NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Meeting of BNSSG ICB Board

Date: Thursday 1st December 2022
Time: 12:15pm
Location: MS Teams

Agenda Number :	6.3
Title:	BNSSG ICB Decision-Making Framework
Purpose: Decision	
Key Points for Discussion:	
This paper proposes a new model for decision-making in the ICB. The Decision-Making Framework sets out the role and functions of the unitary and partner organisations within the Integrated Care System (ICS) in relation to decision-making. It introduces the concept of multi-disciplinary Health and Care Improvement Groups as the surveillance architecture for the ICS responsible for achieving its system deliverables, supported by ICB enabler functions. The Decision-Making Framework also proposes a System Executive Group is established to make system decisions as required, and to ensure actions from the ICB Board are progressed. This paper demonstrates how decisions will be made in practice using real-world examples.	
Recommendations:	To approve this paper for: - Adoption and implementation of the Decision-Making Framework by the ICB and all partner organisations. - To cascade the Decision-Making Framework within the ICB and all partner organisations.
Previously Considered By and feedback :	The Decision-Making Framework has been shared regularly with the Healthier Together Executive Team through its development process. The Chairs of NHS partner organisations have also reviewed it. The Framework has been stress-tested using real-world examples generated from the ICB Planning and Oversight Group.
Management of Declared Interest:	There are no conflicts of interest with the Decision-Making Framework.
Risk and Assurance:	A System-Risk Management Framework is in development to support and compliment the Decision-Making Framework. The Decision-Making Framework sets out how the ICB will ensure decisions have received the appropriate scrutiny and assurance by integrated Sponsoring and Contributing ICB Committees within the critical path.
Financial / Resource Implications:	The Decision-Making Framework has been designed to align to the ICBs Scheme of Reservation and Delegation (SORD) and Standing Financial Instructions (SFIs), distributing decisions in accordance with the delegated authorities set out in these documents.
Legal, Policy and Regulatory Requirements:	The Decision-Making Framework aligns to the ICBs SORD and SFIs and builds in Committee assurance and scrutiny to ensure decisions are taking in line with the ICBs legal and regulatory duties and policies.

How does this reduce Health Inequalities:	The Decision-Making Framework is founded on the principle that investment or resource allocation decisions will be taken to achieve the System Deliverables, which include System Outcomes. These outcomes will drive reductions in health inequalities.
How does this impact on Equality & diversity	An Equality Impact Assessment/ Equality Impact Screening Assessment has not been undertaken as the Decision-Making Framework should not adversely affect or discriminate against any staff or patient group protected under the Equalities Act 2010.
Patient and Public Involvement:	There has been no patient or public involvement in the development of the ICB Decision-Making Framework. However, the intention of the ICB is to ensure voices of BNSSG citizens and lived experience co-design our services, and are included as an ICB Enabler function within the Decision-Making Framework.
Communications and Engagement:	The Decision-Making Framework has been communicated to the Healthier Together Executive Team as it has been developed. It has been shared with the Chairs of NHS partner organisations and stress-tested with real-world examples from ICB teams.
Author(s):	Ellie Wetz, ICS Development Programme Manager
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Deputy Chief Executive and Director of Finance

Agenda item: 6.3

Report title: BNSSG ICB Decision-Making Framework

1. Background

The Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care System (ICS) was established in statute by the Health and Care Act 2022 on 01 July 2022. The Act requires ICS partner organisations to come together to deliver health and care services through statutory governance structures to meet its core purpose:

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

The **BNSSG Integrated Care Partnership** (ICP) brings together a broad range of partners to set the integrated care strategy to meet the populations health, care and wellbeing needs. It is a committee jointly established by the founding members - the BNSSG Local Authorities and the Integrated Care Board. In BNSSG, the ICP is chaired on rotation by our three local Health and Wellbeing Board Chairs providing a direct strategic link between the provision of health and care services and the wider determinants of health.

The **BNSSG Integrated Care Board** (ICB) is the new organisation responsible for the day-to-day running of the NHS. The ICB takes account of population needs, arranges for the provision of services and manages NHS budget.

Locality Partnerships have been established operating on a smaller scale at 'place', responding to the unique needs of local populations. In BNSSG we have six Locality Partnerships.

The Act includes a duty for NHS and Foundation Trusts to have regard to wider effect of decisions. The Care Quality Commission will be assessing ICSs via a Single Assessment Framework on quality statements across the themes of Leadership, Integration and Quality and Safety.

The establishment of these new statutory bodies and functions, and the requirement of our regulators for decision-making to be taken in partnership as an integrated system, provides the opportunity to design and implement a Decision-Making Framework that ensures that the BNSSG ICS: is outcome focused to achieve its core purpose; operates as a strategic and delivery partnership; is founded on the principles of distributed leadership as well as rigorous and robust system oversight, assurance and scrutiny; functions and decisions are timely, responsive and proportionate.

2. How will BNSSG ICS deliver its core purpose?

The BNSSG Integrated Care Strategy is currently in development. An interim document will be published at the end of December 2022, with the final version adopted by the founding members of the ICP and wider health and care system partners by 31 March 2022. The strategic objectives set out in that document will be translated into an BNSSG System Outcomes data set. The current BNSSG Outcomes (novated from the Healthier Together Memorandum of Understanding) are shown in Table 1 for illustrative purposes.

Table 1:

The health of our population will be improved through a focus on...	Code	Our Outcomes
The health of our RESIDENTS	RES1	We will increase population healthy life expectancy across BNSSG and narrow the gap between different population groups
	RES2	We will reduce early deaths from preventable causes - cardiovascular and respiratory conditions, liver disease and cancers - in the communities which currently have the poorest outcomes
	RES3	
	RES4	We will lower the burden of infectious disease in all population groups
	RES5	We will reduce the proportion of people in BNSSG who smoke
	RES6	We will improve self-reported mental wellbeing
		We will increase the proportion of children who achieve a good level of education attainment
The health of our SERVICES	SER7	We will increase the proportion of our residents who report that they are able to find information about health and care services easily
	SER8	We will increase the proportion of our residents who report that they are able to access the services they need, when they need them
	SER9	We will increase the proportion of our residents who report that their health and care is delivered through joined up services
The health of our STAFF	STA10	We will increase the proportion of our health and care staff who report being able to deliver high value care
	STA11	We will reduce sickness absence rates across all our Healthier Together partner organisations
	STA12	We will improve self-reported health and wellbeing amongst our staff
	STA13	We will improve Equality and Diversity workforce measures in all Healthier Together Partner organisations
The health of our COMMUNITIES	COM14	We will reduce the number and proportion of people living in fuel poverty
	COM15	We will reduce the number of people living in poor housing conditions
	COM16	We will reduce levels of domestic violence and abuse
	COM17	We will reduce levels of child poverty
	COM18	We will increase the number of our residents describing their community as a healthy, safe, and positive place to live
The health and wellbeing of our ENVIRONMENT	ENV19	We will increase the proportion of energy used by the estates of our Healthier Together partner organisations from renewable sources
	ENV20	We will reduce the total carbon footprint generated through travel of patients using our services
	ENV21	We will increase use of active travel, public transport and other sustainable transport by our staff, service users and communities

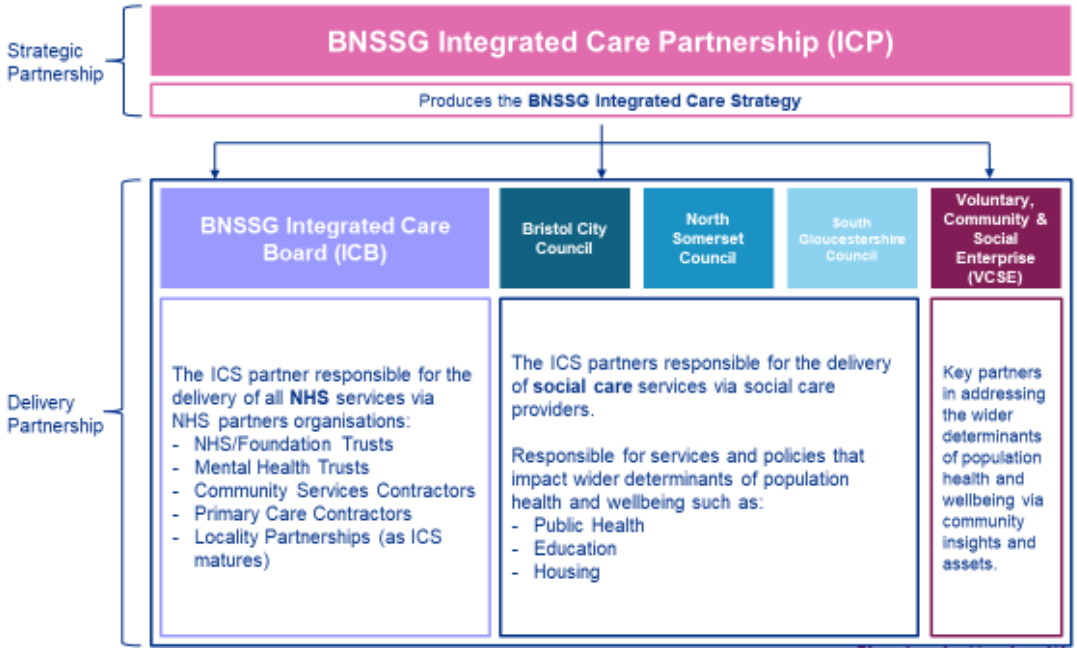
The Decision-Making Framework proposed in this paper provides the system architecture to ensure health and care services are established to achieve the BNSSG Strategic Objectives and System Outcomes.

3. Decisions made in partnership

The establishment of the ICS offers the opportunity to plan, deliver and improve health and care services via both strategic and delivery partnerships. See **Image 1** for an illustration of these partnerships. The Decision-Making Framework described in this paper requires the collaboration

and involvement of all health and care partners at strategic and delivery level, but the governance model described is only relevant to NHS funding decisions.

Image 1:



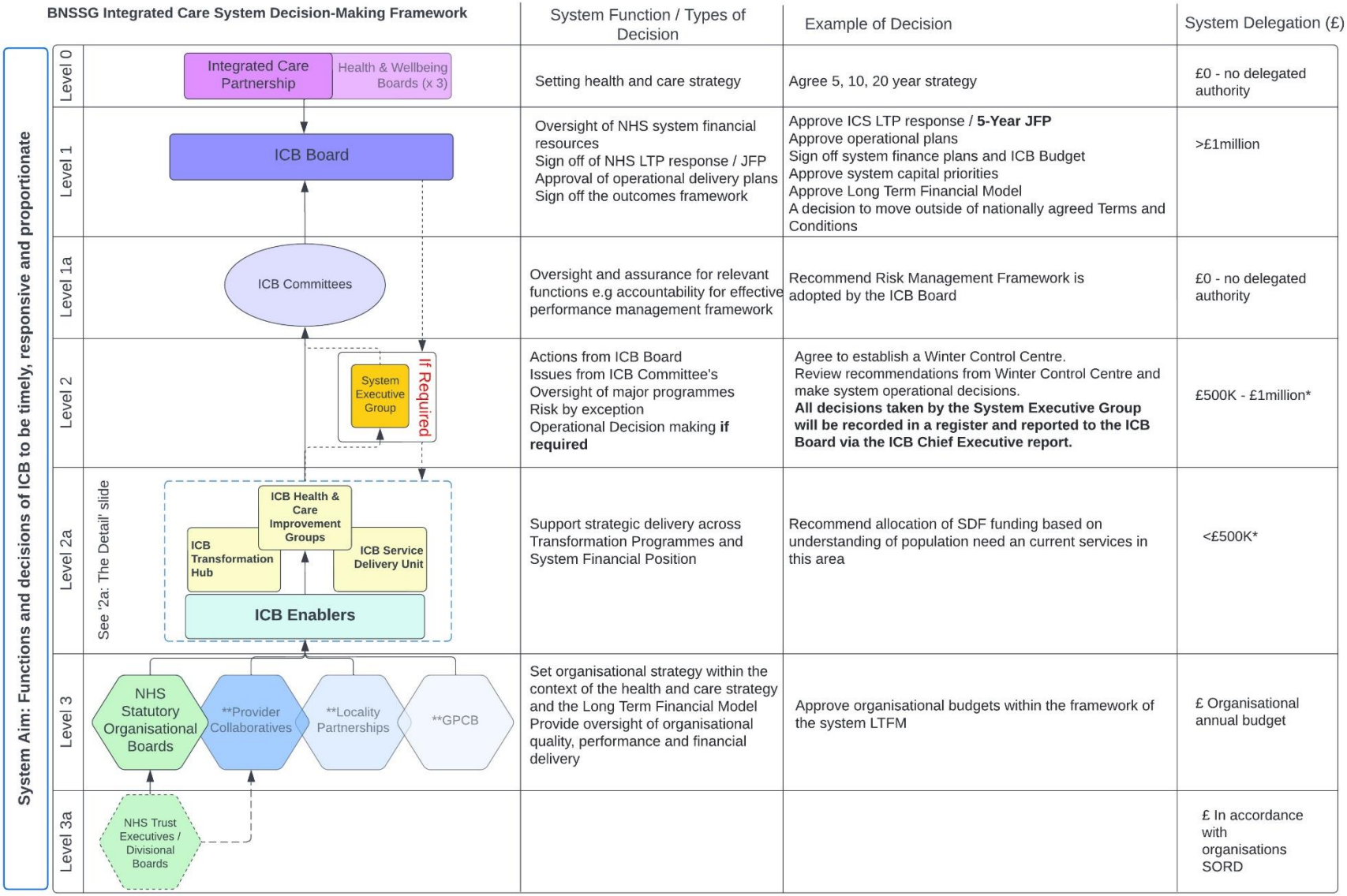
4. The BNSSG Decision-Making Framework

The aim of this framework is for functions and decisions of the ICB to be timely, responsive and proportionate. The Decision-Making Framework has been designed to align to the ICBs Scheme of Reservation and Delegation (SORD) and Standing Financial Instructions (SFIs), distributing decisions in accordance with the delegated authorities set out in these documents. See **Image 2**. The Decision-Making Framework introduces new system groups with specified delegated authority:

The **System Executive Group** (level 2) will comprise of the ICSs delivery partners (NHS (including One Care), and Local Authority) Chief Executives, chaired by the ICB Chief Executive. It will meet monthly between ICB Board meetings. It will drive activity requested by the ICB Board, take system decisions when required (explored further below) and be a forum for deeper discussions on system challenges or opportunities.

The **Health and Care Improvement Groups** (level 2a) will be directly responsible for achieving the ICSs **System Deliverables:** the BNSSG Integrated Care Strategy and subsequent System Outcomes and Joint Forward Plan, national priorities as directed by NHS England and the BNSSG ICB in-year and medium term financial operating plan.

Image 2:



**As system matures, Provider Collaboratives, Locality Partnerships and the GPCB will be delegated budgets as system delivery partners

*ICB Executive delegated authority as set out in SORD

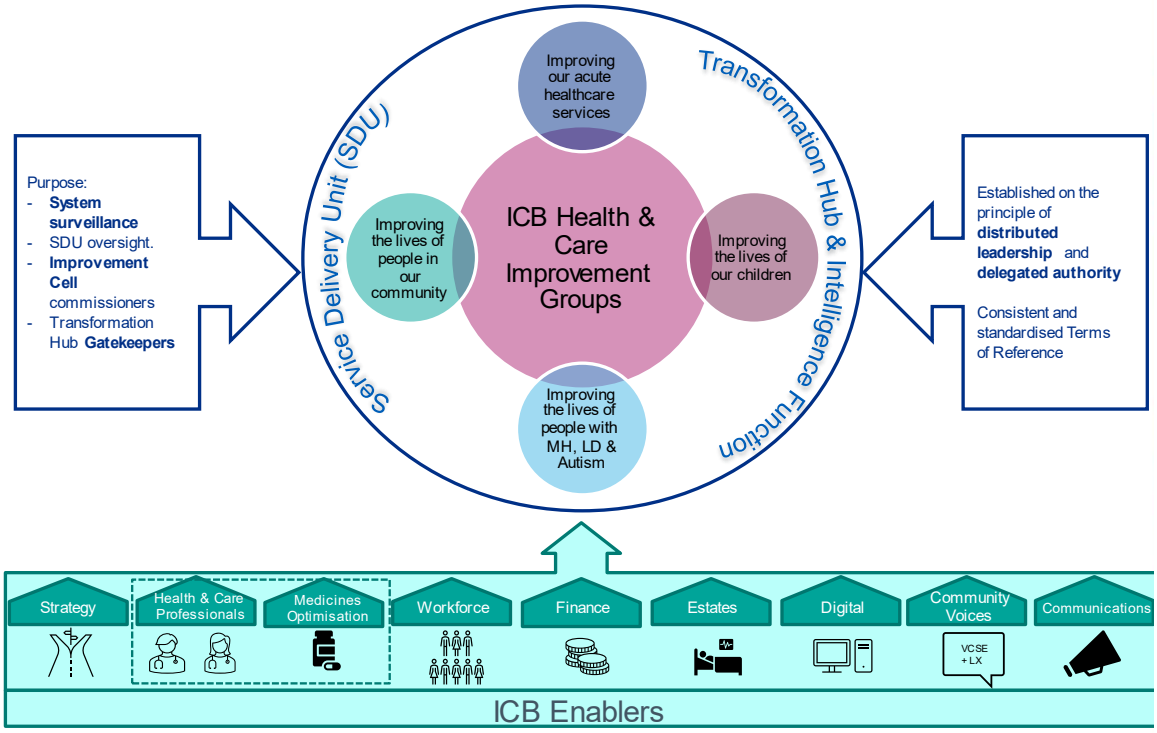
The Health & Care Improvement Groups will provide the surveillance architecture for the system; ensuring our ICS partners and ICB enabler functions are working together effectively and collaboratively. They will operate under standardised terms of reference, with system delivery as their primary purpose. **See Image 3**.

The **ICB Service Delivery Units (SDUs)** will be the substantive system architecture where ICS partners and ICB enabler functions collaborate to achieve the System Deliverables. SDUs will report directly to a Sponsoring (and where applicable, Contributing) Health and Care Improvement Group(s). When SDUs are not achieving the System Deliverables, the ICB Health & Care Improvement Groups will stand up **Improvement Cells** with the specific purpose of getting the SDU back on track.

The ICB Health & Care Improvement Groups will be the Gatekeepers of the **ICB Transformation Hub**; driving innovation and continuous improvement.

The ICB Health & Care Improvement Groups will report directly to the ICB Board. See **Appendix 1** for proposed membership of these Groups.

Image 3:



See **Table 2** for more detailed descriptions of the role, functions and decisions of levels 1 – 2a as described on the Decision-Making Framework (**Image 2**).

All groups will be expected to contribute to the strategic aims of the ICB including the reduction of inequalities and the ICS Green Plan.

Table 2:

Level	Description:	Notes:
2a	**Sponsoring Health & Care Improvement Group:**	• SDUs and Transformation Hub Programmes will be allocated a Sponsoring Health & Care Improvement Group. • Gateway decisions to be taken by the SRO if within delegated limits <£500K with the joint recommendation of a Contributing Health & Care Improvement Groups if applicable. • Where SDUs aren't achieving System Deliverables, or when Outcomes aren't being achieved, the Sponsoring Health & Care Improvement Group will stand up an Improvement Cell. • All Gateway decisions taken by this group will be recorded on a Health & Care Improvement Group Decision Register which is included in a regular report to the ICB Board, copied to the ICB Committees.
	Contributing Health & Care Improvement Group(s):	• SDUs and Transformation Hub Programmes may span the scopes of the Health & Care Improvement Groups. When this occurs, a Contributing Health & Care Improvement Group will be allocated. • Contributing Health & Care Improvement Groups will be required to provide a joint recommendation to proceed through Gateways. • Improvement Cells will be jointly established where there are both Sponsoring and Contributing Health & Care Improvement Groups.
2	**System Executive Group:**	• Gateway decisions to be taken by System Executive Group Chair if within delegated limits <£1million. • Gateway decisions to be taken with the recommendation of the Sponsoring Health & Care Improvement Groups (or joint recommendation of Contributing Health & Care Improvement Group where applicable). • All decisions taken by this group will be recorded on the System Executive Group Decision Register which is included in the ICB Chief Executive Report to the ICB Board, copied to the ICB Committees.
1a	**Sponsoring ICB Committee:**	• Health & Care Improvement Groups will report Improvement Cell activity and Gateway decisions to a Sponsoring ICB Committee for scrutiny, assurance and to provide recommendations to the ICB Board. • ICB Committees can request a review of any decisions recorded on the Health & Care Improvement Group and/or System Executive Group Decision Register. • ICB Enabler functions will report activity to a Sponsoring ICB Committee in order to check and challenge progress against outcomes/workplans.
	Contributing ICB Committee:	• Some Improvement Cell activity or Gateway decisions will require scrutiny, assurance and recommendations from a Contributing ICB Committee. • **Where practicable**, the Sponsoring and Contributing Committee will have meetings in common to provide a joint perspective **OR** provide assurance to the ICB Board that both the Sponsoring and Contributing Committees have exercised appropriate due diligence on the Gateway decision. • If programmes require the scrutiny, assurance and recommendation of >2 committees, by default it will be escalated to the ICB Board to provide system oversight and assurance. • ICB Enabler functions will report activity to a Contributing ICB Committee where appropriate.
1	**ICB Board**	• If value >£1million Gateway Decisions must be escalated to the ICB Board with System Executive Group and/or Sponsoring and Contributing Health & Care Improvement Group recommendations. • Undertakes Gateway Decision scrutiny and assurance if required by >2 ICB Committees.

Appendix 2 provides a visual presentation of the Decision-Making Framework in practice, including the process for ensuring decisions receive the appropriate independent scrutiny via the ICB Committees.

Appendix 3 offers real-world examples of ICB investment decisions using the Decision-Making Framework.

5. Limitations

This paper recognises that:

- Closer consideration will need to be given to potential conflicts of interest when commercially sensitive investment decisions and/or contract awards are taken to Health and Care Improvement Groups.
- The ICB, in collaboration with system partners, needs to do further work to establish the SDUs and the Transformation Hub and communicate how these will operate in practice.
- This Decision-Making Framework is being established during a period of limited resource with no further system investment expected in the medium-term forecast. Therefore, decisions taken need to be subject to rigorous assessment of system benefit realisation to ensure the ICB and NHS partners operate within their in-year financial allocations.
- There will need to be a period of transition; to form these proposed new system groups and delegate their functions, but also support this system-wide 'organisational development' (OD) opportunity and a culture shift to a new and novel way of working.

6. Financial resource implications

The Decision-Making Framework has been designed to align to the ICBs Scheme of Reservation and Delegation (SORD) and Standing Financial Instructions (SFIs), distributing decisions in accordance with the delegated authorities set out in these documents. The establishment of the new ICB groups specified in the Decision-Making Framework will not require new investment or resource but may require the redirection of both ICB and system partner current resource (particularly at Executive level) to align to this Framework

Investment decisions will need to be taken in the context of current system resource limitations.

7. Legal implications

The Decision-Making Framework aligns to the ICBs SORD and SFIs and builds in Committee assurance and scrutiny to ensure decisions are taking in line with the ICBs legal and regulatory duties and policies.

8. Risk implications

A System-Risk Management Framework is currently being developed. This will include the management of strategic risk through a Board Assurance Framework (BAF), the oversight and management of system risks and controls by the Health & Care Improvement Groups and the System Executive Group when required, supported by a Risk and Ethics Advisory Forum (REAF).

Investment or resource allocation decisions taken in accordance with the Decision-Making Framework will include an assessment of risk at specific Gateways, particularly in a resource limited environment where investment decisions will have to be considered in the context of benefit realisation elsewhere in the system. Once established, the Decision-Making Framework and System-Risk Management Framework will operate co-dependently.

9. How does this reduce health inequalities

The Decision-Making Framework is founded on the principle that investment or resource allocation decisions will be taken to achieve the System Deliverables, which include System Outcomes. These outcomes will drive reductions in health inequalities.

10. How does this impact on Equality and Diversity?

An Equality Impact Assessment/ Equality Impact Screening Assessment has not been undertaken as the Decision-Making Framework should not adversely affect or discriminate against any staff or patient group protected under the Equalities Act 2010. The Transformation Hub Gateway model will include robust equality impact assessment criteria and lived experience input to ensure investment decisions do not adversely or covertly impact any populations or sectors of society.

11. Consultation and Communication including Public Involvement

There has been no patient or public involvement in the development of the ICB Decision-Making Framework. However, the intention of the ICB is to ensure voices of BNSSG citizens and lived experience co-design our services and are included as an ICB Enabler function within the Decision-Making Framework.

A request of this paper is that ICB Board Members commit to cascading this Decision-Making Framework across their organisations once formally agreed.

Appendices

Appendix 1
Health & Care Improvement Groups: Purpose and Proposed Membership

ICB Health & Care Improvement Groups: Consistent and standardised Terms of Reference
Purpose:
The ICB Health & Care Improvement Groups will be directly responsible for achieving our System Deliverables: the BNSSG Integrated Care Strategy (including the ICS Green Plan) and subsequent Systems Outcomes data set and Joint Forward Plan, national priorities as directed by NHS England and the BNSSG ICB in-year and medium term financial operating plan.

They will provide the surveillance architecture for the system; ensuring our ICS partners are working together effectively and collaboratively. Their primary purpose will be system delivery.

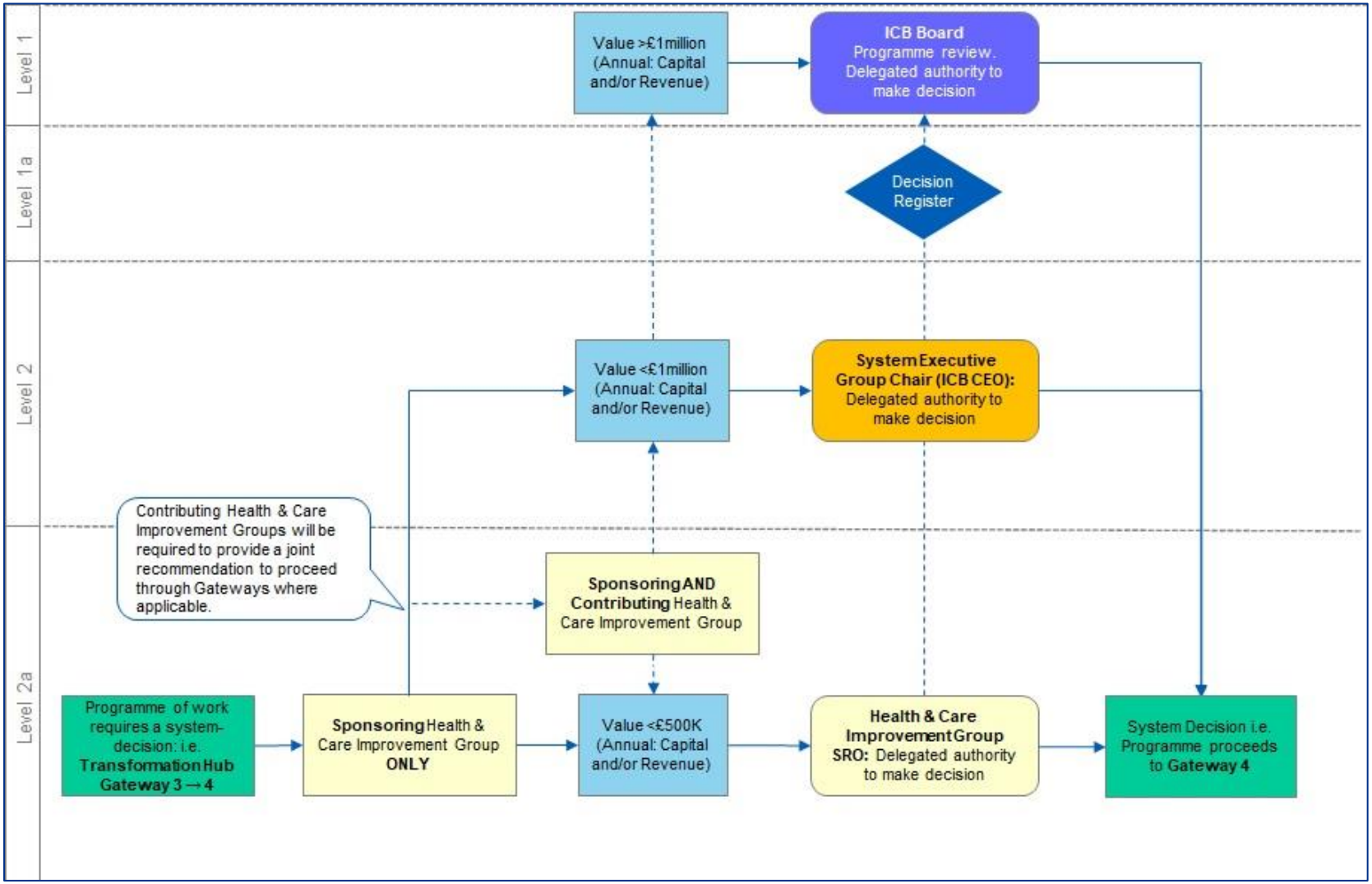
The **ICB Service Delivery Units (SDUs)** will be the substantive system architecture where ICS partners and ICB enabler functions collaborate to achieve System Deliverables. SDUs will report directly to a Sponsoring (and where applicable, Contributing) Health and Care Improvement Group(s). When SDUs are not achieving the System Deliverables, the ICB Health & Care Improvement Groups will stand up Improvement Cells with the specific purpose of getting the SDU back on track.

The ICB Health & Care Improvement Groups will be the **Gatekeepers** of the **ICB Transformation Hub**; driving innovation and continuous improvement.

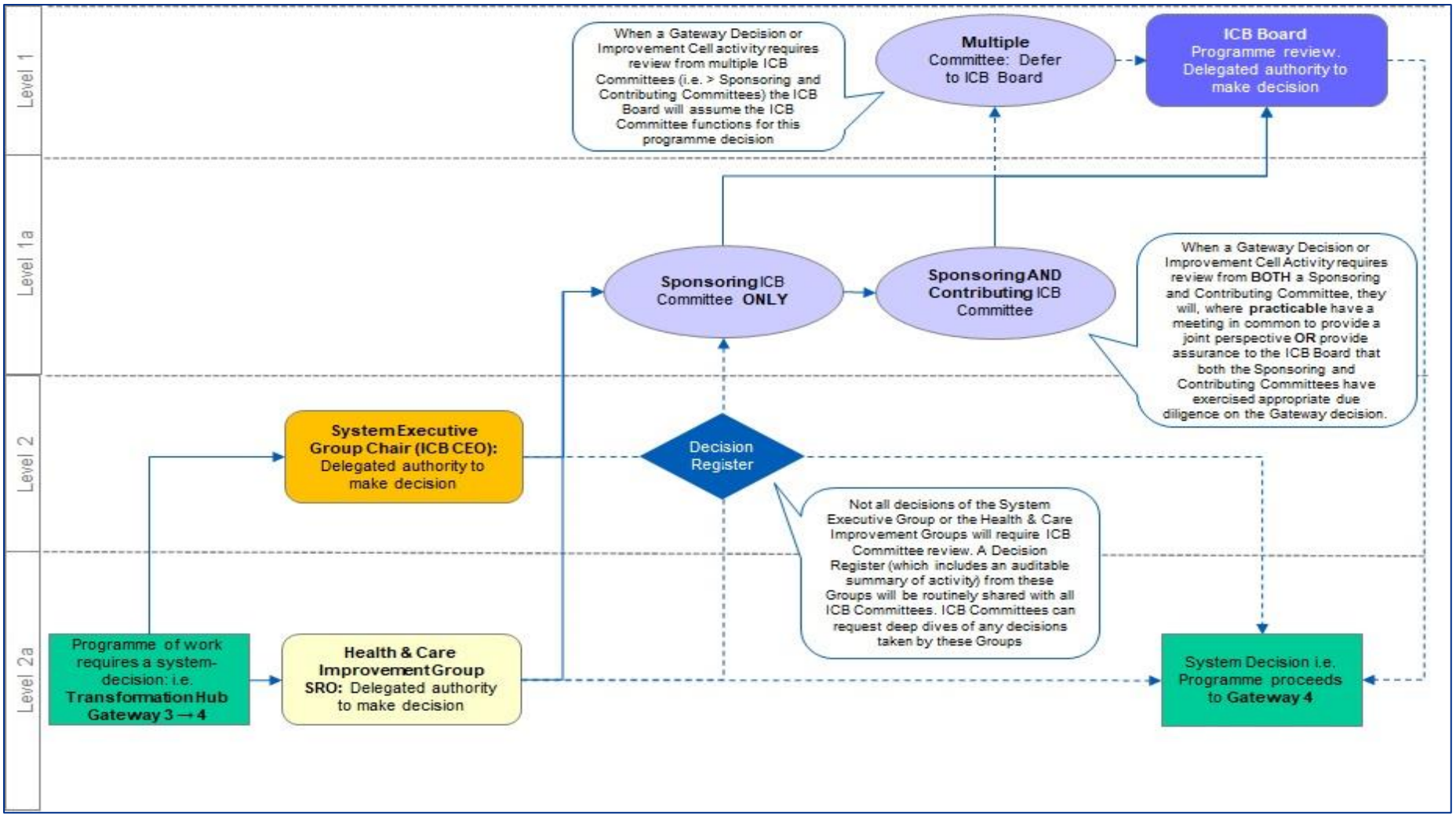
The ICB Health & Care Improvement Groups will report directly to the ICB Board.

Core Memberships:		
ICB Joint Executive Senior Reporting Officer (SRO)	ICB Executive	Delegated executive authority via the ICB Scheme of Reservation and Delegation (SORD)
Partner joint Executive SRO(s):	ICB Partner Executive	Nominated from NHS organisation(s)
Clinical SRO:	ICB Chief Medical Officer (CMO) or Chief Nursing Officer (CNO)	Statutory clinical professional accountability for ICS functions and delivery. CMO and CNO deputies to have standing invite.
Finance SRO:	ICB Partner Director of Finance	Nominated from the BNSSG Directors of Finance Group.
ICB Health & Care Improvement Group, and Improvement Cell, Co-Opted Members:		
ICB Enablers	Representation from all ICB enabler functions	- ICB Strategy, Population Health and Business Intelligence Teams - Health & Care Professionals - Medicines Optimisation - Workforce - Finance - Estates - Digital - Communications - Community voices – including VCSE advocate organisations and people with Lived Experience
Other members:	Health & Care Improvement Group specific	- Local Authority - Locality Partnerships - VCSE - Adult Social Care Collaborative - GP Collaborative Board - Primary Care Collaborative

Appendix 2:
ICB Decision-Making Framework: Investment Flow Diagram



ICB Decision-Making Framework: Assurance and Scrutiny Flow Diagram



Appendix 3
Real-worked examples of Decision-Making Framework in practice

Level	Description:	**Example 1: Healthier Together@ Home Business Case** This programme has been developed through the Transformation Hub. It has progressed through Gateways 0 – 3. A full business case has been developed with input from all **ICB Enabler** Groups. The business case now needs approval to move from **Gateway 3** (Implementation) to **Gateway 4** (Handover to Ops). Forecast operational budget of programme >£1million, cash releasing from acute care and redistributed into community services.
2a	Sponsoring Health & Care Improvement Group:	HT@H will provide appropriate acute care services via community services partners. Therefore, the **Improving the Lives of People in our Community** is the Sponsoring Health & Care Improvement Group for this programme.
	Contributing Health & Care Improvement Group(s):	HT@H net benefit will be realised by acute providers. Therefore, the **Improving our Acute Healthcare Services** is the Contributing Health & Care Improvement Group for this programme.
2	System Executive Group:	N/A: Value >£1million, ICB Board decision.
1a	Sponsoring ICB Committee:	N/A: ICB Board review – the scope of the HT@H business case requires input from >2 committees (Outcomes, Performance & Quality Committee, Finance, Estates & Digital Committee and Primary Care Committee).
	Contributing ICB Committee:	N/A: ICB Board review – the scope of the HT@H business case requires input from >2 committees. (Outcomes, Performance & Quality Committee, Finance, Estates & Digital Committee and Primary Care Committee).
1	ICB Board:	Value is >£1million. ICB Board must make Gateway 3 → 4 decision with recommendation from Improving Lives of People in our Community (Sponsoring) and Improving our Acute Healthcare Services (Contributing) Health & Care Improvement Groups. ICB Board will provide the scrutiny and assurance functions of the ICB Committees as the impact of this programme spans >2 committees.

Level	Description:	**Example 2: Centralisation & Transfer of Prescribing Stoma Appliances to Stoma Nurses at NBT** A pilot at NBT has been trialled and evaluated, evidencing economies of scale and service efficiencies of centralising this service. The pilot needs to progress from **Gateway 2** (Mobilising Change) to **Gateway 3** (Implementation). Forecast value of centralised service:<£1million.
2a	Sponsoring Health & Care Improvement Group:	Centralisation of this service will provide efficiencies that will benefit patients requiring stoma appliances out of hospital. Therefore, the **Improving the Lives of People in our Community** is the Sponsoring Health & Care Improvement Group for this programme.
	Contributing Health & Care Improvement Group(s):	Centralised service requires a redistribution of resource into acute care. Therefore, **Improving our Acute Healthcare Services** is the Contributing Health & Care Improvement Group for this programme.
2	System Executive Group:	Value of Gateway decision is >£500K but <£1million. **System Executive Group** to make Gateway 2 → 3 decision if **jointly** recommended by Improving the Lives of People in our Community **and** Improving our Acute Healthcare Services Health & Care Improvement Groups. Outcome recorded on the **System Executive Group Decision Register**.
1a	Sponsoring ICB Committee:	Centralisation of this service will improve quality of care for patients receiving stoma appliances out of hospital. **Outcomes, Performance & Quality Committee** is the Sponsoring ICB Committee. This Gateway decision will not require committee input, but a deep dive of the System Executive Group decision may be requested.
	Contributing ICB Committee:	Centralisation of this service is a pathway change that will affect primary care prescribing of stoma appliances. **Primary Care Committee** is the Contributing ICB Committee. This Gateway decision will not require committee input, but a deep dive of the System Executive Group decision may be requested.
1	ICB Board:	Receives a record of the decision via the System Executive Group Decision Register appended to the ICB Board Chief Executive Report.

Level	Description:	**Example 3: Procurement of a ePR module for vital signs monitoring in urgent care.** The Emergency Departments at UHBW and NBT have identified a cloud-based system which improves the quality of real-time monitoring and recording of vital signs. This system interfaces with both Trusts and SWAFTS ePRs. The capital procurement value of the cloud-based system is £400,000 and could be afforded if re-allocated from each Trusts capital financial model.
2a	Sponsoring Health & Care Improvement Group:	The joint procurement of this cloud-based system will improve patient safety in both BNSSG Emergency Departments. Therefore, the **Improving our Acute Healthcare Services** is the Sponsoring Health & Care Improvement Group for this programme. No Contributing Health & Care Improvement Group has an interest or is impacted by the decision to procure this cloud-based system. The SRO (ICB Executive) for the Improving our Acute Healthcare Services has the delegated authority to approve the decision to proceed with this procurement as value >£500K.
	Contributing Health & Care Improvement Group(s):	N/A. No Contributing Health & Care Improvement Group has an interest or is impacted by this LMNS procurement.
2	System Executive Group:	N/A. This procurement decision can be taken by the Sponsoring Health & Care Improvement Group in isolation.
1a	Sponsoring ICB Committee:	Scrutiny and assurance for this programme will be provided by the **Outcomes, Performance & Quality Committee.**
	Contributing ICB Committee:	N/A. No Contributing ICB Committee is impacted by this procurement decision.
1	ICB Board:	N/A. The SRO for the Improving our Acute Healthcare Services Health & Care Improvement Group has the delegated authority to approve this procurement.

Level	Description:	**Example 4: Integrated Neighbourhood Teams to improve outcomes for people in our community - Diabetes** In response to the Fuller Report and stocktake, a Transformation programme to establish Integrated Neighbourhood Teams has been developed; aligned to Primary Care Networks embedding secondary care specialists within a multi-disciplinary community-led model of care. It is proposed that these Integrated Neighbourhood Teams will be the vehicle to deliver a range of condition-specific Transformation programmes, initially with Diabetes as the clinical area of focus. 4i: The establishment of Integrated Neighbourhood Teams as a strategic delivery partner to improve outcomes for patients with Diabetes. The programme needs to progress from **Gateway 2** (Mobilising Change) to **Gateway 3** (Implementation). Forecast cost of Integrated Neighbourhood Teams to improve Diabetes outcomes: £1.7million (gross. £250K Recovery Funds in 2022/23, so £1.45million net) over 3 years.
2a	Sponsoring Health & Care Improvement Group:	Integrated Neighbourhood Teams will provide specialist, multi-disciplinary Diabetes management services directly in community. Therefore, the **Improving the Lives of People in our Community** is the Sponsoring Health & Care Improvement Group for this programme.
	Contributing Health & Care Improvement Group(s):	Integrated Neighbourhood Teams will improve access to Diabetes specialist care in the community reducing the burden on acute services. Therefore, the **Improving our Acute Healthcare Services** is the Contributing Health & Care Improvement Group for this programme.
2	System Executive Group:	N/A: Value >£1million, ICB Board decision.
1a	Sponsoring ICB Committee:	The introduction of Integrated Neighbourhood Teams will be driven by Primary Care as the lead providers (via Primary Care Networks). **Primary Care Committee** is the Sponsoring ICB Committee.
	Contributing ICB Committee:	The introduction of Integrated Neighbourhood Teams will improve outcomes for patients and improve the quality of their care. **Outcomes, Performance & Quality Committee** is the Contributing ICB Committee.
1	ICB Board:	Value is >£1million. ICB Board must make Gateway 2 → 3 decision with: - Recommendation from Improving Lives of People in our Community (Sponsoring) and Improving our Acute Healthcare Services (Contributing) Health & Care Improvement Groups. - Assurance from the Sponsoring Committee (Primary Care Committee) and the Contributing Committee (Outcomes, Performance & Quality) that the appropriate due diligence, risk assessments and value for money assessments have been undertaken.

Level	Description:	Example 4: Integrated Neighbourhood Teams to improve outcomes for people in our community - Diabetes 4ii: It is forecast that NHS England Target indicators are not being achieved. 2022/23 Recovery Funds available to rapidly deploy Integrated Neighbourhood Teams as pilot model to achieve targets. Recovery Funds available: £250K. The business case now needs approval to move from **Gateway 3** (Implementation) to **Gateway 4** (Handover to Ops).
2a	Sponsoring Health & Care Improvement Group:	Integrated Neighbourhood Teams will provide specialist, multi-disciplinary Diabetes management services directly in community. Therefore, the **Improving the Lives of People in our Community** is the Sponsoring Health & Care Improvement Group for this programme. The SRO (ICB Executive) for the Improving the Lives of People in our Community has the delegated authority to approve the decision to proceed from Gateway 3 → 4 using 2022/23 Recovery Funds as value <£500K. This decision can only be taken if supported by the Contributing Health & Care Improvement Group (Improving our Acute Healthcare Services)
	Contributing Health & Care Improvement Group(s):	Integrated Neighbourhood Teams will improve access to Diabetes specialist care in the community reducing the burden on acute services. Therefore, the **Improving our Acute Healthcare Services** is the Contributing Health & Care Improvement Group for this programme. A decision to proceed from Gateway 3 → 4 can be taken by the SRO of the Sponsoring Health & Care Improvement if supported by the SRO of the Contributing Health & Care Improvement Group.
2	System Executive Group:	N/A. This procurement decision can be taken by the Sponsoring Health & Care Improvement Group in isolation.
1a	Sponsoring ICB Committee:	The introduction of Integrated Neighbourhood Teams will be driven by Primary Care as the lead providers (via Primary Care Networks). **Primary Care Committee** is the Sponsoring ICB Committee.. This Gateway decision will not require committee input, but a rapid evaluation will be required to inform the scrutiny and assurance process of the full strategic business case (4i).
	Contributing ICB Committee:	The introduction of Integrated Neighbourhood Teams will improve outcomes for patients and improve the quality of their care. **Outcomes, Performance & Quality Committee** is the Contributing ICB Committee. This Gateway decision will not require committee input, but a rapid evaluation will be required to inform the scrutiny and assurance process of the full strategic business case (4i).
1	ICB Board:	Receives a record of the decision via the Health & Care Improvement Group Decision Register appended to the SRO report.

Level	Description:	**Example 5: Retirement of a single-handed GP partner holding a Primary Medical Services (PMS) contract.** A single-handed GP partner gives notice of retirement to the ICB. The list size of the practice is <8000. The ICB needs to take the decision to either procure the practice or close it and disperse the list. Due to the list size, the options analysis recommends that list is dispersed.
2a	Sponsoring Health & Care Improvement Group:	This is a decision that directly impacts the provision of primary care services. Therefore, the **Improving the Lives of People in our Community** is the Sponsoring Health & Care Improvement Group for this programme. The SRO (ICB Executive) for the Improving the Lives of People in our Community has the delegated authority to approve the decision to close the practice and disperse the list. Due to the potential impact of access to services for the current practice list population, this decision should be subject to the Sponsoring ICB Committee review in advance.*
	Contributing Health & Care Improvement Group(s):	N/A. No Contributing Health & Care Improvement Group has an interest or is impacted by this decision.
2	System Executive Group:	N/A. This procurement decision can be taken by the Sponsoring Health & Care Improvement Group in isolation.
1a	Sponsoring ICB Committee:	The options analysis and recommendation to close the practice and disperse the list requires the scrutiny of **Primary Care Committee** as the Sponsoring ICB Committee. If content that this analysis is robust, the Sponsoring ICB Committee can provide the Sponsoring Health & Care Improvement Group SRO assurance that the recommendation to close the practice and disperse the list is appropriate.
	Contributing ICB Committee:	N/A. No Contributing ICB Committee is impacted by the decision to disperse this list.
1	ICB Board:	N/A. The SRO for the Improving the Lives of People in Our Community Health & Care Improvement Group has the delegated authority to make the decision to close the practice and disperse the list.

* Note this decision is commercially sensitive. Conflicts of interest would need to be considered and managed appropriately across the membership of the Health and Care Improvement Group.