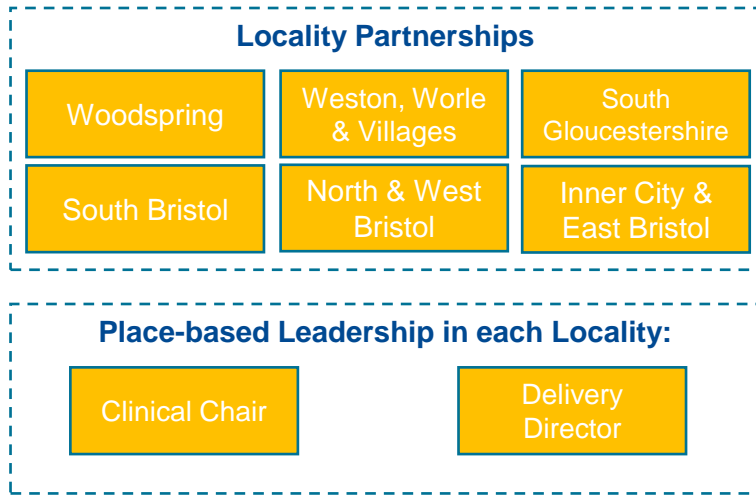
*Form & function to be finalised



1 Principles for how we work together as an ICS

Individuals @ the Centre	<ol style="list-style-type: none"> 1. We work to achieve our vision to meet our citizens’ needs by working together within our joint resources, as one health and care system. We will develop a model of care and wellbeing that places the individual at its heart, using the combined strengths of health and social care. 2. Citizens are integral to the design, co-production and delivery of services 3. We involve people, communities, clinicians and professionals in all decision-making processes. 4. We will take collective, considered risks to cease specific activity to release funds for prevention, earlier intervention and for the reduction of health inequalities. 5. We will focus on the causes of inequality and not just the symptoms, ensuring equalities is embedded in all that we do.
Subsidiarity	<ol style="list-style-type: none"> 6. Decisions taken closer to the communities they affect are likely to lead to better outcomes. The default expectation should be for decisions to be taken as close to communities as possible, except where there are clear and agreed benefits to working at greater scale.
Collaboration	<ol style="list-style-type: none"> 7. Collaboration between partners in a place across health, care services, public health, and the voluntary sector can overcome competing objectives and separate funding flows to help address health and social inequalities, improve outcomes, transform people’s experience, and improve value for the tax payer. 8. Collaboration between providers across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity. 9. Through collaboration as a system we will be better placed to ensure the system, places, and individual organisations are able to make best use of resources 10. We prioritise investments based on value, ensuring equitable and efficient resource allocation, and we take shared ownership in achieving this.
Mutual Accountability & Equality	<ol style="list-style-type: none"> 11. We are coming together under a distributed leadership model and we are committed to working together as an equal partnership. 12. We have a common understanding of the challenges to be addressed collectively and the impact organisations can have across other parts of the system. We engage in honest, respectful, and open dialogue, seeking to understand all perspectives and recognising individual organisations agendas and priorities. We accept that diverse perspectives may create dissonance, and we seek to understand and work through any disharmony, and move to conclusions and action in service of our citizens. We strive to bring the best of each organisation to the partnership. 13. We adhere to a collective model of accountability, where we hold each other mutually accountable for our respective contributions to shared objectives. 14. We develop a shared approach to risk management taking collective responsibility for driving necessary change while mitigating the risks of that change for individual organisations.
Transparency	<ol style="list-style-type: none"> 15. We pool information openly, transparently, early, and as accurately and completely as practical to ensure one version of the truth 16. We work in an open way and establish clear and transparent accountability for decisions.

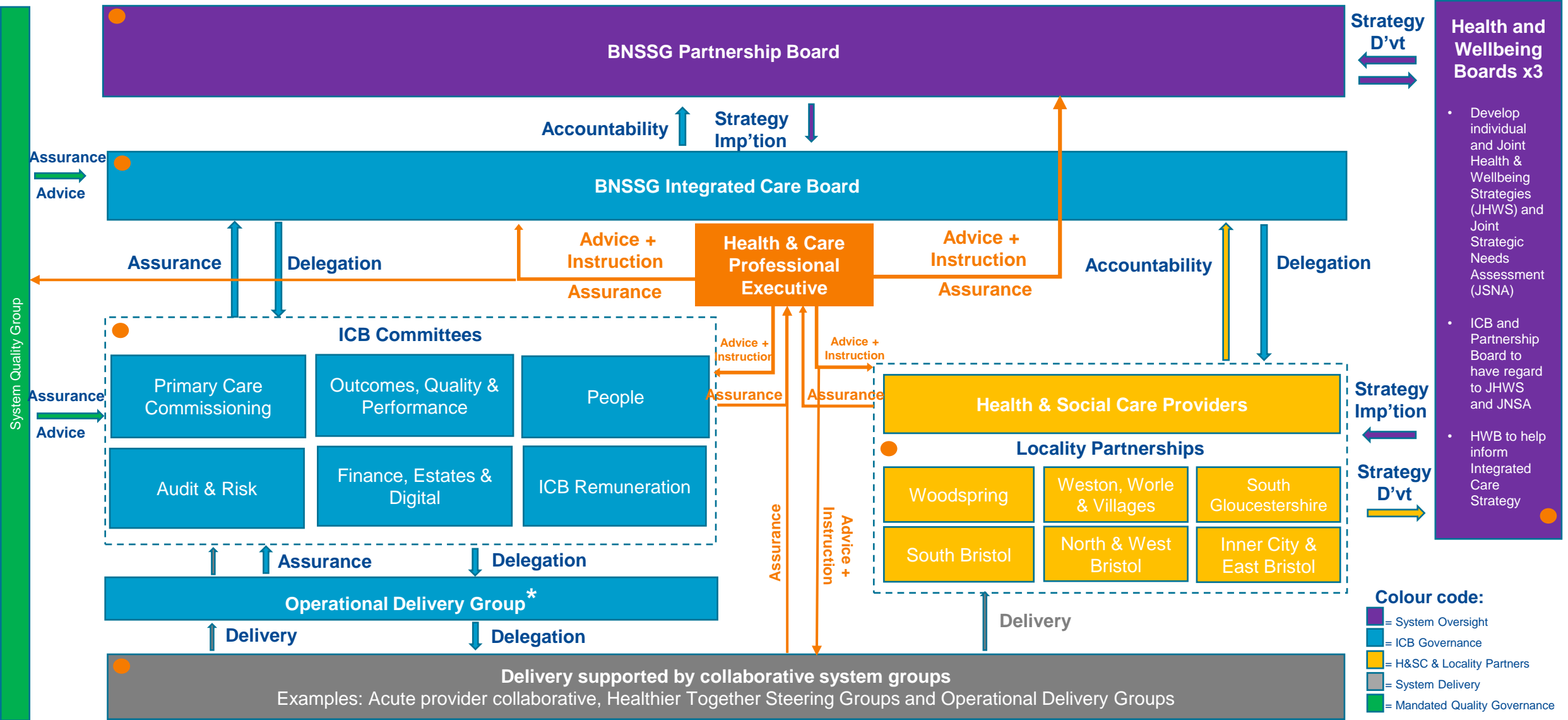
2 BNSSG Locality Partnerships



Colour code:

- = System Oversight
- = H&SC & Locality Partners
- = System Delivery
- = ICB Governance

BNSSG ICS: Future system governance and operating model



- Health and Wellbeing Boards x3**
- Develop individual and Joint Health & Wellbeing Strategies (JHWS) and Joint Strategic Needs Assessment (JSNA)
 - ICB and Partnership Board to have regard to JHWS and JSNA
 - HWB to help inform Integrated Care Strategy

Key:

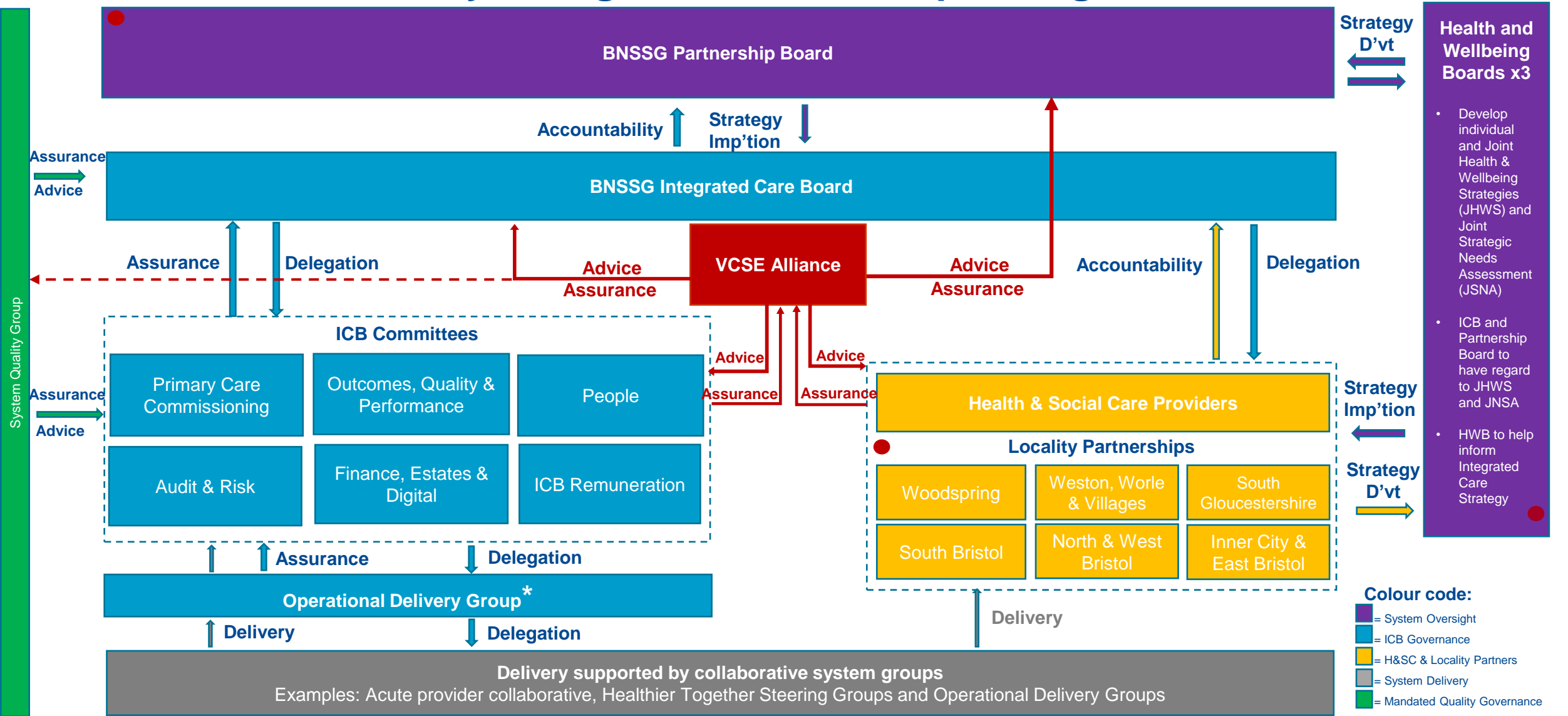
- **Strategy Development** = Input into system forward-planning
- **Strategy Implementation** = The delegation of the implementation of system strategy
- **Delegation** = The delegation of functions to deliver strategy or operational plans
- **Accountability** = Responsibility for implementation, delivery and outcomes of operational and strategic plans

- **Assurance** = Confirmation that systems, processes and behaviours are in place and appropriate to deliver the functions
- **Advice** = Strategic input and guidance into system decision making. Assurance must be given that this advice and guidance has been given due regard
- **Engagement** = Collation of advice, views and opinions, which are then used to inform, develop and/or implement delivery
- **Delivery** = Outputs from workstreams/ programmes/ working groups
- **Health & Care Professionals representation in core system groups**

*Form & function to be finalised



BNSSG ICS: Future system governance and operating model



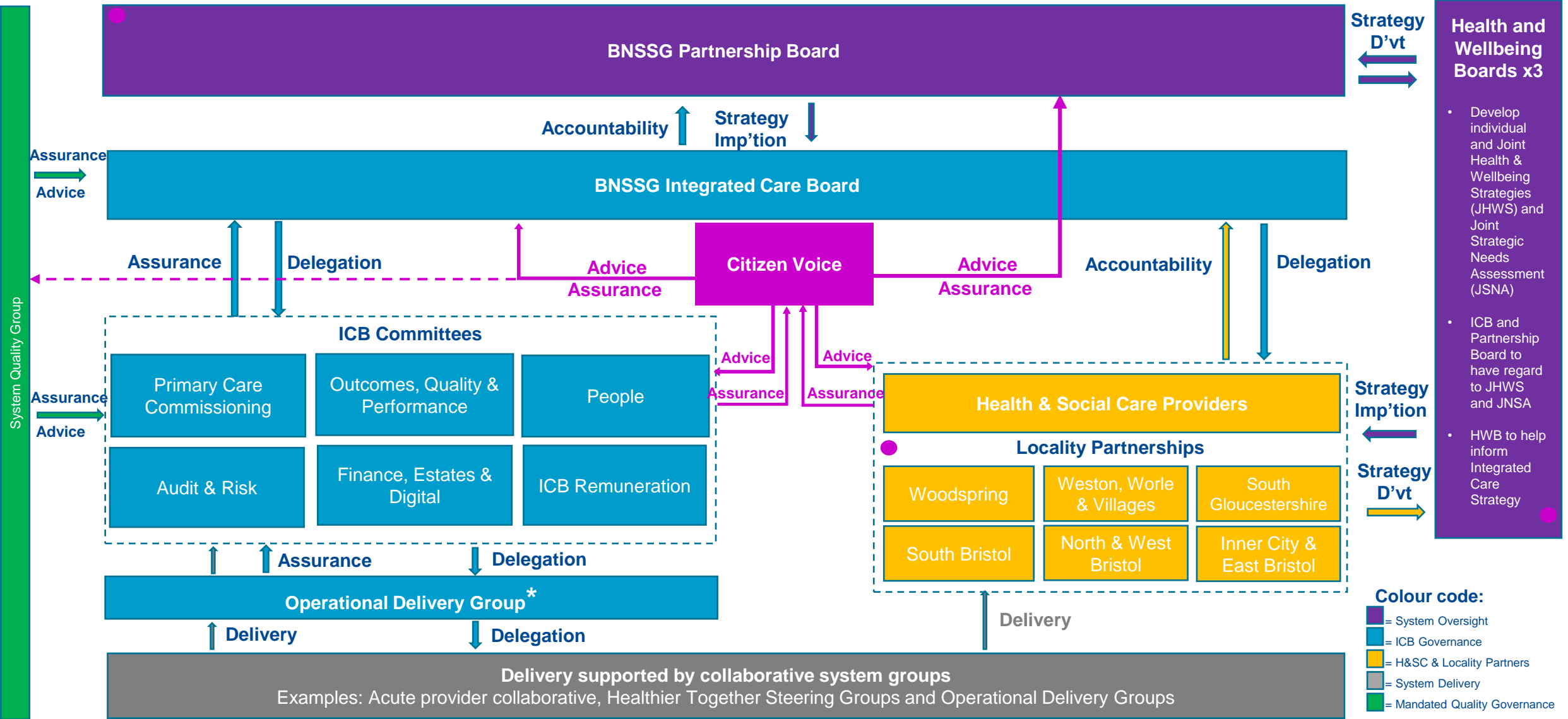
Key:

- Strategy Development** = Input into system forward-planning
- Strategy Implementation** = The delegation of the implementation of system strategy
- Delegation** = The delegation of functions to deliver strategy or operational plans
- Accountability** = Responsibility for implementation, delivery and outcomes of operational and strategic plans

- Assurance** = Confirmation that systems, processes and behaviours are in place and appropriate to deliver the functions
- Advice** = Strategic input and guidance into system decision making. Assurance must be given that this advice and guidance has been given due regard
- Engagement** = Collation of advice, views and opinions, which are then used to inform, develop and/or implement delivery
- Delivery** = Outputs from workstreams/ programmes/ working groups
- = VCSE representation in core system groups

*Form & function to be finalised

BNSSG ICS: Future system governance and operating model



Key:

- **Strategy Development** = Input into system forward-planning
- **Strategy Implementation** = The delegation of the implementation of system strategy
- **Delegation** = The delegation of functions to deliver strategy or operational plans
- **Accountability** = Responsibility for implementation, delivery and outcomes of operational and strategic plans

- **Assurance** = Confirmation that systems, processes and behaviours are in place and appropriate to deliver the functions
- **Advice** = Strategic input and guidance into system decision making. Assurance must be given that this advice and guidance has been given due regard
- **Engagement** = Collation of advice, views and opinions, which are then used to inform, develop and/or implement delivery
- **Delivery** = Outputs from workstreams/ programmes/ working groups
- **●** = Citizen Voice representation in core system groups

*Form & function to be finalised