NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

NHS
Cambridgeshire & Peterborough
Integrated Care Board

Governance Handbook
Version 2

VERSION CONTROL

Version No.	Date	Changes	Approval
1	17-10-2025	New document	Approved by the Boards of the ICB for Bedfordshire, Luton and Milton Keynes (BLMK) and Cambridgeshire and Peterborough (C&P)
2	28-11-2025	Amendment to Audit & Risk Committee TOR and insertion of approved delegation limits in SORD	Approved by the Boards of the ICB for Bedfordshire, Luton and Milton Keynes (BLMK) and Cambridgeshire and Peterborough (C&P)

Governance Handbook

AMENDMENTS SHEET

Document Reference	Date amendment notified	Changes required	Change made and re-published	Governance	Officer sign off
1.	28.11.2025	Audit & Risk Ctte TOR	Updated	Agreed by Board 28.11.2025	

Contents

1. Introduction 6

2. Governance Framework 8

2.1 Overview 8

2.2 Role of the ICB Board 10

2.3 Committees of the Board 10

2.4 Statutory Committees in Common 11

2.4.1 Audit & Risk Committee 11

2.4.2 Remuneration & Workforce Committee 11

2.5 Non-Statutory Committees – Joint Committees 11

2.5.1 Finance Planning and Payer Function Committee. 11

2.5.2 Utilisation Management & Quality Improvement Committee 12

2.5.3 BLMK Neighbourhood Health Delivery and C&P Neighbourhood Health Delivery Committees 12

2.5.4 Management Executive Committee 13

2.6 Chairs, Executive Leads and Secretariat Functions for each Committee 14

2.7 Specialised Commissioning Joint Commissioning Consortium 14

3. Roles and responsibilities of Board members 15

3.1 Overview 15

3.2 Chair 17

3.3 Chief Executive 17

3.4 Executive Members 18

3.5 Non-Executive Members 21

3.6 Partner Members 21

3.7 Board Member – VCSFE Representative 22

3.8 Participants and Observers 22

3.9 Confidentiality 22

3.10 NHSE Fit and Proper Person Test 22

3.11 Removal from Office 22

4. Scheme of Reservation and Delegation 22

5. Functions and Decisions Map 23

6. Standing Financial Instructions and Prime Financial Policies 23

7. Supporting Policies 24

8. Business Cycle Approach 24

9. Review…… 24

Appendices

Appendix 1 Terms of Reference Board Committees

1(a) Audit and Risk Committee 25

1(a)(i) Auditor Panel.....36

1(b) Remuneration & Workforce Committee 39

1(c) Finance, Planning & Payer Function Committee – Joint Committee....45

1(d) Utilisation Management and Quality Improvement Committee – Joint Committee 51

1(e) BLMK Neighbourhood Health Delivery Joint Committee.....56

1(f) C&P Neighbourhood Health Delivery Joint Committee 61

1(g) Management Executive Committee Terms of Reference 66

Appendix 3 List of relevant providers of primary medical services

3.1 Bedfordshire, Luton and Milton Keynes ICB area 71

3.2 Cambridgeshire and Peterborough ICB area 77

Appendix 4 Scheme of Reservation and Delegation

4.1 Bedfordshire, Luton and Milton Keynes ICB**Error! Bookmark not defined.**

4.2 Cambridgeshire and Peterborough ICB 123

Appendix 5 Functions and Decision Map…….…….....16466

Appendix 6 Standing Financial Instructions

6.1 Bedfordshire, Luton and Milton Keynes ICB Financial Instructions...1779

6.2 Cambridgeshire and Peterborough ICB Financial Instructions……..183

Appendix 7 Supporting Policies

7(a) C&P Petitions Scheme 203

1. Introduction

1.1 From 1 October 2025, Bedfordshire Luton & Milton Keynes ICB, Cambridgeshire & Peterborough ICB, and Hertfordshire and West Essex (Herts) ICB will work collaboratively together. The collaboration will work within the context of the NHS Model Blueprint published in May 2025. Subject to approval by NHS England it is anticipated that the three ICBs will be dissolved and a new Central East ICB will be established in April 2026, covering the areas of Bedfordshire Luton & Milton Keynes, Cambridgeshire & Peterborough, and Hertfordshire.

1.2 To support the transition, our governance framework has been designed to:

- To keep the three organisations safe in terms of ensuring each ICB fulfils its statutory duties until a new statutory organisation is formed;
- That is ambitious and supports innovation, and the provider landscape.
- Will ensure the resident and patient voice and experience comes through – linking with neighbourhood/local structures.
- Provides clear, effective and agile governance and clear leadership and decision-making structures during a period of significant change.
- Signals the creation of a new organisation to establish a new culture and ways of working across the current 3 ICBs.
- Provides clear lines of assurance and decision making with the Essex ICBs – as Hertfordshire and West Essex ICB will continue to sit across these two geographies in its current entity form.

1.3 Our approach to future governance is in two phases:

Pre-transition - To ensure we provide a pragmatic and streamlined approach to ensure an effective transition and safe delivery of business as usual.

Post- transition - To consider the future governance framework that we will need in place to deliver the 10-year plan and 3 shifts.

- The requirements of the ICB Model Blueprint published in May 2025;
- Aligns the collaborative structures with the governance structure of the new ICB established in April 2026; and
- That provides sufficient flexibility to adapt to the changing landscape whilst maintaining a simplistic but effective form.

1.4 This Governance Handbook ("the Handbook") aligns the Governance Frameworks of the NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board ("BLMK ICB") and NHS Cambridgeshire and Peterborough ICB ("C&P ICB") and brings together key documents which support the ICBs' Constitutions and good governance. The Handbook should be read as the Handbook for each of these ICBs. Where "ICB" is mentioned this refers to C&P ICB and BLMK ICB. HWE ICB will maintain its own Governance Handbook.

1.5 In streamlining our governance structures bringing the ICB Boards and Committees together to meet, we will maintain the statutory obligations as independent legal entities.

Where possible we operate Board and Committees in Common or as Joint Committees until the establishment of the new ICB. For clarity:

- A **committee in common** is two or more organisations holding their individual meetings in the same place at the same time, having separate agendas although the content may mirror each other's. The sovereign Chair would turn to each sovereign group of members and confirm approval to relevant individual items.

- A **joint committee** is made up of representatives from two or more organisations, who work together to oversee, manage, or resolve specific matters. Joint Committees or the identified individual attending on behalf of their organisation will have documented (e.g. via the Scheme of Reservation and Delegation (SoRD) delegated authority from the host organisations Board or identified individual to make decisions on its behalf.

  Note: statutory Boards and Committees cannot be Joint Committees.

1.6 In respect of statutory committees of each ICB Board - these will operate in-Common with no Constitutional change being required. With both forms of committee and their practical application, care will be taken to utilise hybrid options, with organisations or identified individuals attending meetings at appropriate times i.e. with relevant agenda items. For example, the external auditors would only attend the items on the Audit and Risk Management Committee that are relevant to the current ICB they are contracted to.

1.7 The arrangements to work in-Common or Joint Committee arrangements are included in this Handbook and agreed by each ICB Board. HWE ICB will take particular care in ensuring its SoRD clearly documents linking assurance and scope. Each ICB would also need to acknowledge Part 2 agendas where statutory organisations need to consider business pertinent to legal entities and also consider the impacts of the Essex governance arrangements.

1.8 The Handbook should be read in conjunction with the three ICBs Constitutions (and Standing Orders). These are published on the website of each ICB.

1.9 Governance is the means by which the Board leads and directs the ICBs, so decision making is effective, and that evidence-based assurance can be provided against the execution of those decisions. Good governance is essential to the work of the ICBs and to its management structure and organisation. The implementation of this handbook is mandatory for all staff, board and members of its committees.

1.10 The Handbook provides further detail on how the ICBs will work collaboratively. In this respect it is a 'living document' and will be updated periodically as new structures and processes are implemented and new policies are approved. During the transition period this includes:

- An overview of the governance framework, including the composition of the Board Committees' Terms of Reference;
- The roles and responsibilities of Board Members;
- Scheme of Reservation and Delegation, which sets out those decisions that are reserved for the ICB and those decisions that have been delegated;

- Functions and Decisions Map which will develop further throughout the transition period;
- Standing Financial Instructions and Prime Financial Policies, setting out the arrangements for managing the ICB's financial affairs.
- Standards of Business Conduct and Managing Conflicts of Interest policies for each organisation – which includes the arrangements the ICBs have made for the management of conflicts of interest.

1.11 Amendments to the documents that make up the Governance Handbook are approved by the Board of the ICB (the Board) subject to any exceptions set out in the Scheme of Reservation and Delegation.

1.12 Central to good governance is ensuring that the highest standards of public service management are observed within the ICB, including adherence to the Seven Principles of Public Life set out by the Committee on Standards in Public Life (also known as the Nolan Principles) set out below:

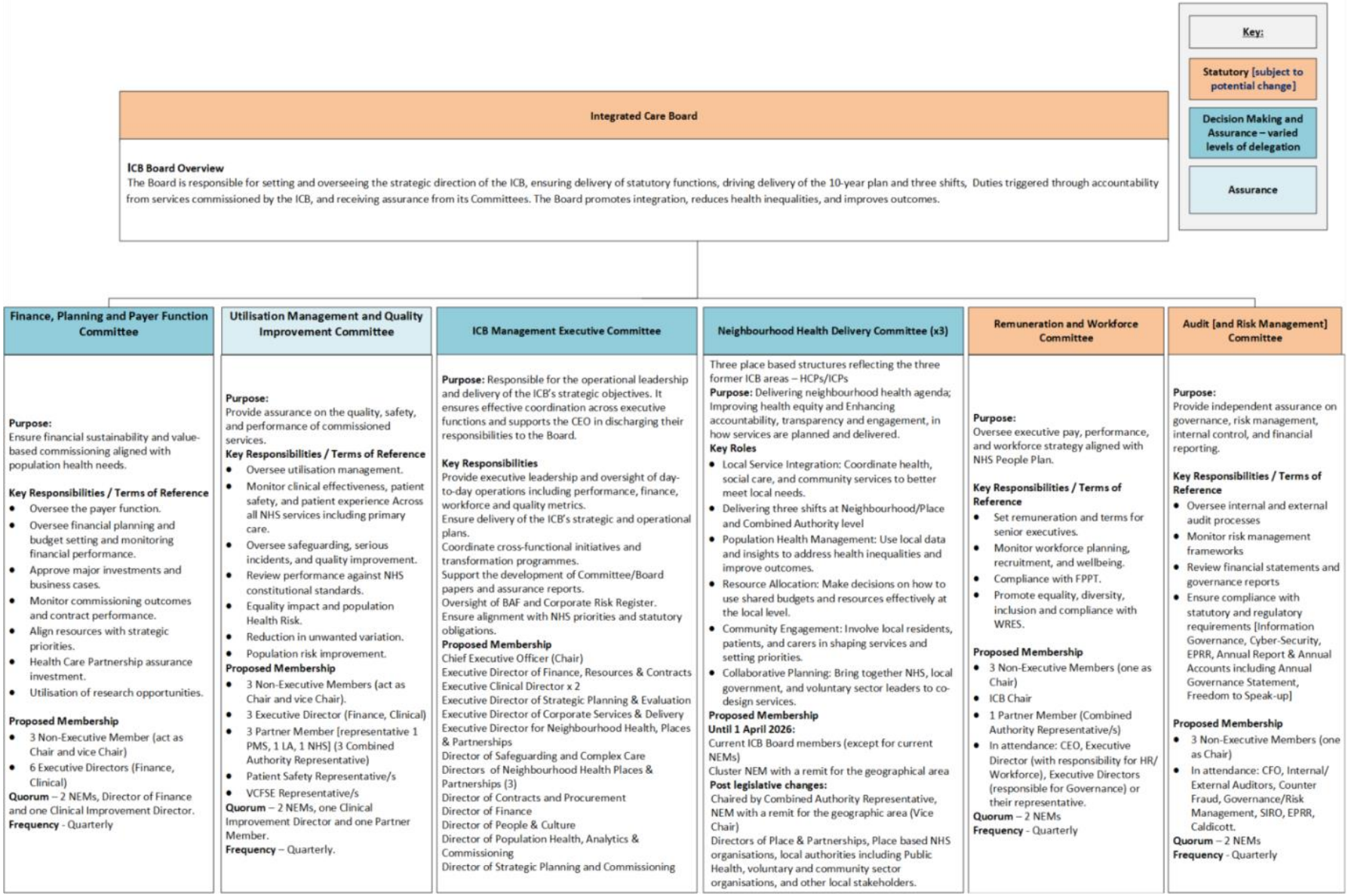
1. **Selflessness** - Holders of public office should act solely in terms of the public interest.
2. **Integrity** - Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
3. **Objectivity** - Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
4. **Accountability** - Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
5. **Openness** - Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
6. **Honesty** - Holders of public office should be truthful.
7. **Leadership** - Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

2. Governance Framework

2.1 Overview

The Central East cluster brings together three ICB statutory bodies - Bedfordshire Luton & Milton Keynes ICB, Cambridgeshire & Peterborough ICB, and Hertfordshire and West Essex (Herts) ICB to work collaboratively. The high-level governance framework operates as follows:

Governance Structure_v.1.4(14)



2.2 Role of the ICB Board

2.2.1 The board of each ICB comprises all of the board members acting collectively as a unitary board and is collectively accountable for the performance of the ICB's functions. As such all board members are jointly responsible for the decisions of the board. For the collaborative arrangements, the Boards of the three ICBs will meet "in Common".

2.2.2 Generally all meetings of the board in common, which are comprised of entirely board members, at which public functions are exercised will be open to the public; however the board may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings.

2.2.3 Meetings of the board in common will be held at regular intervals at such times and places as the board may determine, as set out in the annual cycle of business published on the website.

2.2.4 Agendas and papers for board and committee meetings open to the public, including details about meeting dates, times, and venues, will be published on the ICB's website. At the Chair's discretion, meetings held in public may include a Questions & Answers session at the end of each agenda where members of the public are able to ask questions, which have been submitted in writing ahead of the Board meeting.

2.3 Committees of the Board

2.3.1 The ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub-committees and arrange for the functions exercisable by the committee to be exercised by those sub-committees. All committees and sub-committees are listed in the Scheme of Reservation and Delegation.

2.3.2 The terms of reference of the Board committees, all of which are chaired by Non-Executive Members of the Board, with the exception of the Management Executive Committee, can be found at Appendix 1(a) to(g).

Audit and Risk Committee
Remuneration & Workforce Committee
Finance Planning and Payer Function Committee – Joint Committee
Utilisation Management & Quality Improvement Committee – Joint Committee
BLMK Neighbourhood Health Delivery Joint Committee
C&P Neighbourhood Health Delivery Joint Committees
Management Executive Committee

2.3.3 A number of enabling and delivery groups will feed into the ICB board, its committees, and sub-committees to support assurance, delivery, decision-making and provide advice where appropriate.

2.4 Statutory Committees in Common

2.4.1 **Audit & Risk Committee** - (Statutory) - to meet across each ICB as Committees in-Common pre-transition.
Purpose: Provide independent assurance on governance, risk management, internal control, and financial reporting.

Key Responsibilities

- Oversee internal and external audit processes
- Monitor risk management frameworks including deep dives on system-wide risks
- Review financial statements and governance reports
- Ensure compliance with statutory and regulatory requirements [Information Governance, Cyber Security, EPRR, Annual Report & Annual Accounts including Annual Governance Statement, Freedom to Speak Up].
- Integrated Care Partnership assurance

Terms of Reference are set out at Appendix 1(a).

An Auditor Panel will also be established which is formed from the membership of the ICB Audit & Risk Committee. Terms of Reference are set out at Appendix 1(a)(i).

2.4.2 **Remuneration & Workforce Committee** – (Statutory [Remuneration]) - to meet across each ICB as Committees in-Common.

Purpose: Oversee Executive and Director (VSM) pay, performance, and workforce strategy aligned with NHS People Plan.

Key Responsibilities

- Set remuneration and terms for senior executives
- Monitor workforce planning, recruitment, and wellbeing
- Compliance with the Fit and Proper Persons Test (FPPT)
- Promote equality, diversity and, inclusion and compliance with Workforce Race Equality Standards (WRES)/Workforce Disability Equality Standard (WDES).

Terms of Reference are set out at Appendix 1(b).

2.5 Non-Statutory Committees – Joint Committees

2.5.1 **Finance Planning and Payer Function Committee** - to meet as Joint Committees pre-transition.

Purpose: Ensure financial sustainability and value-based commissioning aligned with population health needs.

Key Responsibilities

- Oversee the payer function
- Oversee financial planning, budget setting and monitoring financial performance
- Approve major investments and business cases
- Monitor commissioning outcomes and contract performance
- Align resources with strategic priorities

- Health Care Partnership assurance investment
- Utilisation of research opportunities

This joint Committee will be joined in-Common by NHS Hertfordshire and West Essex ICBs Strategic Finance and Commissioning Committee.

Terms of Reference are set out at Appendix 1(c).

2.5.2 **Utilisation Management & Quality Improvement Committee** – to meet as Joint Committees.

Purpose: Provide assurance on the quality, safety, and performance of commissioned services.

Key Responsibilities

- Monitor clinical effectiveness, patient safety, and patient experience across all ICB Commissioned services including primary care
- Oversee safeguarding, serious incidents, utilisation management and quality improvement
- Review outcomes against NHS constitutional standards
- Assure Equality impact and consideration of population health risk of ICB commissioned services.
- To review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to quality, safety, effectiveness, access, equity, acceptability, and relevance.

This joint Committee will be joined in-Common by NHS Hertfordshire and West Essex ICBs System Transformation and Quality Improvement Committee.
Terms of Reference are set out at Appendix 1(d).

2.5.3 **BLMK Neighbourhood Health Delivery and C&P Neighbourhood Health Delivery Committees**
The ICP Committee is part of the Neighbourhood Health Delivery Committee in each ICB.

Purpose: Delivering care closer to home; Responding to local priorities; Improving health equity and Enhancing accountability and transparency in how services are planned and delivered

Key Responsibilities

- Delegated responsibility for place-based finance and delivery at neighbourhood and Place
- Local Service Integration: Coordinate health, social care, and community services to better meet local needs
- Population Health Management: Use local data and insights to address health inequalities and improve outcomes
- Make decisions on how to use shared budgets and resources effectively at the local level
- Community Engagement: Involve local residents, patients, and carers in shaping services and setting priorities and informing decisions at Place and ICB.
- Collaborative Planning: Bring together NHS, local government, and voluntary sector leaders to co-design services to meet the needs of the local population.
- Market Management – oversight of providers ensuring services are high quality and value for money

BLMK Neighbourhood Health Delivery Committee Appendix 1(e)
C&P Neighbourhood Health Delivery Committee Appendix 1(f)

* Integrated Care Partnerships

Each integrated care system, works with an Integrated Care Partnership (ICP) committee formed jointly between health and care organisations, local government, and voluntary sector partners. ICPs are statutory Committees and will remain in place until legislative change. Until this time the Neighbourhood Health Delivery Committees will act as the ICP for their specific system.

The role of the ICP is to ensure that, within the resources available, our citizens experience the best possible care and are supported to access the services that best meet their needs. The ICP will seek to use its position to influence the decisions of the ICBs in endeavour to ensure that decisions are made in the best interests of the populations living in each system within the Central East area. The ICP will focus on the citizen, rather than organisation and work with the ICB to protect those interests and promote coproduction and collaboration as a core values.

The ICPs aims to support the improvement of the health and wellbeing of the whole population and will highlight where further integration of services may be needed in health and care services.

- Together, the ICPs will seek to support the ICBs in its effort to: help people live more independent, healthier lives for longer
- addresses inequalities in health and wellbeing outcomes, experiences, and access to health services
- improve the wider social determinants that drive these inequalities, including employment, housing, education, environment and reducing offending; and
- improve the life chances of our population and actively addresses the population health needs
- take a holistic view of people's interactions with services across the system

The terms of reference for the ICPs mirror those of the Neighbourhood Health Delivery Committee Terms of Reference set out at Appendix 1(e-f). HWE Neighbourhood Health Delivery Committee Terms of Reference are detailed in the HWE ICB Governance Handbook.

2.5.4 **Management Executive Committee** – to meet as a Joint Committee pre-transition across all three ICBs, HWE ICB, BLMK ICB and C&P ICB.

Purpose: Responsible for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.

Key Responsibilities

- Provide executive leadership and oversight of day-to-day operations including performance, finance, workforce, and quality metrics.
- Ensure delivery of the ICB's strategic and operational plans
- Coordinate cross-functional initiatives and transformation programmes
- Support the development of Committee/Board papers and assurance reports

- Oversight of the Board Assurance Framework and Corporate Risk Register
- Ensure alignment with NHS priorities and statutory obligations.

Terms of Reference are set out at Appendix 1(g).

2.6 Chairs, Executive Leads and Secretariat Functions for each Committee

2.6.1 The Chairs and Executive Leads function for each of Committees described in section 2.5 above are set out below:

Committee	Chair	Executive Lead (s)
Audit & Risk Committee	Non-Executive Member	Executive Director of Finance, Resources & Contracts Executive Director Corporate Services & ICB Development
Remuneration & Workforce Committee	Non-Executive Member	Executive Director Corporate Services & ICB Development
Finance Planning and Payer Function Committee	Non-Executive Member	Executive Director of Finance, Resources & Contracts Executive Director Strategy, Planning & Evaluation
Utilisation Management & Quality Improvement Committee	Non-Executive Member	Executive Director Strategy, Planning & Evaluation Executive Clinical Director Total Quality Management Executive Clinical Director Utilisation Management
Three Neighbourhood Health Delivery Committees (one for each current ICB geography with the majority of members from current ICB Boards)	Local Authority member agreed by the Committee Non-Executive Member (Vice Chair)	Executive Director Neighbourhood Health Places & Partnerships
Management Executive Committee – Joint Committee	Chief Executive Officer	Chief Executive Officer

2.7 Specialised Commissioning Joint Commissioning Consortium

2.7.1 NHS England has delegated the commissioning of some specialised services to both C&P and BLMK ICBs. In collaboration with the other ICBs in the East of England, the ICBs exercise this responsibility through a Joint Commissioning Consortium. The Joint Commissioning Consortium (JCC) is the mechanism through which an officer authorised by the ICB (Authorised Officer) will collaborate with authorised officers from the other ICBs and NHSE East of England regional

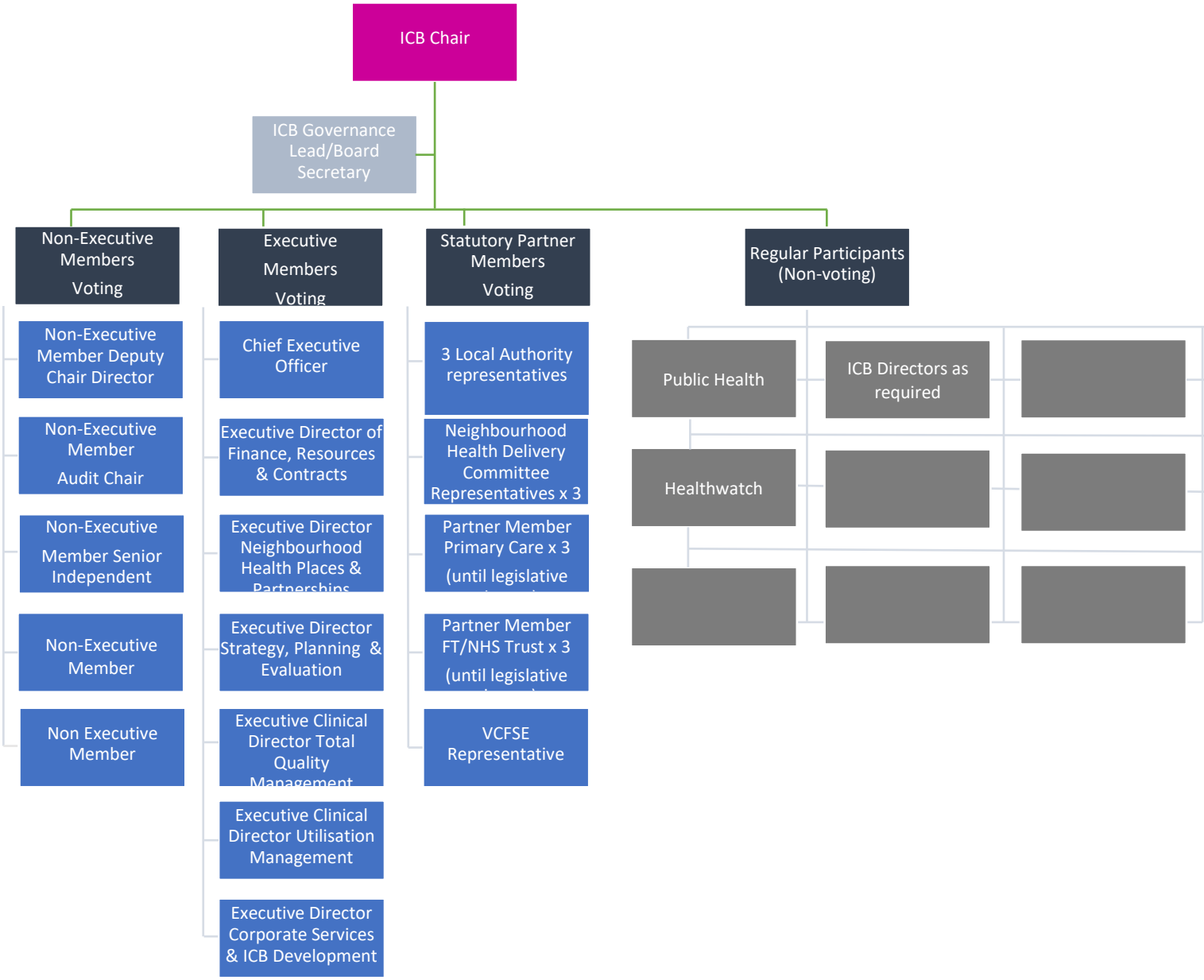
office to direct and oversee the delivery of the delegated commissioning functions. The JCC will also act in an advisory capacity to NHSE for those specialised services not being delegated.

2.7.2 Decision making at the JCC will be through the exercise of the existing delegated authority of the Authorised Officer. Where decisions are required above the level of this delegated authority, the Authorised Officer will refer to the appropriate person or body in the ICB for any necessary authorisation or to seek changes to the delegated limits."

3. Roles and responsibilities of Board members

3.1 Overview

3.1.2 The board of the ICB exclusively comprises its members who have voting rights; however, the Chair may invite specified individuals to be regular Participants or Observers at board meetings in order to inform decision-making and discharge of the board's functions, but they may not vote. This is illustrated as follows:


ICB Chair
ICB Governance Lead/Board Secretary
Non-Executive Members Voting
Non-Executive Member Deputy Chair Director
Non-Executive Member Audit Chair
Non-Executive Member Senior Independent
Non-Executive Member
Non Executive Member
Executive Members Voting
Chief Executive Officer
Executive Director of Finance, Resources & Contracts
Executive Director Neighbourhood Health Places &
Executive Director Strategy, Planning & Evaluation
Executive Clinical Director Total Quality
Executive Clinical Director Utilisation Management
Executive Director Corporate Services & ICB Development
Statutory Partner Members Voting
3 Local Authority representatives
Neighbourhood Health Delivery Committee Representatives x 3
Partner Member Primary Care x 3
(until legislative
Partner Member FT/NHS Trust x 3
(until legislative
VCFSE Representative
Regular Participants (Non-voting)
Public Health
ICB Directors as required
Healthwatch

3.2 Chair

3.2.1 The Chair of the ICB is appointed by NHS England with the approval of the Secretary of State for Health and Social Care. He/ she is responsible for the leadership and conduct the ICB board.

3.2.2 He/ she appoints and reviews the performance of the Chief Executive and has a veto over the appointment of other Board Members enabling him/ her to ensure the ICB board is properly equipped and through its membership collectively has the right skills, experience, and attributes to be effective.

3.2.3 The Chair is accountable for ensuring there is a long-term, viable strategy in place for the delivery of the functions, duties, and objectives of the ICS / ICB and for the stewardship of public money. The Chair champions action to help meet the four core purposes of ICS; to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience, and access; enhance productivity and value for money and help the NHS support broader social and economic development. The Chair is an ambassador for and champion of effective partnership working with local government and NHS bodies, collaborative leadership, and new governance arrangements across the Integrated Care System. The Chair will lead the board in setting a vision, strategy, and clear objectives for the ICS/ICB in delivering on the four core purposes of the ICS, the triple aim and the body's regulatory responsibilities. The Chair will hold the ICB Chief Executive to account for delivery of the strategy of the ICS/ ICB, the plan for the delivery of health services for the population and effective stewardship of public money.

3.2.4 The Chair appoints and reviews the performance of the Non-Executive Members.

3.2.5 The ICB Chair will appoint a Deputy Chair from amongst the Non-Executive Members. The Chair of Audit and Risk Committee is not eligible to be appointed. The Deputy Chair will deputise as required for the ICB Chair.

3.2.6 The ICB Chair will also appoint a Senior Independent Non-Executive Member.

3.3 Chief Executive

3.3.1 The Chief Executive is appointed by the Chair of the ICB in accordance with any guidance issued by NHS England. The Chief Executive is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of ICB's allocated resources.

3.3.2 They are responsible for leading the Executive Members and staff of the ICB in the delivery of services and development of the ICB's strategic direction.

3.3.3 The Chief Executive will lead action to drive improved health outcomes for the people and communities living within their Integrated Care System area, bringing together all those involved in planning and providing NHS services to agree and deliver their ambitions for improving the health of their population. They will work in partnership with local government colleagues and other partners to ensure the effective operation of the ICS Integrated Care Partnership and development and delivery of its integrated care strategy.

The Chief Executive will be accountable for the development of the long-term plan for the ICB, delivering the related NHS commissioning and performance arrangements for their entire system and, through this, securing the provision of a comprehensive health service for people in the ICS area. They will be accountable for delivering improvements in the quality of patient care, patient safety, health inequality, workforce productivity and financial health across the ICS. They will establish performance oversight arrangements and lead on the identification of performance risks and issues related to the quality of patient care and work with relevant providers and partners to enable solutions. They will ensure effective governance systems are in place throughout the ICS to do this, to secure the ICS plan and ensure the highest quality and safety of care is delivered. They will ensure their ICB is 'Well Led' and lead the development of a system-wide workforce strategy securing workforce supply and productivity. They will lead the Emergency, Preparedness, Prevention response and hold civil contingency responsibility for the ICB reporting through to the Regional NHSE/I team. The Chief Executive is accountable to the ICB Chair and Board for the delivery of the ICB plan.

3.4 Executive Members

3.4.1 In addition to the Chief Executive, the ICB has six Executive Directors who are voting members of the Board.

3.4.2 Three of these voting Executive Director Members, are required to fulfil three statutory roles set out in the ICB's Constitutions.

- Director of Finance known as Executive Director of Finance, Resources & Contracts (who is a qualified Accountant).
- Director of Nursing known as Executive Clinical Director of Total Quality Management
- Medical Director known as Executive Clinical Director of Utilisation Management

3.4.3 The other three Executive Directors with accountabilities to the Board are:

Executive Director Neighbourhood Health Places & Partnerships
Executive Director Strategy, Planning & Evaluation
Executive Director Corporate Services & ICB Development

3.4.2 Executive Directors are appointed by the Board subject to the approval of the Chair.

3.4.3 Their appointment is through an open appointment process for which any suitably experienced individual meeting the role specification and eligibility criteria may apply.

3.4.4 They have certain responsibilities set out in their job descriptions and may be delegated other specific responsibilities by the Board and/ or the Chief Executive. In addition, the Director of Finance has delegated responsibilities related to the financial arrangements of the ICB that are described in the Standing Financial Instructions. Their roles are summarised below in 3.4.5 to 3.4.10 below.

3.4.5 **The Executive Clinical Director – Total Quality Management** - Leads the organisation's approach to quality management, ensuring services commissioned are safe, effective, and focused on continuous improvement. Embeds robust governance, performance monitoring, and improvement methodologies. They are accountable for:

- Develop and deliver the Total Quality Management (TQM) strategy aligned with organisational priorities.
- Oversee quality assurance, control, and improvement across all services.
- Ensure contracts deliver high quality at the best possible value.
- Embed continuous improvement methods such as Lean, Six Sigma, and PDSA cycles.
- Manage quality-related risks and ensure learning from incidents is embedded in practice.
- Represent the organisation in quality-related system forums and regulatory engagements.
- Improvement in outcomes.
- Lead and manage the TQM team to deliver the strategy effectively
- Maintain professional accountability to the relevant regional director.

- The Executive Clinical Director – Total Quality Management (Director of Nursing) – will act as the Executive Director responsibility for SEND, Mental Health, Learning Disabilities & Autism and Downs Syndrome, Safeguarding (all age) including looked after children and care leavers.

3.4.6 **The Executive Clinical Director – Utilisation Management** (Medical Director) provides executive clinical leadership, ensuring that clinical insights improve the utilisation of healthcare within the ICB and that professional standards are maximised. They are accountable for

- Provide expert clinical advice to inform strategy, decision-making, and service development.
- Reduce unwarranted variation and provision inequalities that lead to variation in outcomes or performance innovative, system-wide approaches.
- Improvement of medicines optimisation, and all-age continuing healthcare functions.
- Promote digitally enabled clinical transformation, population health management, innovation, and research.
- Build partnerships with provider collaboratives, public health, local government, and community organisations.
- Maintain professional accountability to the relevant regional director.
- Acts as the Caldicott Guardian.

3.4.7 **The Executive Director of Finance, Resources & Contracts** reports directly to the Chief Executive and is professionally accountable to the NHS England Regional Finance Director. They are accountable for:

- Develop and deliver the organisation's financial strategy, ensuring revenue, capital, and cost limits are met.
- Lead contracting, procurement, and estates planning to align with strategic objectives and deliver best value.
- Ensure resources are used effectively to improve outcomes, reduce inequalities, and support service sustainability.
- Provide clear financial governance, risk management, and performance monitoring.
- Build partnerships with system leaders and partners to support integrated financial planning.
- EPRR Accountable Emergency Officer – will be the Director of Contracts & Performance who reports into the Executive Director of Finance, Resources & Contracts.

3.4.8 **The Executive Director Neighbourhood Health Places & Partnerships** provides system leadership for neighbourhood health and place-based partnerships, ensuring resources are targeted to deliver the best possible care and outcomes for local populations. Builds strong relationships with partners across the integrated care system (ICS). They are accountable for

- Lead the development and delivery of strategies for neighbourhood health and place-based working.
- Ensure resources are effectively deployed to meet the needs of local populations.
- Hold accountability for a broad and evolving portfolio aligned to ICB priorities.
- Contribute to the ICB's long-term strategy, integrating partner organisation priorities.
- Build partnerships and an active provider market across provider collaboratives, public health, primary care, local government, voluntary and community sectors, and local people.

3.4.9 **The Executive Director Strategy, Planning & Evaluation** drives strategic planning, capacity and demand, market analysis, and health economics. Oversees care model, service specifications innovation, service change, and joint commissioning & contracting strategy. Supports actuarial analysis, utilisation trends, and value-based contracting. Responsible for building and maintaining data infrastructure, including engineering, architecture, and integration across partner organisations. It ensures that high-quality, timely, and interoperable data is available to support population health management, performance monitoring, and strategic decision-making. It the underpins the ability to manage clinical and financial risk effectively.

They are accountable for:

- Lead the implementation of the Model ICB Blueprint and NHS 10-Year Plan priorities, shifting care from treatment to prevention, hospital to community, and analogue to digital models.
- Embed advanced analytics and population health insights into commissioning, planning, and evaluation.
- Ensure optimal allocation of resources through evidence-based prioritisation, cost control, and measurable return on investment.
- Oversee the safe transition and integration of teams during organisational redesign, maintaining critical commissioning and evaluation capabilities.
- Create the environment for population-level improvements.
- Acts as the Senior Independent Risk Owner.

3.4.10 **The Executive Director Corporate Services & ICB Development** oversees corporate governance, programme delivery, and organisational effectiveness. Ensures the ICB operates to high standards, transitions successfully through structural change, and delivers on corporate priorities. They are accountable for:

- Manage corporate governance, board relations, and delivery of corporate priorities.
- Lead the transition and formal merger from multiple ICBs to a single organisation, ensuring continuity and performance.
- Support the development and delivery of the ICB's vision, values, and strategy.
- Oversee internal and external communications to protect and enhance the ICB's reputation.
- Foster a positive, inclusive, and innovative organisational culture.
- Coordinate compliance and assurance reporting to the board, partners, and regulators.
- Build strategic relationships with national and regional bodies, representing organisational priorities.
- Executive Lead for Conflicts of Interest, Complaints and Health and Fire Safety.

3.5 Non-Executive Members

3.5.1 The ICB has five Non-Executive Members who are appointed by the Board subject to the approval of the Chair. A NEM will be identified to take on the role of Vice chairing one of the 3 Neighbourhood Health Delivery Committees, and providing visible leadership within each of the local authority systems.

3.5.2 Their appointment is through an open appointment process for which any suitably experienced individual meeting the role specification and eligibility criteria may apply.

3.5.3 They are responsible for bringing independent scrutiny to the Board and have a shared responsibility to ensure that the ICB exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the ICB's Constitution. Non-Executive Members will bring independent oversight and constructive challenge to the priorities, plans and performance of the ICB, and promote open and transparent decision-making that facilitates consensus. They will operate beyond traditional organisational boundaries, driving forward the vision of integration, collaboration and system-working, by forging productive relationships across local health, social care, and voluntary partners. They have a key role in ensuring that the voice and needs of patients and communities are central to ICB discussions and decisions, so that strategies and services are inclusive and accessible to the whole population and deliver the best possible health outcomes for all. They will be responsible for specific areas relating to board governance and oversight.

3.6 Partner Members

3.6.1 The ICB has six Partner Members, one of whom has been jointly nominated from each of the following three groups in BLMK, C&P and HWE ICBs area and appointed by the Board subject to the approval of the Chair:

- Two NHS trusts and foundation trusts;
- Two primary medical services;
- Two local authorities

One of these Partner Members must have knowledge and experience in connection with services relating to the prevention, diagnosis, and treatment of mental illness.

3.6.2 They will provide the ICB board with knowledge and experience of their relevant sectors. While they will be expected to bring knowledge and experience from this sector and will contribute the perspective of this sector to the decisions of the ICB, they are not to act as delegates of this sector.

3.6.3 The nomination and selection process for each partner member is described within Section 3.5 to 3.7 of the ICB Constitution.

3.6.4 In respect of the Primary Medical Services Partner Member, this Member is jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area, and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility. The list of relevant providers of primary medical services for this purpose is

included as part of this Governance Handbook. The list will be kept up to date and is attached at Appendix 3.

3.7 Board Member – VCSFE Representative

3.7.1 The ICB also has a member who represents the Voluntary Sector across the Central East area.

3.8 Participants and Observers

The ICB board may invite specified individuals to be Participants or Observers at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit. This includes a Healthwatch representative and a Director of Public Health representative.

3.9 Confidentiality

3.9.1 All members and attendees of the Board, its committees and sub-committees, including joint committees and consultative forums are required to follow the NHS information governance rules on confidentiality. These principles must be observed by all who work within the Integrated Care Board and have access to its person information or confidential information.

3.9.2 All members and attendees are also obliged to follow the common law duty of confidentiality. Common law requires there to be a lawful basis for the use or disclosure of personal information that is held in confidence, for example:

- Where the individual has capacity and has given valid informed consent.
- Where disclosure is in the overriding public interest.
- Where there is a statutory basis or legal duty to disclose, e.g., by court order.

3.10 NHSE Fit and Proper Person Test

3.10.1 The ICB complies with the NHSE Fit and Proper Person Test (FPPT) Framework for all Board members in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also considers the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles. This process is led by the ICB Chair supported by the Executive Director for Corporate Services and ICB Development, and is overseen by the Remuneration and Workforce Committee,

3.11 Removal from Office

3.11.1 Arrangements for the removal from office of Board Members are subject to the Constitution and their individual terms of appointment, and application of the relevant ICB policies and procedures.

4. Scheme of Reservation and Delegation

4.1 The Scheme of Reservation and Delegation (the SoRD) sets out those decisions that are reserved to the Board of the ICB and those decisions that have been delegated in accordance with the powers of the Board of the ICB and which must be agreed in accordance with and be

consistent with the Constitution. The SoRD identifies where, or to whom, functions and decisions have been delegated.

4.2 Delegation arrangements for:

- all instances where ICB functions are delegated, in accordance with section 65Z5 of the 2006 Act, to another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority or any other prescribed body; or to a joint committee of the ICB and one of those organisations in accordance with section 65Z6 of the 2006 Act; and anything in the Memorandum of Understanding regarding Pharmacy, Optometry and Dental (POD) services;
- any joint committee of the ICB and another ICB, NHS England, an NHS trust, NHS foundation trust, local authority, combined authority, or any other prescribed body; or to a joint committee of the ICB and one or those organisations in accordance with section 65Z6 of the 2006 Act;

must be identified in the Handbook and described in the SoRd, to the extend that they exist.

4.3 Decisions are based on a tiering system which is described in Section 5.2 below.

4.4 The SoRD can be found at Appendix 4.

5. Functions and Decisions Map

5.1 The Functions and Decisions Map in a high-level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. The Functions and Decisions map also includes decision making responsibilities that are delegated to the ICB (for example, from NHS England).

5.2 The Functions and Decisions Map can be found at Appendix 5. The Map is based on the following tiers of delegated decision-making:

Tier 1 – Decisions reserved to the Board.
Tier 2 – Decisions reserved to the Board Committees (delegated from the Board).
Tier 3 – Decisions delegated to the Programme Board (via a Committee of Director Delegation).
Tier 4 – Decisions delegated to Working Groups / Steering Groups / Task & Finish Group (via a Committee, Sub-Committee or Director Delegation).

6. Standing Financial Instructions and Prime Financial Policies

6.1 The Standing Financial Instructions (the SFIs) and the Prime Financial Policies (the PFPs) set out the arrangements for managing the ICB's financial affairs.

6.2 The SFIs and PFPs can be found at Appendix 6.1 and Appendix 6.2.

6.3 Detailed financial limits are managed separately by the Management Executive Committee, and are approved by the ICB Board.

7. Supporting Policies

7.1 The following supporting documents are available on the ICB's websites:

- Conflicts of Interest Policy and Standards of Business Conduct Policy:
  a. BLMK Conflicts of Interest & standards of conduct policy
  b. Cambridgeshire & Peterborough Conflict of Interest and Standards of Business Conduct Policy

- People and Communities Strategy;
  a. BLMK Working with people & Communities Strategy
  b. Cambridgeshire and Peterborough People and Communities Strategy

- Petitions Scheme – Appendix 7(a)
  Standards for members of NHS boards and Clinical Commissioning Group governing bodies in England (Published by the Professional Standards Authority):
  www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2

8. Business Cycle Approach

8.1 The current Business Cycle can be found on the ICB websites.

9. Review

9.1 In compliance with the ICB's Constitution, this Governance Handbook will be reviewed on an annual basis or more frequently, as required, by any changes to legislation, statutory guidance, or best practice.

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

NHS
Cambridgeshire & Peterborough
Integrated Care Board

Audit and Risk Committee

Terms of Reference

1.0 Constitution

1.1 The Audit and Risk Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution.

1.2 These Terms of Reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Audit and Risk Committee is authorised by the Board to:

- Investigate any activity within its terms of reference.
- 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.
- Commission any reports it deems necessary to help fulfil its obligations.
- 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.
- Create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may not delegate any decisions to such groups.

2.2 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.

3.0 Purpose

3.1 To contribute to the overall delivery of the ICB objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB and within the wider Central East system, such that the Committee can provide assurance to the Board that its objectives are likely to be met and risks are effectively managed. The Committee will meet in two parts as follows:

3.1.1 Part 1: to deal with internal ICB audit and risk business.
Part 2: to deal with system risk business, taking an overview of all system risks and having a particular deep dive focus on local authority health economies at alternate meetings.

3.1.2 The membership of the Committee will be structured to reflect the Part 1 and Part 2 business.

3.2 The duties of the Committee will be driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

3.3 The Committee has no executive powers, other than those delegated in the Scheme of Reservation and Delegation and specified in these Terms of Reference.

4.0 Membership and attendance

Membership

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint three members of the Committee who are Non-Executive Members of the Board and members of both the Part 1 and Part 2 meetings of the Committee:

4.3 Neither the Chair of the Board, nor employees of the ICB will be members of the Committee.

4.4 Members will possess between them knowledge, skills and experience in: accounting, risk management, internal, external audit; and technical or specialist issues pertinent to the ICB's business. When determining the membership of the Committee, active consideration will be made to equality and diversity.

Attendees

4.5 The Committee may also have regular attendees who will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. Regular attendees will include the following.

- Executive Director of Finance, Resources & Contracts or their nominated deputy.
- Executive Director Corporate Services & ICB Development or their nominated deputy (also Senior Information Risk Owner).
- Caldicott Guardian.
- Accountable Emergency Officer.
- Individuals who lead on risk management and counter fraud matters.
- Representatives of both internal and external Audit.

4.6 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

4.7 Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any matter.

4.8 The Chief Executive should be invited to attend the meeting at least annually when the Annual Report and Accounts are being considered.

4.9 The Chair of the ICB may also be invited to attend to gain an understanding of the Committee's operations.

4.10 At least once a year the committee should meet privately with the internal auditors, external auditors and LCFS either separately or together. Additional meetings may be scheduled to discuss specific issues if required.

Chair and Deputy Chair

4.11 In accordance with the Constitution, the Committee will be chaired by an independent non-executive member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

4.12 Committee members may appoint a Deputy Chair from amongst its members.

4.13 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

Attendance

4.14 Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

Access

4.15 Regardless of attendance, external audit, internal audit and local counter fraud will have full and unrestricted rights of access to the members of the Audit and Risk Committee.

5.0 Meeting Quoracy and Decisions

5.1 The Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

5.2 To assist in the management of business over the year an annual workplan will be maintained, capturing the main items of business at each scheduled meeting.

5.3 The Board, Chair Chief Executive or external auditors or Head of Internal Audit may ask the Committee to convene further meetings to discuss issues on which they want the Committee's advice.

5.4 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quorum

5.4 For a meeting to be quorate a minimum of two independent Non-Executive Members of the Board are required.

5.5 If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.6 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

5.7 Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.

5.8 Only members of the Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.

5.9 Where there is no clear majority, the Chair of the Committee will hold the casting vote.

5.10 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

6.0 Responsibilities of the Committee

6.1 The Committee's duties can be categorised as follows.

Integrated Governance, Risk Management and Internal Control

6.2 To review the adequacy and effectiveness of the system of integrated governance, risk management and internal control across the whole of the ICB's activities that support the achievement of its objectives, and to highlight any areas of weakness to the Board.

6.3 To review the adequacy and effectiveness of all risk and control related disclosure statements (in particular the annual governance statement), together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the Board,

6.4 To review the adequacy and effectiveness of the assurance processes that indicate the degree of achievement of the ICB's objectives and the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements

6. 5 To review the adequacy and effectiveness the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications, including the NHS Code of Governance.

6.6 To review the adequacy and effectiveness the policies and procedures for all work related to counter fraud, bribery and corruption as required by the NHSCFA.

6.7 To ensure that financial systems and governance are established which facilitate compliance with Department of Health and Social Care's Group Accounting Manual.

6.8 To have oversight of system risks where they relate to the achievement of the ICB's objectives.

6.9 To ensure that the ICB acts consistently with the principles and guidance established in HM Treasury's 'Managing Public Money' guidance[1].

6.10 To seek reports and assurance from directors and managers as appropriate, concentrating on the systems of integrated governance, risk management and internal control, together with indicators of their effectiveness.

6.11 To identify opportunities to improve governance, risk management and internal control processes across the ICB.

6.12 To review any failures to comply with the standing orders or temporary suspension of the standing orders.

Internal Audit

6.10 To ensure that there is an effective internal audit function that meets the Global Internal Audit Standards (public sector) and provides appropriate independent assurance to the Board. This will be achieved by:

- Considering the provision of the internal audit service and the associated remuneration fee following recommendation of 'market value' by the Chief Finance Officer.
- Reviewing and approving the annual Internal Audit Plan and more detailed programmes of work, ensuring that these are consistent with the audit needs of the organisation as identified in the Board Assurance Framework.
- Considering the major findings of internal audit work, including the Head of Internal Audit Opinion (and management's response), and ensure coordination between the internal and external auditors to optimise the use of audit resources.

1 https://www.gov.uk/government/publications/managing-public-money

- Ensuring that the internal audit function is adequately resourced by management, and has appropriate standing within the organisation; and
- Monitoring the effectiveness of internal audit and carrying out an annual review.

External Audit

6.11 To review and monitor the external auditor's independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Deciding the appointment of the external auditors, as far as the rules governing the appointment permit, and considering their performance.
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual plan.
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation and the impact on the audit fee; and
- Reviewing all external audit reports, including to those charged with governance (before its submission to the Board) and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.
- Agreeing the external auditor fee following recommendation of 'market value' by the Executive Director of Finance, Resources & Contracts.
- ensuring that there is in place a clear policy for the engagement of external auditors to supply non-audit services.

Other assurance functions

6.12 To review the findings of assurance functions in the ICB, both internal and external to the organisation, where relevant to the governance, risk management and assurance of the organisation.

6.13 To review the work of other committees in the ICB, whose work can provide relevant assurance to the Audit and Risk Committee's own areas of responsibility. In particular, this will include any committees covering safety/ quality, for which assurance from clinical audit can be assessed, and risk management.

6.14 To review the assurance processes in place in relation to key financial controls across the ICB including the completeness and accuracy of information provided.

6.15 To review the findings of external bodies and consider the implications for governance of the ICB. These will include, but will not be limited to:

- Reviews and reports issued by arm's length bodies or regulators and inspectors: e.g. National Audit Office, Select Committees, NHS Resolution, CQC; and

- Reviews and reports issued by professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges and accreditation bodies).

Counter Fraud

6.16 To assure itself that the ICB has adequate arrangements in place for counter fraud, bribery and corruption (including cyber security) that meet NHS Counter Fraud Authority's Standards and reviewing the outcomes of work in these areas.

6.17 To review, approve and monitor counter fraud work plans, receiving regular updates on counter fraud activity, monitoring the implementation of action plans, providing direct access and liaison with those responsible for counter fraud, reviewing annual reports on counter fraud, and discussing NHS Counter Fraud Authority's quality assessment reports.

6.18 To ensure that the counter fraud service provides appropriate progress reports and that these are scrutinised and challenged where appropriate.

6.19 To be responsible for ensuring that the counter fraud service submits an Annual Report and Self-Review Assessment, outlining key work undertaken during each financial year to meet the NHS Standards for Commissioners: Fraud, Bribery and Corruption[2].

6.20 To report concerns of suspected fraud, bribery and corruption to the NHS Counter Fraud Authority.

Freedom To Speak Up

6.21 To review the adequacy and security of the ICB's arrangements for its employees, contractors and external parties to raise concerns, in confidence, in relation to financial, clinical management, or other matters.
The Committee shall ensure that these arrangements allow proportionate and independent investigation of such matters and appropriate follow up action.

Information Governance

6.22 To receive regular updates on information governance compliance (including uptake and completion of data security training), data breaches and any related issues and risks.

6.23 To review the annual Senior Information Risk Owner (SIRO) report, the submission for the Data Security and Protection Toolkit and relevant reports and action plans.

6.24 To receive reports on audits to assess information and Information Technology security arrangements, including the annual Data Security and Protection Toolkit audit.

6.25 To provide assurance to the Board that there is an effective framework in place for the management of risks associated with information governance.

Financial reporting

2 https://cfa.nhs.uk/resources/downloads/standards/NHS_Fraud_Standards_for_Commissioners_2020_v1.2.pdf

6.26 To monitor the integrity of the financial statements of the ICB and any formal announcements relating to its financial performance.

6.27 To ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

6.28 To review the annual report and financial statements (including accounting policies) before submission to the Board focusing particularly on:

- The wording in the Governance Statement and other disclosures relevant to the terms of reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques.
- Unadjusted misstatements in the Financial Statements.
- Significant judgements and estimates made in preparing of the Financial Statements.
- Significant adjustments resulting from the audit.
- Letter of representation; and
- Qualitative aspects of financial reporting.
- Explanations for significant variances.

Emergency Preparedness, Resilience and Response (EPRR)

6.29 The Chair of the Audit and Risk Committee will be the nominated non-executive member for EPRR.

6.30 The Committee shall satisfy itself on behalf of the ICB that the appropriate governance and EPRR management processes are in place to enable the ICB to discharge its category 1 responsibilities for the system[3]. The Accountable Emergency Officer will provide an annual assurance report to the Board on this matter.

Conflicts of Interest

6.31 The Chair of the Audit and Risk Committee will be the nominated Conflicts of Interest Guardian.

6.32 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

Management of Risk

6.33 At each meeting, the Committee will review the Central East collaboration Strategic/ Corporate Risk Register to review the adequacy and effectiveness of the system of risk management across the whole of the ICS's activities that support the achievement of the four core purposes of the ICS to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.

3 https://www.england.nhs.uk/wp-content/uploads/2022/07/B0900_emergency-preparedness-resilience-and-response-framework.pdf

- Help the NHS support broader social economic development.

6.34 The Committee will also review the risks to the delivery of the Integrated Care Partnership's 5-year population health management strategy and the ICB's 5-year strategic delivery plan and to highlight any areas of weakness to the Board and to the appropriate governance forums of Integrated Care System partners.

Management

6.35 To request and review reports and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

6.36 The Committee may also request specific reports from individual functions within the ICB as they may be appropriate to the overall arrangements.

6.37 To receive reports of breaches of policy and normal procedure or proceedings, including such as suspensions of the ICB's Standing Orders, in order provide assurance in relation to the appropriateness of decisions and to derive future learning.

Communication

6.38 To co-ordinate and manage communications on governance, risk management and internal control with stakeholders internally and externally.

6.39 To develop an approach with other committees, including the Integrated Care Partnership, to ensure the relationship between them is understood.

7.0 Behaviours and Conduct

ICB Values

7.1 Members will be expected to conduct business in line with the ICB values and objectives, and the principles set out by the ICB.

7.2 Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and the Conflict of Interest Management and Standards of Business Conduct Policy.

Equality and Diversity

7.3 Members must consider the equality and diversity implications of decisions they make.

8.0 Accountability and reporting

8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities. It shall provide reports to partners on its Part 2 business in relation to system risk management, as required.

8.2 The minutes of the meetings shall be formally recorded by the secretary in accordance with the Standing Orders.

8.3 The Chair will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

8.4 The Chair of the Committee will provide the Board with an independent annual report, timed to support finalisation of the accounts and the Governance Statement. The report will summarise its conclusions from the work it has done during the year specifically commenting on:

- The fitness for purpose of the Board Assurance Framework.
- The completeness and 'embeddedness' of risk management in the organisation.
- The appropriateness of the evidence that shows the organisation is fulfilling its regulatory requirements.
- The effectiveness of the management of system risks.

8.4.1 This annual report should also describe how the committee has fulfilled its terms of reference and give details of any significant issues that the committee considered in relation to the financial statements and how they were addressed.

8.4.2 An annual committee effectiveness evaluation will be undertaken and reported to the committee and the board.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
- Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- arranging meetings for the chair: for example, with the internal/ external auditors or local counter fraud specialists.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.
- Ensuring that committee members receive the development and training they need.

10.0 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of Approval by Committee:	7 November 2025
Date of Approval by Board:	28 November 2025
Review Date:	1 April 2026

NHS
Cambridgeshire & Peterborough
Integrated Care Board

Auditor Panel

Terms of Reference

1. Constitution

1.1 The ICB Board hereby resolves to nominate its audit committee to act as its auditor panel in line with schedule 4, paragraph 1 of the Local Audit and Accountability Act 2014.

1.2 The Auditor Panel is a Committee of the Board and has no executive powers, other than those specifically delegated in these Terms of Reference.

2. Membership

2.1 The Auditor Panel shall comprise members of the Audit and Risk Committee. The Chief Finance Officer or their representative and the ICB lead for Governance or their nominated deputy will be invited to attend the meeting.

3. Chairperson

3.1 The ICB's Audit and Risk Chair will be appointed by the Board as Chair of the Auditor Panel.

4. Removal/resignation

4.1 The Auditor Panel Chair and/ or members of the Panel can be removed in line with rules agreed by the Board

5. Quorum

5.1 A quorum shall be two members present of the Auditor Panel's total membership.

6. Attendance at meetings

6.1 The Auditor Panel Chair may invite other Executive Directors and others to attend depending on the requirements of each meeting's agenda. These invitees are not members of the Auditor Panel.

7. Frequency of meetings

7.1 The Auditor Panel shall consider the frequency and timing of meetings needed to allow it to discharge its responsibilities but as a general rule will meet on the same day as the Audit and Risk Committee.

7.2 Auditor Panel business shall be identified clearly and separately on the agenda and Audit and Risk Committee members shall deal with these matters as auditor panel members NOT as Audit and Risk Committee Members.

7.3 The Auditor Panel Chair shall formally state at the start of each meeting that the auditor panel is meeting in that capacity and NOT as the Audit and Risk Committee.

8. Conflicts of interest

8.1 Conflicts of interests must be declared and recorded at the start of each meeting of the Auditor Panel.

8.2 A register of Auditor Panel members' interests must be maintained by the panel's chairperson and submitted to Board in accordance with the ICB's existing Conflicts of Interest Policy.

8.3 If a conflict of interest arises, the chairperson may require the affected auditor panel member to withdraw at the relevant discussion or voting point.

9. Authority

9.1 The Auditor Panel is authorised by the Board to carry out the functions specified below and can seek any information it requires from any employees/ relevant third parties. All employees are directed to co-operate with any request made by the Auditor Panel.

9.2 The Auditor Panel is authorised by the Board to obtain outside legal or independent advice, and to secure the attendance of individuals external to the organisation with relevant experience and expertise if it considers this necessary.

10. Functions

10.1 The Auditor Panel's functions are to:

- Advise the Board on the selection and appointment of the external auditor. This includes:
  - agreeing and overseeing a robust process for selecting the external auditors in line with the organisation's normal procurement rules;
  - making a recommendation to the Board as to who should be appointed; and
  - ensuring that any conflicts of interest are dealt with effectively
- Advise the Board on the maintenance of an independent relationship with the appointed External Auditor.

- Advise (if asked) the Board on whether or not any proposal from the External Auditor to enter into a liability limitation agreement as part of the procurement process is fair and reasonable.

- Advise on (and approve) the contents of the organisation's policy on the purchase of non-audit services from the appointed External Auditor.

- Advise the Board on any decision about the removal or resignation of the External Auditor.

11. Reporting

11.1 The Chair of the Auditor Panel must report to Board on how the auditor panel discharges its responsibilities.

11.2 The minutes of the Auditor Panel's meetings must be formally recorded and submitted to the Board by the Auditor Panel Chair who must draw to the attention of Board any issues that require disclosure to the full Board or require executive action.

12. Remuneration

12.1 Payments to Auditor Panel members shall be in line with the organisation's existing approach to remuneration and allowances.

13. Administrative Support

13.1 The ICB lead for Governance or their nominated deputy shall be responsible for organising effective administrative support to the auditor panel.

13.2 The duties of the person appointed to fulfil this role shall include:

- Agreement of agendas with the Auditor Panel Chair;
- Preparation, collation and circulation of papers in good time;
- Ensuring that those invited to each meeting attend;
- Taking the minutes and helping the chairperson to prepare reports to Board;
- Keeping a record of matters arising and issues to be carried forward
- Arranging meetings for the Auditor Panel Chair;
- Maintaining records of members' appointments and renewal dates etc;
- Advising the Auditor Panel on pertinent issues/areas of interest/ policy developments;
- Ensuring that Auditor Panel members receive the development and training they need; and
- Providing appropriate support to the Auditor Panel members.

Adopted by Auditor Panel 9 February 2024
Endorsed by ICB Board: 10 March 2024

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

Remuneration & Workforce Committee

Terms of Reference

1.0 Constitution

1.1 The Remuneration & Workforce Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution.

1.2 These Terms of Reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The Committee is a non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.
- 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.
- 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.
- Create task and finish groups to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation but may not delegate any decision making powers to such groups.

2.2 For the avoidance of doubt, in the event of any conflict, the ICB Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation will prevail over these Terms of Reference other than the Committee being permitted to meet in private.

3.0 Purpose

3.1 The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary:

- Confirm the ICB Remuneration Policy including adoption of any pay frameworks for all employees including senior managers / Directors (including Board members).

4.0 Membership and attendance

Membership

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint five members of the Committee who are non-executive members of the Board (including the Chair of the ICB) and a Partner Member.

4.3 When determining the membership of the Committee, active consideration will be made to equality and diversity.

Chair and Deputy Chair

4.4 In accordance with the Constitution, the Committee will be chaired by an independent non-executive member of the Board appointed on account of their specific knowledge skills and experience making them suitable to chair the Committee.

4.5 Committee members may appoint a Deputy Chair from amongst its members.

4.6 In the absence of the Chair, or Deputy Chair, the remaining members present shall elect one of their number to chair the meeting.

4.7 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

Attendees

4.8 The Committee may also have regular attendees who are not drawn from the Integrated Care Board. Attendees will receive advanced copies of the notice, agenda, and relevant papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. Regular attendees will include the following.:

- Chief Executive or their nominated deputy.
- Director of People and Culture or their nominated deputy.
- Head of Governance or their nominated deputy.

4.9 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

4.10 No individual should be present during any discussion relating to:
- Any aspect of their own remuneration.
- Any aspect of the remuneration of others when it has an impact on them.

4.11 The Remuneration Committee will not consider any matters relating to the remuneration of non-executive members due to a conflict of direct financial interest.

4.12 Any remuneration proposed which is outside the national pay framework for non-executive members will be considered instead by a Special Remuneration Panel.

5.0 Meeting Quoracy and Decisions

5.1 The Committee will meet in private.

5.2 The Committee will meet at least four times a year, and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

5.3 The Board, Chair or Chief Executive may ask the Committee to convene further meetings to discuss issues on which they want the Committee's advice.

5.4 In accordance with the Standing Orders, the Committee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quorum

5.5 For a meeting to be quorate a minimum of two independent non-executive members of the Board are required.

5.6 If any member of the Committee has been disqualified from participating on an item in the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

5.7 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

Decision making and voting

5.8 Decisions will be guided by national NHS policy and best practice to ensure that staff are motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.

5.9 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

5.10 Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

5.11 Where there no clear majority, the Chair of the Committee will hold the casting vote.

6.0 Responsibilities of the Committee

6.1 The Committee's duties are as follows:

6.2 For the Board of the ICB:

- Talent and succession planning.
- Monitor workforce planning, recruitment and wellbeing
- Compliance with Fit and Proper Persons Test
- Promote equality, diversity, inclusion and compliance with WRES.

6.3 For the Chief Executive, directors and other very senior managers:

- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements) bonuses, implementation of national pay awards, pensions and cars.
- Determine arrangements for termination of employment and other contractual terms and non-contractual terms.
- Set the framework for and assuring the completion of performance review/s of the senior executive team in line with regional and national guidance.

6.4 For all employees and workers:

- Determine the ICB remuneration policy (including the adoption of pay frameworks such as Agenda for Change).
- Oversee contractual arrangements.
- Approve termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.
- Assurance in relation to ICB statutory duties relating to people such as compliance with employment legislation including, for example, the Fit and Proper Persons regulation[4].

6.5 The Committee will take proper account of national agreements and appropriate benchmarking, for example, Agenda for Change and guidance issued by the Government, the Department of Health and Social Care, NHS England and the wider NHS in reaching their determinations.

7.0 Behaviours and Conduct

ICB Values

7.2 Members will be expected to conduct business in line with the ICB values and objectives, and the principles set out by the ICB.

4 Regulation 5, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

7.3 Members of, and those attending the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and the Conflict of Interest Management and Standards of Business Conduct Policy.

Equality and Diversity

7.4 Members must consider the equality and diversity implications of decisions they make.

8.0 Accountability and reporting

8.1 The Committee is accountable to the Board and shall report to the Board on how it discharges its responsibilities.

8.2 The minutes of the meetings shall be formally recorded by the secretary.

8.3 The Committee Chair will provide assurance reports to the Board following each meeting of the Committee. Where minutes and reports identify individuals, they will not be made public and will be presented at a private session of the Board. Public reports will be made as appropriate to satisfy any requirements in relation to disclosure of public sector executive pay.

8.4 The Chair of the Committee will provide the Board with an Annual Report. The report will summarise its conclusions from the work it has done during the year.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
- Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.

10.0 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of Approval by Committee:	24 October 2025
Date of Approval by Board:	17 October 2025
Review Date:	24 October 2027

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

NHS
Cambridgeshire & Peterborough
Integrated Care Board

Finance, Planning & Payer Function Committee
Terms of Reference

1.0 Constitution

1.1 The Finance, Planning & Payer Function Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution.

1.2 These Terms of Reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.
- 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.
- Commission any reports it deems necessary to help fulfil its obligations.
- 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.
- Create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may not delegate any decisions to such groups.

3.0 Purpose

3.1 The Committee has been established to provide assurance to the Board on overall financial sustainability and value-based commissioning aligned with population health needs.

3.2 The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of financial management, planning and resource allocation. The Committee will ensure that decisions are aligned with strategic objectives

and statutory obligations to ensure the best possible health outcomes from available resources.

3.3 The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4.0 Membership and attendance

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint seven members of the Committee including three who are independent non-executive members of the Board.

Members

3 Non-Executive Members
Chief Executive
Executive Director of Finance, Resources & Contracts
Executive Clinical Director of Total Quality Management (Nursing Director)
Executive Clinical Director Utilisation Management (Medical Director)
Executive Director Neighbourhood Health Places & Partnerships
Executive Director Strategy, Planning & Evaluation
Executive Director Corporate Services & ICB Development

4.2.1 The Committee may also have regular attendees who are not drawn from the Integrated Care Board. Attendees will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. The following will be invited to be regular attendees:

Regular Attendees
Director of Finance
Director of Strategic Planning and Commissioning
Director of Contracting and Procurement

4.3 When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

Chair and Deputy Chair

4.5 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If a Chair has a conflict of interest, then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Attendees

4.7 The Committee may also invite other system colleagues to attend any or all the meetings, or part(s) of a meeting for specific agenda items. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.

5.0 Meeting Quoracy and Decisions

5.1 The Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

Quorum

5.2 There will be a minimum of two non-executive member, plus the Executive Director for Finance Contracts and Resources, Executive Clinical Director and one Executive Director.

5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

Decision making and voting

5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.

5.5 Only members of the Committee or a nominated deputy as specified in paragraph 5.3 may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.

5.6 Where there is no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

6.0 Responsibilities of the Committee

6.1 The responsibilities of the Finance Planning & Payer Function Committee will be authorised by the Board of the ICB.

- Oversee the payer function
  - Provide oversight of the ICBs role as the healthcare payer, ensuring contracting approaches promote outcomes, quality and financial discipline
  - Oversee development and implementation of value-based commissioning principles and contractual approaches

- Oversee the development of appropriate incentives, including outcome based payment models and risk / gain share arrangements

- Oversee financial planning, budget setting and monitoring financial performance
  - Oversee and scrutinize ICB in-year financial performance including re-forecasts, variances and recovery plans
  - Ensure appropriate financial risk management and mitigation across the ICB including oversight of reserves and contingencies
  - Monitor delivery against efficiency and transformational targets
  - Review and recommend for approval the ICBs medium term and annual plans, ensuring alignment over finance, activity and demand elements
  - Oversee the development and delivery of the ICBs medium term financial plans aligned with the overall strategy and financial sustainability
  - Advise the ICB Board on the financial implications of strategic and operational plans
  - Provide assurance on the delivery of statutory financial duties

- Approve major investments and business cases
  - Ensure that investment decisions are evidence-based, outcome-focused and consistent with the ICB strategy
  - Ensure investment decisions are affordable and support overall financial sustainability
  - Review business cases above the delegated approval threshold and make recommendations to the ICB Board
  - Oversee the ICBs capital planning and investment priorities to ensure affordability and strategic alignment

- Monitor commissioning outcomes and contract performance
  - Monitor delivery against agreed contracts, payment mechanisms and financial agreements, ensuring compliance with agreed financial, quality and operational standards
  - Maintain assurance that provider contractual performance is reviewed regularly and that appropriate contractual levers, escalation and improvement processes are applied consistently
  - Oversee the contractual performance management framework ensuring it supports the proactive monitoring of key indicators, enables early identification of risks, and embeds mutual accountability
  - Escalate material provider performance issues or contractual risks to the ICB Board
  - Monitor and evaluate the return on investment and impact of major commissioned services and programmes
  - Review outcomes and learning from value-based commissioning initiatives and ensure continuous improvement in commissioning practice

- Align resources with strategic priorities
  - Oversee development and implementation of strategic value-based commissioning principles that optimize health outcomes relative to cost

- Ensure that financial and commissioning decisions are informed by population health data, equity and outcomes
- Oversee the ICBs resource allocations and decisions to ensure transparency, fairness and alignment with strategic objectives
- Ensure that commissioning and decommissioning decisions are data-driven, transparent and aligned to improving population health outcomes
- Oversee the approach to disinvestment and decommissioning, ensuring that resources are released from lower value services, change processes are clinically led with stakeholder engagement and EQIAs are conducted with impacts mitigated

- Health Care Partnership assurance investment
  - Provide assurance on healthcare partnership investment ensuring collaboration across Partnerships delivers measurable population benefit
  - Maintain oversight into the development of place-based financial governance to ensure consistency and accountability within the ICB

- Utilisation of research opportunities
  - Promote the integration of academic and clinical research into commissioning and planning decisions
  - Ensure the ICBs investment in partnerships and research initiatives provides value, avoids duplication and supports improved health outcomes

7.0 Behaviours and Conduct

7.1 ICB Values - Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Conflicts of Interest Management and Standards of Business Conduct Policy.

7.2 Equality and Diversity - Members must promote and consider the equality and diversity implications of decisions they make.

7.3 Declarations of Interest - All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

8.0 Accountability and reporting

8.1 The Committee is directly accountable to the Board of the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

8.2 The Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Governance Statement.

8.3 The Committee will receive scheduled assurance reports from its delegated groups and partners with statutory responsibilities for health and social care provision in the Central East cluster. Any delegated groups would need to be agreed by the Board of the ICB.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
- Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.

10.0 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of Approval by Committee:	To be confirmed
Date of Approval by Board:	17 October 2025
Review Date:	To be confirmed

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire & Peterborough Integrated Care Board

Utilisation Management and Quality Improvement Committee Terms of Reference

1.0 Constitution

1.1 The Utilisation Management & Quality Improvement Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution.

1.2 These Terms of Reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Utilisation Management and Quality Improvement Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.
- 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.
- Commission any reports it deems necessary to help fulfil its obligations.
- 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.
- Create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may not delegate any decisions to such groups.

3.0 Purpose

3.1 The Utilisation Management and Quality Improvement Committee has been established to provide assurance to the Board on the quality, safety and performance of commissioned services within the Central East cluster.

3.2 The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and system performance management that supports it to effectively deliver its strategic objectives and ensure that sustainable, high quality care is provided to its population.

3.3 The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4.0 Membership and attendance

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint the following members of the Committee including three who are independent non-executive members of the Board.

Members

- 3 Non-Executive Members
- Executive Clinical Director of Total Quality Management (Medical Director)
- Executive Clinical Director of Utilisation Management (Nursing Director)
- Executive Director Strategy, Planning & Evaluation
- 3 Executive Directors (Finance, Clinical)
- 3 Partner Members [representative 1 PMS, 1 LA, 1 NHS] (3 Combined Authority Representatives)
- Patient Safety Representative/s
- VCSE Representative/s

4.2.1 The Committee may also have regular attendees who are not drawn from the Integrated Care Board. Attendees will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. The following will be invited to be regular attendees:

Regular Attendees

- Director of High Cost Patient Management and Safeguarding
- Director of Population Health, Analytics and Evaluation

4.3 When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

Chair and Deputy Chair

4.5 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including

receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If a Chair has a conflict of interest, then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Attendees

4.7 The Committee may also invite other system colleagues to attend any or all the meetings, or part(s) of a meeting for specific agenda items. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.

5.0 Meeting Quoracy and Decisions

5.1 The Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

Quorum

5.2 There will be a minimum of two non-executive member, plus one Executive Clinical Executive Director and one other member.

5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

Decision making and voting

5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.

5.5 Only members of the Committee or a nominated deputy as specified in paragraph 5.3 may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.

5.6 Where there is no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

6.0 Responsibilities of the Committee

6.1 The responsibilities of the Utilisation Management and Quality Improvement Committee will be authorised by the Board of the ICB.

- Monitor clinical effectiveness, patient safety, and patient experience across all ICB commissioned services including primary care.

- Oversee safeguarding, serious incidents, utilisation management and quality improvement.
- Review outcomes against NHS constitutional standards
- Assure equality impact and consideration of population health risk of ICB commissioned services.
- To review and monitor those risks on the Board Assurance Framework and Corporate Risk Register which relate to quality, safety, effectiveness, access, equity, acceptability, effectiveness and relevance.

7.0 Behaviours and Conduct

7.1 ICB Values - Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Conflicts of Interest Management and Standards of Business Conduct Policy.

7.2 Equality and Diversity - Members must promote and consider the equality and diversity implications of decisions they make.

7.3 Declarations of Interest - All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

8.0 Accountability and reporting

8.1 The Committee is directly accountable to the Board of the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

8.2 The Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Governance Statement.

8.3 The Committee will receive scheduled assurance reports from its delegated groups and partners with statutory responsibilities for health and social care provision in the Central East cluster. Any delegated groups would need to be agreed by the Board of the ICB.

8.4 The Executive Clinical Directors will report on any issues arising from meetings of the System Quality Groups.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair

those that do not attend at least 75% of meetings.

- Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.

10.0 Review

10.1 The Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of Approval by Committee:	To be confirmed
Date of Approval by Board:	17 October 2025
Review Date:	To be confirmed

NHS
Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Bedfordshire, Luton and Milton Keynes (ICB)
Neighbourhood Health Delivery Committee

Terms of Reference

1.0 Constitution

1.1 The BLMK Neighbourhood Health Delivery Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution. It will act as the Integrated Care Partnership Committee of the BLMK ICB Board during the transitional arrangements and be responsible for delivering care closer to home; Responding to local priorities; Improving health equity and Enhancing accountability and transparency in how services are planned and delivered. It is also responsible for overseeing the BLMK Health and Care strategy implementation

1.2 These Terms of Reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The BLMK Neighbourhood Health Delivery Committee is a committee Chaired by a local authority representative of BLMK on the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.
- 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.
- Commission any reports it deems necessary to help fulfil its obligations.
- 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.
- Create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may not delegate any decisions to such groups.

3.0 Purpose

3.1 The BLMK Neighbourhood Health Delivery Committee has been established to take responsibility for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.

3.2 The BLMK Neighbourhood Health Delivery Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and system performance management that supports it to effectively deliver its strategic objectives in BLMK and ensure that sustainable, high quality care is provided to its population.

3.3 The BLMK Neighbourhood Health Delivery Committee will provide regular assurance updates to the ICB in relation to the implementation of BLMK operational and financial plan activities and items within its remit.

4.0 Membership and attendance

4.1 The BLMK Neighbourhood Health Delivery Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint BLMK representatives as the members of the Committee.

Membership

- Four Local Authority Representatives (One to be Chair)
- One NEM responsible for BLMK (Vice-Chair)
- Three NHS Trust representatives
- Two Primary Medical Services Representatives
- Executive Director Neighbourhood Health Places & Partnerships
- Director of Neighbourhood Health Places & Partnerships (BLMK)

Regular Attendees

- One representative Cambridgeshire Community Services
- One representative ELFT
- One Healthwatch Representative
- Two Directors of Public Health (Bedford Borough, Central Bedfordshire & Milton Keynes and Luton)

4.2.1 The BLMK Neighbourhood Health Delivery Committee may also have regular attendees who are not drawn from the Integrated Care Board. Attendees will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. The following will be invited to be regular attendees:

Governance Lead
Others to be added

4.3 When determining the membership of the BLMK Neighbourhood Health Delivery Committee, active consideration will be made to equality, diversity and inclusion.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

Chair and Deputy Chair

4.5 The BLMK Neighbourhood Health Delivery Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If a Chair has a conflict of interest, then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Attendees

4.7 The BLMK Neighbourhood Health Delivery Committee may also invite other system colleagues to attend any or all the meetings, or part(s) of a meeting for specific agenda items. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.

5.0 Meeting Quoracy and Decisions

5.1 The BLMK Neighbourhood Health Delivery Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

Quorum

There will be a minimum of the Chair and at least 50% of membership including the Executive Director or Director of Neighbourhood Health Place and Partnerships (BLMK)

5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

Decision making and voting

5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.

5.5 Only members of the BLMK Neighbourhood Health Delivery Committee or a nominated deputy as specified in paragraph 5.3 may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.

5.6 Where there is no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

6.0 Responsibilities of the Committee

6.1 The responsibilities of the BLMK Neighbourhood Health Delivery Committee will be authorised by the Board of the ICB.

- Delegated responsibility for place-based finance and delivery at neighbourhood and Place
- Local Service Integration: Coordinate health, social care, and community services to better meet local needs
- Population Health Management: Use local data and insights to address health inequalities and improve outcomes
- Make decisions on how to use shared budgets and resources effectively at the local level
- Community Engagement: Involve local residents, patients, and carers in shaping services and setting priorities and informing decisions at Place and ICB.
- Collaborative Planning: Bring together NHS, local government, and voluntary sector leaders to co-design services to meet the needs of the local population.
- Market Management – oversight of providers ensuring services are high quality and value for money. Responsible for the delivery of the BLMK operational and financial plan.
- Responsible for the oversight of the BLMK Mental Health Learning Disability and Autism collaborative and receive assurance reports from the collaborative.
- Responsible for the oversight of the delivery of Primary Care in BLMK and receive assurance reports at each meeting from the Primary Care Commissioning Assurance Programme Board.

7.0 Behaviours and Conduct

7.1 ICB Values - Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Conflicts of Interest Management and Standards of Business Conduct Policy.

7.2 Equality and Diversity - Members must promote and consider the equality and diversity implications of decisions they make.

7.3 Declarations of Interest - All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

8.0 Accountability and reporting

8.1 The BLMK Neighbourhood Health Delivery Committee is directly accountable to the Board of the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee

shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

8.2 The BLMK Neighbourhood Health Delivery Committee will advise the Audit and Risk Committee on the adequacy of assurances available and contribute to the Governance Statement.

8.3 The BLMK Neighbourhood Health Delivery Committee will receive scheduled assurance reports from its delegated groups and partners with statutory responsibilities for health and social care provision in the Central East cluster. Any delegated groups would need to be agreed by the Board of the ICB.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
- Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.

10.0 Review

10.1 The BLMK Neighbourhood Health Delivery Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of Approval by Committee:	To be confirmed
Date of Approval by Board:	17 October 2025
Review Date:	To be confirmed

NHS
Cambridgeshire & Peterborough
Integrated Care Board

Cambridgeshire and Peterborough (ICB)
Neighbourhood Health Delivery Committee

Terms of Reference

1.0 Constitution

1.1 The C&P Neighbourhood Health Delivery Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution. It will act as the Integrated Care Partnership Committee of the ICB Board during the transitional arrangements and will be responsible for delivering care closer to home; Responding to local priorities; Improving health equity and Enhancing accountability and transparency in how services are planned and delivered.

1.2 These Terms of Reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The C&P Neighbourhood Health Delivery Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.
- 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.
- Commission any reports it deems necessary to help fulfil its obligations.
- 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.
- Create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may not delegate any decisions to such groups.

3.0 Purpose

3.1 The C&P Neighbourhood Health Delivery Committee has been established to take responsibility for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.

3.2 The C&P Neighbourhood Health Delivery Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and system performance management that supports it to effectively deliver its strategic objectives and ensure that sustainable, high quality care is provided to its population.

3.3 The C&P Neighbourhood Health Delivery Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4.0 Membership and attendance

4.1 The C&P Neighbourhood Health Delivery Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint C&P representatives as the members of the Committee.

Membership
To be confirmed

Regular Attendees
To be confirmed

4.2.1 The C&P Neighbourhood Health Delivery Committee may also have regular attendees who are not drawn from the Integrated Care Board. Attendees will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. The following will be invited to be regular attendees:

Governance Lead
Others to be added

4.3 When determining the membership of the C&P Neighbourhood Health Delivery Committee, active consideration will be made to equality, diversity and inclusion.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

Chair and Deputy Chair

4.5 The C&P Neighbourhood Health Delivery Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If a Chair has a conflict of interest, then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Attendees

4.7 The C&P Neighbourhood Health Delivery Committee may also invite other system colleagues to attend any or all the meetings, or part(s) of a meeting for specific agenda items. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.

5.0 Meeting Quoracy and Decisions

5.1 The C&P Neighbourhood Health Delivery Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

Quorum

There will be a minimum of the Chair and at least 50% of membership including the Executive Director or Director of Neighbourhood Health Place and Partnerships (BLMK)

5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

Decision making and voting

5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.

5.5 Only members of the C&P Neighbourhood Health Delivery Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.

5.6 Where there is no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

6.0 Responsibilities of the Committee (to be developed – points here are as per the outline Governance Framework)

6.1 The responsibilities of C&P Neighbourhood Health Delivery Committee will be authorised by the Board of the ICB.

- Delegated responsibility for place-based finance and delivery at neighbourhood and Place
- Local Service Integration: Coordinate health, social care, and community services to better meet local needs
- Population Health Management: Use local data and insights to address health inequalities and improve outcomes
- Make decisions on how to use shared budgets and resources effectively at the local level
- Community Engagement: Involve local residents, patients, and carers in shaping services and setting priorities and informing decisions at Place and ICB.
- Collaborative Planning: Bring together NHS, local government, and voluntary sector leaders to co-design services to meet the needs of the local population.
- Market Management – oversight of providers ensuring services are high quality and value for money

7.0 Behaviours and Conduct

7.1 ICB Values - Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Conflicts of Interest Management and Standards of Business Conduct Policy.

7.2 Equality and Diversity - Members must promote and consider the equality and diversity implications of decisions they make.

7.3 Declarations of Interest - All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

8.0 Accountability and reporting

8.1 The C&P Neighbourhood Health Delivery Committee is directly accountable to the Board of the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

8.2 The C&P Neighbourhood Health Delivery Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Governance Statement.

8.3 The C&P Neighbourhood Health Delivery Committee will receive scheduled assurance reports from its delegated groups and partners with statutory responsibilities for health and social care provision in the Central East cluster. Any delegated groups would need to be agreed by the Board of the ICB.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed at least five working days before each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
- Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.

10.0 Review

10.1 The C&P Neighbourhood Health Delivery Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of Approval by Committee:	To be confirmed
Date of Approval by Board:	17 October 2025
Review Date:	To be confirmed

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire and Peterborough

NHS Hertfordshire and West Essex Integrated Care Board

Management Executive Committee Terms of Reference

1.0 Constitution

1.1 The Management Executive Committee (the Committee) is established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution.

1.2 These Terms of Reference, which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

1.3 The Committee is an Executive Committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.
- 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.
- Commission any reports it deems necessary to help fulfil its obligations.
- 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.
- Create task and finish sub-groups to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation, but may not delegate any decisions to such groups.

3.0 Purpose

3.1 The Management Executive Committee has been established to take responsibility for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.

3.2 The Management Executive Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and system performance management that supports it to effectively deliver its strategic objectives and ensure that sustainable, high quality care is provided to its population.

3.3 The Management Executive Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

4.0 Membership and attendance

4.1 The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

4.2 The Board will appoint the Executive Directors and Directors of the ICB Management Team as the members of the Committee.

Members (Executive Directors and Directors)

Chief Executive Officer (Chair)
Executive Director of Finance, Resources & Contracts
Executive Clinical Director of Total Quality Management
Executive Clinical Director Utilisation Management
Executive Director Neighbourhood Health Places & Partnerships
Executive Director Strategy, Planning & Evaluation
Executive Director Corporate Services & ICB Development
Director High Cost Patient Management and Safeguarding
Directors of Neighbourhood Health Places & Partnerships (3)
Director of Contracts and Procurement
Director of Finance
Director of People and Culture
Director of Population Health, Analytics and Evaluation
Director of Strategic Planning and Commissioning

Regular Attendees

4.2.1 The Committee may also have regular attendees who are not drawn from the Integrated Care Board. Attendees will receive advanced copies of the notice, agenda, and papers for meetings. They may be invited to attend any or all the meetings, or part(s) of a meeting by the Chair. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote. The following will be invited to be regular attendees:

Governance Lead
Others to be added

4.3 When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

4.4 The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of matters.

Chair and Deputy Chair

4.5 The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.6 If a Chair has a conflict of interest, then the Deputy Chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

Attendees

4.7 The Committee may also invite other system colleagues to attend any or all the meetings, or part(s) of a meeting for specific agenda items. Any such person may be invited, at the discretion of the Chair, to ask questions and address the meeting but may not vote.

5.0 Meeting Quoracy and Decisions

5.1 The Committee will meet at least four times a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required.

Quorum

There will be a minimum of the Chief Executive or nominated Deputy, plus 3 other Executive Directors

5.3 Where members are required for quoracy but unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate and vote on their behalf. No other deputies are permissible.

Decision making and voting

5.4 Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach decisions by consensus. When this is not possible the Chair may call a vote.

5.5 Only members of the Committee may vote. Each member is allowed one vote and a simple majority will be conclusive on any matter.

5.6 Where there is no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

5.7 If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email or other electronic communication.

6.0 Responsibilities of the Committee

6.1 The responsibilities of Management Executive Committee will be authorised by the Board of the ICB.

- Provide executive leadership and oversight of day-to-day operations including performance, finance, workforce, and quality metrics.
- Ensure delivery of the ICB's strategic and operational plans
- Coordinate cross-functional initiatives and transformation programmes
- Support the development of Committee/Board papers and assurance reports
- Oversight of the Board Assurance Framework and Corporate Risk Register
- Ensure alignment with NHS priorities and statutory obligations

7.0 Behaviours and Conduct

7.1 ICB Values - Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Conflicts of Interest Management and Standards of Business Conduct Policy.

7.2 Equality and Diversity - Members must promote and consider the equality and diversity implications of decisions they make.

7.3 Declarations of Interest - All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

8.0 Accountability and reporting

8.1 The Executive Management Committee is directly accountable to the Board of the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

8.2 The Executive Management Committee will advise the Audit and Risk Assurance Committee on the adequacy of assurances available and contribute to the Governance Statement.

8.3 The Executive Management Committee will receive scheduled assurance reports from its delegated groups and partners with statutory responsibilities for health and social care provision in the Central East cluster. Any delegated groups would need to be agreed by the Board of the ICB.

9.0 Secretariat and Administration

9.1 The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed at least five working days before

each meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.

- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
- Records of members' appointments and renewal dates are reviewed and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken in accordance with the Standing Orders and agreed with the Chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues / areas of interest / policy developments.
- Action points are taken forward between meetings and progress against those actions is proactively monitored.

10.0 Review

10.1 The Executive Management Committee will review its effectiveness at least annually.

10.2 These Terms of Reference will be reviewed at least every two years and more frequently if required. Any proposed amendments to the Terms of Reference will be submitted to the Board for approval.

Date of Approval by Committee:	To be confirmed
Date of Approval by Board:	17 October 2025
Review Date:	To be confirmed

Appendix 3.1 – BLMK Primary Medical Services Contract Holders

The identified eligible Contract Holders in the following table, represent an accurate understanding of the geographical area covered by NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board.

Code	Practice Name	Address	Place
E81615	Ashburnham Road Surgery	Ashburnham Road Surgery, 8 Ashburnham Road, Bedford, MK40 1DS	Bedford
E81617	Ashcroft Practice	Ashcroft Practice, 49 Ashcroft Road, Stopsley, Luton, Bedfordshire, LU2 9AU	Luton
K82054	Ashfield Medical Centre	Ashfield Medical Centre, 1 Perrydown, Wastel Beanhill, Milton Keynes, MK6 4NE	Milton Keynes
E81050	Asplands Medical Centre	Asplands Medical Centre, Wood Street, Woburn Sands, Milton Keynes, Buckinghamshire, MK17 8QP	Milton Keynes
E81632	Barton Hills Medical Group	Whitehorse Vale, Barton Hills, Luton, Bedfordshire, LU3 4AD	Luton
E81003	Bassett Road Surgery	The Surgery, 29 Bassett Road, Leighton Buzzard, Bedfordshire, LU7 1AR	Central Bedfordshire
K82039	Bedford Street Surgery	The Surgery, 4 Bedford St, Bletchley, Milton Keynes, Buckinghamshire, MK2 2TX	Milton Keynes
E81005	Bell House Medical Centre	Bell House Medical Centre, 163 Dunstable Road, Luton, Bedfordshire, LU1 1BW	Luton
E81028	Biscot Group Practice	Biscot Group Practice, 9 Blenheim Crescent, Luton LU3 1HA	Luton
Y02900	Brooklands Health Centre	Brooklands Health Centre, Montague Crescent, Brooklands, Milton Keynes, MK10 7LN	Milton Keynes
E81048	Bute House Medical Centre	Bute House Medical Centre, Grove Road, Luton, Bedfordshire, LU1 1RW	Luton
E81069	Caddington Surgery	Caddington Surgery, 33 Manor Rd, Caddington, Luton, Bedfordshire, LU1 4EE	Central Bedfordshire
E81013	Castle Medical Practice	Castle Medical Practice, 27 Castle Street, Luton, Bedfordshire, LU1 3AG	Luton
E81030	Cauldwell Medical Centre	Cauldwell Medical Centre, Bedford Hospital, Kempston Road, Bedford, MK42 9DJ	Bedford

Code	Practice Name	Address	Place
K82065	Central Milton Keynes Medical Centre	C.M.K Medical Centre, 68 Bradwell Common Boulevard, Milton Keynes, Buckinghamshire, MK13 8RN	Milton Keynes
K82057	Cobbs Garden Surgery	Cobbs Garden Surgery, West Street, Olney, Buckinghamshire, MK46 5QG	Milton Keynes
E81063	Conway Medical Centre	Conway Medical Centre, First Floor, Kingsway Health Centre at 385 Dunstable Road, Luton LU4 8BY	Luton
E81037	De Parys Group	De Parys Group, Enhanced Services Centre, 21 Kimbolton Road, Bedford MK40 2NT	Bedford
E81046	Dr A Sulakshana & Partners	The Surgery, Hexton Road, Barton-Le-Clay, Bedfordshire, MK45 4TA	Central Bedfordshire
E81612	Drs Mirza Sukhani & Partners	The Surgery, 30 The Green, Hockwell Ring, Luton, Bedfordshire, LU4 9NN	Luton
E81635	Eastgate Surgery	Eastgate Surgery, Eastgate House, 28-34 Church Street, Dunstable, Bedfordshire, LU5 4RU	Central Bedfordshire
K82064	Fishermead Medical Centre	Fishermead Medical Centre, Fishermead Boulevard, Milton Keynes, Buckinghamshire, MK6 2LR	Milton Keynes
E81015	Flitwick Surgery	Flitwick Surgery, Highlands, Flitwick, Bedfordshire, MK45 1DW	Central Bedfordshire
E81041	Gardenia and Marsh Farm Practice	Gardenia Surgery, 2A Gardenia Avenue, Luton, Bedfordshire, LU3 2NS	Luton
E81047	Goldington Avenue Surgery	Goldington Avenue Surgery, 85 Goldington Avenue, Bedford, Bedfordshire, MK40 3DB	Bedford
E81031	Great Barford Surgery	Great Barford Surgery, 26 Silver Street, Great Barford, Bedfordshire, MK44 3HX	Bedford
E81002	Greensand Surgery	Greensand Surgery, The Health Centre, Oliver St, Ampthill, Bedfordshire, MK45 2SB	Central Bedfordshire
E81012	Greensands Medical Practice	Greensands Medical Practice, Brook End Surgery, Brook End, Potton, Sandy, Bedfordshire, SG19 2QS	Central Bedfordshire
K82610	Grove Surgery	Grove Surgery, Farthing Grove, Netherfield, Milton Keynes, Buckinghamshire, MK6 4NG	Milton Keynes
E81007	Harrold Medical Practice	Harrold Medical Practice, Peach's Close, Harrold, Bedford, Bedfordshire, MK43 7DX	Bedford

Code	Practice Name	Address	Place
E81074	Houghton Close Surgery	Houghton Close Surgery, 1 Houghton Close, Ampthill, Bedfordshire, MK45 2TG	Central Bedfordshire
E81027	Houghton Regis Medical Centre	Houghton Regis Medical Centre, Peel St, Houghton Regis, Dunstable, Bedfordshire, LU5 5EZ	Central Bedfordshire
E81036	Ivel Medical Centre	Ivel Medical Centre, Chestnut Avenue, Biggleswade, Bedfordshire, SG18 0RA	Central Bedfordshire
E81038	King Street Surgery	King Street Surgery, 273 Bedford Road, Kempston, Bedford, Bedfordshire, MK42 8QD	Bedford
E81045	Kingsbury Court Surgery	Kingsbury Court Surgery, Church Street, Dunstable, Bedfordshire, LU5 4RS	Central Bedfordshire
Y02332	Kingsway Health Centre	Kingsway Health Centre, 385 Dunstable Road, Luton, Bedfordshire, LU4 8BY	Luton
E81052	Kirby Road Surgery	Kirby Road Surgery, 58 Kirby Road, Dunstable, Bedfordshire, LU6 3JH	Central Bedfordshire
E81022	Larksfield Surgery Medical Partnership	Larksfield Surgery, Arlesey Road, Stotfold, Hitchin, Hertfordshire, SG5 4HB	Central Bedfordshire
E81026	Larkside Practice	Churchfield Medical Centre, 322 Crawley Green Road, Luton, Bedfordshire, LU2 9SB	Luton
E81032	Lea Vale Medical Practice	Lea Vale Medical Group, Liverpool Road Health Centre, 9 Mersey Place, Liverpool Road, Luton, LU1 1HH	Luton
E81010	Leagrave Surgery	Leagrave Surgery, 37A Linden Road, Luton, Bedfordshire, LU4 9QZ	Luton
E81044	Leighton Road Surgery	Leighton Road Surgery, Ridgeway Court, Grovebury Road, Leighton Buzzard, Bedfordshire, LU7 4SF	Central Bedfordshire
E81060	Linden Road Surgery	The Surgery, 13 Linden Road, Bedford, MK40 2DQ	Bedford
E81016	Lister House Surgery	Lister House Surgery, 473-475 Dunstable Road, Luton, Bedfordshire, LU4 8DG	Luton
E81019	London Road Health Centre	The Health Centre, 84-86 London Road, Bedford, Bedfordshire, MK42 0NT	Bedford
E81061	Lower Stondon Surgery	Lower Stondon Surgery,109 Station Road, Lower Stondon, Henlow, Bedfordshire, SG16 6JJ	Central Bedfordshire
E81631	Malzeard Road Medical Centre	Malzeard Road Medical Centre, 2A Malzeard Road, Luton, LU3 1BD	Luton

Code	Practice Name	Address	Place
E81043	Marston Forest Healthcare	Marston Surgery, 59 Bedford Road, Marston Moretaine, Bedford MK43 0LA	Central Bedfordshire
E81073	Medici Medical Practice	Medici Medical Practice, 3 Windsor Street, Luton, Bedfordshire, LU1 3UA	Luton
K82631	Milton Keynes Village Surgery	Milton Keynes Village Surgery, Griffith Gate, Middleton, Milton Keynes, Buckinghamshire, MK10 9BQ	Milton Keynes
E81633	Neville Road Surgery	Neville Road Surgery, 5 Neville Road, Luton, Bedfordshire, LU3 2JG	Luton
K82016	Newport Pagnell Medical Centre	Newport Pagnell Medical Centre, Queens Avenue, Newport Pagnell, Buckinghamshire, MK16 8QT	Milton Keynes
E81025	Oakley Surgery	Oakley Surgery, Addington Way, Off Oakley Road, Luton, Bedfordshire, LU4 9FJ	Luton
K82032	Oakridge Park Medical Centre	Oakridge Park Medical Centre, 30 Texel Close, Oakridge, Milton Keynes, Buckinghamshire, MK14 6GL	Milton Keynes
K82015	Parkside Medical Centre	Parkside Medical Centre, Whalley Drive, Bletchley, Milton Keynes, Buckinghamshire, MK3 6EN	Milton Keynes
E81076	Pasture's Way Surgery	Pastures Way Surgery, Pastures Way, Lewsey Farm, Luton, LU4 0PF	Luton
E81014	Priory Gardens Surgery	Grove View Integrated Health Hub, First Floor, /court Drive, Dunstable, Beds, LU5 4JD	Central Bedfordshire
E81049	Priory Medical Centre	Priory Medical Practice, 48 The Glebe, Clapham, Bedfordshire, MK41 6GA	Bedford
K82027	Purbeck Health Centre	Purbeck Health Centre, Purbeck, Stantonbury, Milton Keynes, Buckinghamshire, MK14 6BL	Milton Keynes
E81029	Putnoe Medical Centre Partnership	Putnoe Medical Practice, 93 Queens Drive, Putnoe, Bedford, Bedfordshire, MK41 9JE	Bedford
E81021	Queens Park Health Centre	Queens Park Health Centre, 23C Carlisle Rd, Queens Park, Bedford, MK40 4HR	Bedford
K82013	Red House Surgery	The Red House Surgery, 241 Queensway, Bletchley, Milton Keynes, Buckinghamshire, MK2 2EH	Milton Keynes
E81057	Saffron Health Partnership	Biggleswade Health Centre, Saffron Road, Biggleswade, Bedfordshire, SG18 8DJ	Central Bedfordshire

Code	Practice Name	Address	Place
E81004	Salisbury House Surgery	Salisbury House Surgery, Lake Street, Leighton Buzzard, Bedfordshire, LU7 1RS	Central Bedfordshire
E81035	Sandy Health Centre	Sandy Health Centre, Northcroft, Sandy, Bedfordshire, SG19 1JQ	Central Bedfordshire
E81024	Sharnbrook Surgery	The Surgery, Templars Way, Sharnbrook, Bedfordshire, MK44 1PZ	Bedford
E81033	Shefford Health Centre	Shefford Health Centre, Robert Lucas Drive, Hitchin Road, Shefford, Bedfordshire, SG17 5FS	Central Bedfordshire
K82025	Sovereign Medical Centre	Sovereign Medical Centre, Sovereign Drive, Pennyland, Milton Keynes, Buckinghamshire, MK15 8AJ	Milton Keynes
K82009	Watling Street Practice	Stony Medical Centre, Market Square, Stony Stratford, Milton Keynes, Buckinghamshire, MK11 1YA	Milton Keynes
E81006	Stopsley Village Practice	Stopsley Village Practice, 26 Ashcroft Road, Stopsley, Luton, Bedfordshire, LU2 9AU	Luton
E81040	Sundon Medical Centre	142/144 Sundon Park Road, Sundon Park, Luton, Bedfordshire, LU3 3AH	Luton
K82617	The Stonedean Practice	Stonedean Practice, Market Square, Stony Stratford, Milton Keynes, MK11 1YA	Milton Keynes
Y02463	The Town Centre Practice	14-16 Chapel Street, Luton, Bedfordshire, LU1 2SE	Luton
E81034	Toddington Medical Centre	Toddington Medical Centre, Luton Road, Toddington, Bedfordshire, LU5 6DE	Central Bedfordshire
K82615	Walnut Tree Health Centre	Walnut Tree Health Centre, Blackberry Court, Walnut Tree, Milton Keynes, Buckinghamshire, MK7 7PB	Milton Keynes
K82633	Westcroft Medical Centre	1 Savill Lane, Milton Keynes, MK4 4EN	Milton Keynes
K82059	Westfield Road Surgery	11 Westfield Road, Milton Keynes, MK2 2DJ	Milton Keynes
E81009	West Street Surgery	West Street Surgery, 89 West Street, Dunstable, Bedfordshire, LU6 1SF	Central Bedfordshire
K82026	Whaddon Surgery	25 Witham Court, Milton Keynes, MK3 7QU	Milton Keynes
E81008	Wheatfield Surgery	60 Wheatfield Road, Lewsey Farm, Luton, Bedfordshire, LU4 0TR	Central Bedfordshire

Code	Practice Name	Address	Place
Y06810	Whitehouse Health Centre	Unit 1 – Unit 7, Whitehouse Health Centre, Dorset Way, Whitehouse, Milton Keynes, MK8 1EQ	Milton Keynes
K82003	Wolverton Health Centre	Gloucester Road, Milton Keynes, MK12 5DF	Milton Keynes
E81018	Woodland Avenue Practice	Woodland Avenue Practice, 30 Woodland Avenue, Luton, Bedfordshire, LU3 1RW	Luton
Y00560	Wootton Vale Healthy Living Centre	Fields Road, Bedford MK43 9JJ	Bedford

Appendix 3.2 List of C&P GP Practices – A-Z as at 08.09.25

Acorn Surgery
Ailsworth Medical Centre
Alconbury & Brampton Surgeries
Almond Road Surgery
Arbury Road Surgery
Boroughbury Medical Centre
Botolph Bridge Community Health Centre
Bottisham Medical Practice
Bourn Surgery
Bretton Medical Practice
Bridge Street Medical Centre
Buckden and Little Paxton Surgeries
Burwell Surgery
Cambridge Access Surgery
Cathedral Medical Centre
Central Medical Centre
Cherry Hinton & Brookfields Medical Practice
Clarkson Surgery
Comberton & Eversden surgeries
Cornford House Surgery
East Barnwell Health Centre
Fenland Group Practice
Firs House Partnership
George Clare Surgery
Granta Medical Practice
Great Staughton Surgery
Grove Medical Practice
Haddenham Surgery
Hampton Health
Harston Surgery
Hicks Group Practice
Huntingdon Road Surgery
Jenner Healthcare
Kimbolton Medical Practice
Lakeside Healthcare St. Neots
Lensfield Medical Practice
Maple Surgery
Mercheford House
Mill Road Surgery
Milton Surgery
Moat House Surgery
Monkfield Medical Practice
Nene Valley Hodgson Medical Practice

Newnham Walk Surgery
Nightingale Medical Centre (was Welland)
North Brink Practice
Nuffield Road Medical Centre
Old Fletton Surgery
Orchard Surgery
Over Surgery
Papworth Surgery
Park Medical Centre (merged with Bretton)
Parson Drove Surgery
Petersfield Medical Practice
Priors Field Surgery
Priory Fields Surgery
Queen Edith Medical Practice
Ramsey Health Centre Partnership
Red House Surgery
Riverport Medical Practice
Roysia Surgery
St George's Medical Centre
St Marys Surgery
St Neots Health Centre
Staploe Medical Centre
Swavesey Surgery
The Cornerstone Practice
The Grange Medical Centre
The New Queen Street Surgery
The Riverside Practice
The Spinney Partnership
Thistlemoor Medical Centre
Thomas Walker Westgate Healthcare
Thorpe Road Surgery
Trinity Surgery
Trumpington Street Medical Practice
Wansford & Kings Cliffe Practice
Waterbeach and Cottenham Surgeries
Wellside Surgery
Westwood Clinic
Willingham Medical Practice
Willow Tree Surgery (was Orton Bushfield Medical Centre)
Woodlands Surgery at Eden House
Yaxley Group Practice
York Street

Bedfordshire, Luton and Milton Keynes Integrated Care Board

Appendix 4.1

NHS Bedford, Luton and Milton Keynes Integrated Care Board

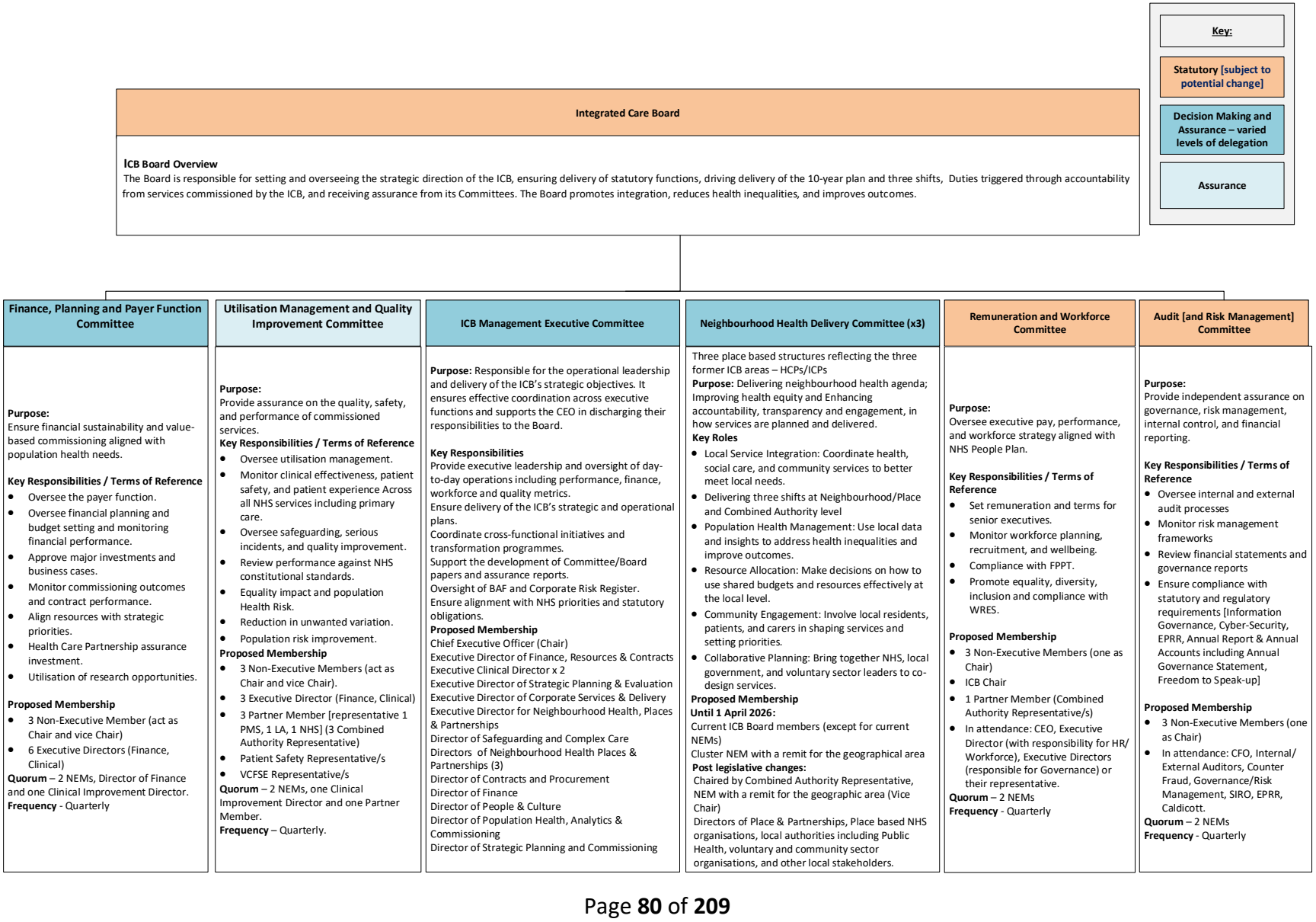
Scheme of Reservation and Delegation (Version 2)

This Scheme of Reservation and Delegation (SoRD), in support of the ICB Model Blueprint and 10-year plan, sets out:

- Those functions that are reserved to each sovereign ICB Board cited above
- Those functions, authority and financials level that have been delegated to an individual or to Committees and Sub-Committees
- Those functions whilst the cited sovereign boards are operating in a cluster arrangement – will be delivered through Boards/Committees meeting in-Common or through a formal Joint Committee arrangements.
- Those functions delegated to another body or to be exercised jointly with another body, under sections 65Z5 and 65Z6 of the 2006 Act.

In compliance with section 4.4.4 mirrored in each ICBs Constitution, sovereign ICB Boards will remain *accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to* each of the cited ICB Boards *for the exercise of their delegated functions*.
Functions will be exercised by the Board unless they are delegated. This is the default position for any function that is not expressly delegated. The Board has set out specifically those matters it is choosing to reserve. The Board, regardless of any delegation arrangements it has made, remains legally accountable for the exercise of its functions.

Governance Structure_v.1.4(14)



Definitions and Abbreviations:

Term	Description
Cluster	For the purpose of this document - the collaboration of ICBs as detailed in the NHS Blueprint
In-Common	A committee in common is two or more organisations meeting in the same place at the same time, has separate agendas but the same items on them and it may reach the same conclusions. But the individual organisations remain distinct and (if the committee is decision-making) take their own decisions. It is understood, this form will have to be used for Boards or Committees triggered by statute i.e. the ICB Board, Remuneration Committee, Audit Committee.
Joint Committee	A joint committee is made up of representatives from two or more organisations, who work together to oversee, manage, or resolve specific matters. Joint Committees often have delegated authority from the host organisations to make decisions on its behalf.
2006 Act	National Health Service Act (as amended)
SFI	Standing Financial Instructions
SoRD	Scheme of Reservation and Delegation
EPRR	Emergency Preparedness, Resilience and Response
FPPT	Fit and Proper Person Test
ICP	Integrated Care Partnership
PDSA	Plan, Do, Study, Act (PDSA) cycles
ICS	Integrated Care System

Index:

Description	Page no.
Decisions and functions reserved to the Board – sitting in Common	5
Decisions and functions delegated by the Board to the ICB committees	10
Decisions and functions delegated to be exercised jointly	12
Decisions and functions delegated by the Board to other statutory bodies	17
Decisions and functions delegated by the Board to individual Board Members and employees	17
Decisions and functions delegated to the Board by other organisations	28
Delegated Limits assigned by the Board	38

Version Control:

Version Number	Changes	Date of Approval
v.1	New Document	17th October 2025 - Board

v.2	Amendments:
	• Page 3 –
	  • Update to index page numbering
	  • Update to definitions
	• Page 40 –
	  • Delegation Limits assigned by the Board
		28th November 2025 - Board

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
The Board	**General Enabling Provision** The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.	Constitution 4.2.2

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	The Board will establish the necessary systems and processes to comply with relevant law and regulations, directions issued by the Secretary of State, directions issued by NHS England, statutory guidance and advice issued by NHS England and relevant authorities and respond to reports and recommendations made by Healthwatch organisations in the ICB area.	
The Board	**Regulations and Control** Consider and approve proposed amendments to the ICB Constitution by the Chief Executive prior to making an application to vary the constitution to NHSE. Approve Standing Orders (SOs), a schedule of matters reserved to the Board (Scheme of Reservation and Delegation (SoRD) of powers delegated from the Board to the Executive Team and other Committees, Functions and Decisions Map, Standing Financial Instructions (SFIs) and the Governance Handbook for the regulation of its proceedings and business. Approve to vary or amend the Standing Orders in accordance with the procedures for amending the Constitution as described above. Approve delegation arrangements to ICB Committees, Joint Committees, to other Statutory Bodies, individual Board Members and employees is reserved to the Board. Including approval of committee terms of reference. The power to approve arrangements for Pooled Funds is reserved to the Board. Approve arrangements for the management of conflicts of Interest defined within the Conflicts of Interest Policy, including publication of registers of interest. Require and receive the declaration of Board members' (and others as required) interests to discharge its duty to manage conflicts of interest.	Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4 Constitution 1.6.2, 1.7.2, 4.4.2, Standing Orders 2.1, 2.3 Constitution 1.6.2; Standing Orders 2.3 Constitution 4.6.1, 4.6.3, 4.6.6, 4.7.1 Constitution 4.7.3 Constitution 6.1.1, 6.3.2. Standards of Business Conduct and Conflicts of Interest Policy.

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Approve arrangements for dealing with complaints and ensure a clear complaints process is published. Ensure the ICB Complies with the Freedom of Information Act 2000 and Information Commissioner Office requirements. Ensure systems and processes exist to comply with the requirements of the NHS Provider Selection Regime. Comply with Local Authority Health Overview and Scrutiny Requirements. Adopt the Executive structure to facilitate the discharge of business by the ICB and to agree modifications thereto except where these functions have been delegated to a Joint Committee. Receive reports from committees including those that the ICB is required by the Secretary of State or other regulation to establish and to action appropriately. Confirm the recommendations of the ICB's committees where the committees do not have executive powers. Approve arrangements relating to the discharge of the ICB's responsibilities as a corporate trustee for funds held on trust. Discipline members of the Board who are in breach of statutory requirements or SOs.	Constitution 6.1.3, 6.1.4, 6.1.5, 6.3.1, 6.3.2, 6.3.7 Constitution 7.3.4 Constitution 7.3.5 Constitution 7.4.2, 7.4.3. Procurement Policy Constitution 7.4.4 Constitution 2.2
The Board	**<u>Appointments/Dismissal</u>**	

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Appoint each Ordinary Member of the Board, exercised by the Chair. Approve dismissal of members of the Board at the recommendation of the Chair, to be executed by the Chair. The Chair of the ICB will be appointed by NHS England as set out within legislation. Appoint and dismiss other committees (and individual members) that are directly accountable to the Board. Appointment of Internal or External Auditors and the Counter Fraud officer following recommendations from the Audit Committee.	Constitution 2.1.5, 2.2.2, 2.2.4 Constitution section 3 Constitution 4.6.8
The Board	**<u>Strategy, Annual Operational Plan and Budgets</u>** Approve a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. Approve and publish an Integrated Care System Plan and Capital Resource use Plan. Oversee and maintain accountability for the management of key strategic risks, evaluate them and ensure adequate responses are in place and are monitored, including the approval of the ICB Risk Management Policy. Approve plans in respect of the application of available financial resources to support the agreed Annual Operational Plan (Financial Framework and Annual Budgets), except where these functions have been delegated to a Joint Committee. Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB or its constituent practices (ICB Quality Strategy), having regard to any guidance issued by the Secretary of State, except where these functions have been delegated to a Joint Committee.	Constitution 4.3, Constitution 1.4.10, 7.3.8

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Approve annually (with any necessary appropriate modification) the annual refresh of system plan, except where these functions have been delegated to a Joint Committee. Approve annually and publish the ICB Engagement Framework setting out how the ICB complies with and delivers its duties to engage with the public. Approve Outline and Final Business Cases for Commissioning Investment if this represents a variation from the Plan, in line with the ICB SFIs and Schedule of Detailed Delegated Financial Limits. Approve the ICB's organisational development proposals. Approve Executive Team proposals on individual contracts (other than NHS contracts) of a revenue, except where these functions have been delegated in line with the ICB Schedule of Detailed Delegated Financial Limits. Approve Executive Team proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Resources (for losses and special payments) as per the ICB SFIs and detailed scheme of delegated limits.	Constitution 9.1.1
The Board	**Policy Determination** Approve ICB Policies (including HR policies incorporating the arrangements for the appointment, removal and remuneration of staff), except where delegated to specific committees (set out below) for the approval of minor changes and updates.	
The Board	**Audit and Counter Fraud** Receive the annual management letter from the External Auditor and agreement of the Executive Team's proposed action, taking account of the advice, where appropriate, of the Audit Committee.	

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Receive an annual report (and Head of Internal Audit Opinion) from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee. Receive an annual report from the Counter Fraud officer and agree action on recommendations where appropriate of the Audit Committee.	
The Board	**Annual Reports and Accounts** Receive and approve the ICB's Annual Report and Annual Accounts, to be externally audited and published. Receive and approve the Annual Report and Accounts for funds held on trust.	Constitution 7.5
The Board	**Monitoring** Receipt of such reports as the Board sees fit from the Executive Team and other committees in respect of its exercise of powers delegated.	

Decisions and functions delegated by the Board to the ICB committees

Committee	Decisions and functions reserved to the Committee	Reference
Audit & Risk Management Committee - sitting in-Common	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution: • **Purpose** – in addition to those functions cited in the ICB Constitution, to provide oversight and assurance to the ICB Board on the adequacy of the governance, risk management and internal control processes, and financial reporting. • **Key Responsibilities** -	Constitution 4.6.4, 4.6.8 Standing Orders 3.6

Committee	Decisions and functions reserved to the Committee	Reference
	- Integrated governance, risk management and internal control - Internal Audit, External Audit and Counter Fraud - Freedom to Speak Up - Information Governance - Financial Reporting - Conflicts of Interest - Security (including Cyber Security) - Governance - Emergency Planning, Preparedness and Resilience - Sustainability - The Audit Committee shall review instances of non-compliance with Standing Orders.	
Remuneration and Workforce Committee - sitting in-Common	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution: • **Purpose** – in addition to those functions cited in the ICB Constitution, to oversee executive pay, performance, and workforce strategy aligned to the NHS People Plan. • **Key Responsibilities** - - Determining the remuneration of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members). - Determining arrangements for the termination of employment and other contractual and non-contractual terms of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members).	Constitution 4.6.8, 8.1.6 Constitution 3.13.1

Committee	Decisions and functions reserved to the Committee	Reference
	- Agreeing the pay framework for clinical staff working within the ICB but outside of Agenda for Changes Terms and Conditions. - Determining the arrangements for termination payments and any special payments for all staff. - Monitor workforce planning, recruitment and wellbeing. - Compliance with Fit and Proper Person Test. - Promote equality, diversity, inclusion and compliance with WRES. • The Committee shall establish a Non-Executive Remuneration Panel to consider and agree arrangements for remuneration of Non-Executive Members.	

Decisions and functions delegated to be exercised jointly

Committee/entity that will exercise the function/decision	Decisions and functions delegated by the Board	Legal power	Governing arrangements

Finance, Planning and Payer Function Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution:
	
	• **Purpose** – to ensure financial sustainability and value-based commissioning aligned with population health needs.
	• **Key Responsibilities** –
	  • Oversee the payer function.
	  • Oversee financial planning and budget setting and monitoring financial performance.
	  • Approve major investments and business cases.
	  • Monitor commissioning outcomes and contract performance.
	  • Align resources with strategic priorities.
	  • Health Care Partnership assurance investment.
	  • Utilisation of research opportunities.
	• **This Committee has delegated authority to approve ICB policies in respect of the following**:
	
	  • Policies concerning dispute resolution for Primary Care, Community Pharmacy, Optometry and Dentistry contract holders will be referred to the Primary Care Commissioning Committee for approval.
	
	  • Evidence Based Interventions (EBI) policies which describe procedures that are not routinely commissioned or are only routinely		

	commissioned when certain clinical criteria (or thresholds) are met will be referred to the Clinical Policies Group for approval. The Clinical Policies Group will not make recommendations or decisions about funding for individual patients; this is the responsibility of the Individual Funding Request panels. The group will not make recommendations or decisions about interventions which are the commissioning responsibility of NHSE.		

Utilisation Management and Quality Improvement Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution:
	• **Purpose -** Provide assurance on the quality, safety, and performance of commissioned services.
	• **Key Responsibilities -**
	  • Oversee utilisation management.
	  • Monitor clinical effectiveness, patient safety, and patient experience Across all NHS services including primary care.
	  • Oversee safeguarding, serious incidents, and quality improvement.
	  • Review performance against NHS constitutional standards.
	  • Equality impact and population Health Risk.
	  • Reduction in unwanted variation.
	  • Population risk improvement.
		Constitution 1.4.5, 1.4.7	

Neighbourhood Health Delivery Committee (x3)	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution:	Constitution 1.4.5., 1.4.7.	

	Three place-based structures reflecting the three former ICB areas. These committee will also hold the statutory functions falling under Integrated Care Partnerships. **Purpose -** Delivering neighbourhood health agenda; Improving health equity and Enhancing accountability, transparency and engagement, in how services are planned and delivered. **Key Responsibilities** – • Local Service Integration: Coordinate health, social care, and community services to better meet local needs. • Delivering three shifts at Neighbourhood/Place and Combined Authority level • Population Health Management: Use local data and insights to address health inequalities and improve outcomes. • Resource Allocation: Make decisions on how to use shared budgets and resources effectively at the local level. • Community Engagement: Involve local residents, patients, and carers in shaping services and setting priorities. • Collaborative Planning: Bring together NHS, local government, and voluntary sector leaders to co-design services.		
Management Executive Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution: **Purpose –** Responsible for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.	Constitution 1.4, 2.3, 3.5, 3.9, 3.10, 3.11.	

	Key Responsibilities – • Provide executive leadership and oversight of day-to-day operations including performance, finance, workforce and quality metrics. • Ensure delivery of the ICB's strategic and operational plans. • Coordinate cross-functional initiatives and transformation programmes. • Support the development of Committee/Board papers and assurance reports. • Oversight of BAF and Corporate Risk Register. • Ensure alignment with NHS priorities and statutory obligations.		
Transition Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution The Transition Committee provides coordinated oversight and governance of the clustering and then subsequent merger between the different clusters. The Committee ensures that key decisions and risks are managed collectively and transparently, and that the transition is delivered safely, legally, and in line with NHS England requirements.		
ICB/Central Bedford Council	Better Care Fund funding as set out in and in accordance with: • Our final approved plan. • The national conditions (the "National Conditions") set out in the Better Care Fund Policy Framework for 2023-25 and further detailed in the Better Care fund Planning Requirements for 2023-25. • Satisfactory progress being made towards meeting the performance objectives specified in our Better Care Fund Plan. In respect of Better Care Fund funding – • The ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All		

	governance arrangements are defined within Section 75 Agreements as if written into the SORD Reports on our area's progress and performance: • Will be provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the Better Care Fund overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.		
ICB/Luton Borough Council	Better Care Fund funding as set out in and in accordance with: • Our final approved plan. • The national conditions (the "National Conditions") set out in the Better Care Fund Policy Framework for 2023-25 and further detailed in the Better Care fund Planning Requirements for 2023-25. • Satisfactory progress being made towards meeting the performance objectives specified in our Better Care Fund Plan. In respect of Better Care Fund funding – • The ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD Reports on our area's progress and performance: • Will be provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the Better Care Fund overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.		

ICB/Milton Keynes City Council	Better Care Fund funding as set out in and in accordance with: • Our final approved plan. • The national conditions (the "National Conditions") set out in the Better Care Fund Policy Framework for 2023-25 and further detailed in the Better Care fund Planning Requirements for 2023-25. • Satisfactory progress being made towards meeting the performance objectives specified in our Better Care Fund Plan. In respect of Better Care Fund funding – • The ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD Reports on our area's progress and performance: • Will be provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the Better Care Fund overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.		

Decisions and functions delegated by the Board to other statutory bodies

Body	Decisions and functions delegated by the Board	Legal power	Governing arrangements
Bedford Borough Council	• Section 75 Arrangements • Section 256 Grant.	NHS Act 2006	Partnership Agreements
Central Bedfordshire Council	• Section 75 Arrangements • Section 256 Grant.	NHS Act 2006	Partnership Agreements

Luton Borough Council	• Section 75 Arrangements • Section 256 Grant.	NHS Act 2006	Partnership Agreements
Milton Keynes City Council	• Section 75 Arrangements • Section 256 Grant.	NHS Act 2006	Partnership Agreements

Decisions and functions delegated by the Board to individual Board Members and employees

Board Member / employee	Decisions and functions delegated by the Board	Reference
Chair	**Regulations and Control** • Authenticate use of the seal. • Suspend Standing Orders in conjunction with 2 other Board members. • In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the relevant Director, will provide a settled view which shall be final. • To call meetings of the Board and preside over Board meetings. • In conjunction with the Chief Executive (or relevant lead Director in the case of committees) and one other member, make an urgent decision on behalf of the Board/Committee. **Appointments/Dismissal** • Appoint the Chief Executive of the ICB subject to the approval of NHS England. • Approve the appointments of the Partner Members of the Board.	Standing Order 6 Standing Order 6 Standing Orders 5.1.1 Standing Orders 3.4 Standing Orders 4.1.2, 4.2.1 Standing Order 4.9.5 Constitution 3.4.1 Constitution 2.2.1, 3.5.4, 3.6.5, 3.7.4

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Approve the appointment of Executive Members of the Board. • Approve the appointment or re-appointment of Non-Executive Members of the Board. • Appoint the Vice Chair of the Board. • Approve appointment of members of any committee. • Suspend or terminate members of the Board, as approved by the Board.	Constitution 2.1.5, 2.2.2, 3.8.2, 3.9.3, 3.10.3, 3.12.3 Constitution 3.11.2 Constitution 3.11.8 Constitution 4.6.6; Standing Orders 4.2.3 Constitution 3.13.3

Chief Executive (Deputy Chief Executive)	**Regulations and Control**
	• Propose amendments to the Constitution to be considered and approved by the ICB prior to making an application to vary the Constitution to NHS England.
	• Establish a procedure for the use of the seal and keep (or nominate a manager to keep) the seal secure.
	  • Authenticate use of the seal
	  • HWE ICB Signatory
	• Propose to the Board the adoption of the Executive structure to facilitate discharge of ICB business.
		Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4
		Standing Orders 6.1.1, 6.1.3

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• During the initial period of pre-transition, authority is delegated to the CEO to approve financial delegation limits for Executive Directors and sub-committees of the ICB Board, supported by recommendations from the Direct of Finance known as The Executive Director of Finance, Resources and Contracts. These approvals will be reported to the next Board for ratification.	Constitution 3.5.4, 3.6.5, 3.7.4
	Appointments/Dismissal • Subject to the approval of the ICB Chair, appoint the Partner Members of the Board. • Subject to the approval of the ICB Chair, appoint the Executive Members of the Board. • Subject to the recommendation of the selection panel, approve the appointment of the Non-Executive Members and their re-appointment (within the limit of terms of office)	Constitution 3.8.2, 3.9.3, 3.10.3, 3.12.3 Constitution 3.11.2, 3.11.7
	Statutory Functions / Duty • In accordance with section 252A of the 2006 Act (as amended) act as the Accountable Emergency Officer (AEO) and Gold Commander for responding to Emergency Planning Resilience and Response events and declared incidents.	
	NHS England Delegated Specialised Commissioning	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• ICB Authorised Officer – for the Joint Commissioning Consortium. Responsibilities include those detailed in the Joint Commissioning Consortium Terms of Reference and cover the services as cited in Decisions and functions delegated to the Board by other organisations below. • ICB Authorised Officer – to oversee revisions to the supporting Delegation Agreement.	
The Executive Clinical Director – Total Quality Management	**Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Regulations and Control** • HWE ICB Signatory **Operational Responsibilities** • Leads the organisation's approach to quality management, ensuring services commissioned are safe, effective, and focused on continuous improvement. Embeds robust governance, performance monitoring, and improvement methodologies. They are accountable for:	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Develop and deliver the Total Quality Management strategy aligned with organisational priorities. • Oversee quality assurance, control, and improvement across all services. • Ensure contracts deliver high quality at the best possible value. • Embed continuous improvement methods such as Lean, Six Sigma, and PDSA cycles. • Manage quality-related risks and ensure learning from incidents is embedded in practice. • Represent the organisation in quality-related system forums and regulatory engagements. • Improvement in outcomes. • Lead and manage the TQM team to deliver the strategy effectively • Maintain professional accountability to the relevant regional director. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
The Executive Clinical Director – Utilisation Management	**<u>Statutory Functions / Duties</u>** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies.	Constitution 1.4.7, 7.2.8, 7.4.1 Constitution 7.2.4

Board Member / employee	Decisions and functions delegated by the Board	Reference
	Operational Responsibilities • Provides executive clinical leadership, ensuring that clinical insights improve the utilisation of healthcare within the ICB and that professional standards are maximised. They are accountable for • Provide expert clinical advice to inform strategy, decision-making, and service development. • Reduce unwarranted variation and provision inequalities that lead to variation in outcomes or performance innovative, system-wide approaches. • Improvement of medicines optimisation, and all-age continuing healthcare functions. • Promote digitally enabled clinical transformation, population health management, innovation, and research. • Build partnerships with provider collaboratives, public health, local government, and community organisations. • Maintain professional accountability to the relevant regional director. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
The Executive Director of Finance, Resources and Contracts	**Regulations and Control** • HWE ICB Signatory • Authenticate use of the seal. • Develop systems and processes to comply with the requirements of the NHS Provider Selection Regime. • Establish processes to ensure compliance with all relevant procurement regulations.	Standing Order 6 Standing Orders 6.1.3 Constitution 7.3.2, 7.3.3 Constitution 7.3.5

Board Member / employee	Decisions and functions delegated by the Board	Reference
	Annual Reports and Accounts • Preparation of the annual accounts and accounting tables within the Annual Report in accordance with relevant guidance and regulations, including those for funds held on trust. • Arrange for annual accounts to be externally audited and published. **Statutory Functions / Duty** • Ensure systems are in place to deliver the financial duties of the ICB (Sections 223GB, 223N, 223H and 223 J). Including establishing the annual budget and budget management processes. • Establish adequate arrangements to discharge ICB duties in relation to the Freedom of Information Act 2000 and Information Commissioner Office requirements. • Develop the Capital Resource Use Plan for approval by the Board and report how the ICB has exercised its functions in accordance with the Plan within the Annual Report. **Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report.	Constitution 7.2.3 Constitution 1.4.7, 7.2.8 Constitution 7.2.5 Constitution 7.4.2

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **<u>Operational Responsibilities</u>** • Reports directly to the Chief Executive and is professionally accountable to the NHS England Regional Finance Director. They are accountable for: • Develop and deliver the organisation's financial strategy, ensuring revenue, capital, and cost limits are met. • Lead contracting, procurement, and estates planning to align with strategic objectives and deliver best value. • Ensure resources are used effectively to improve outcomes, reduce inequalities, and support service sustainability. • Provide clear financial governance, risk management, and performance monitoring. • Build partnerships with system leaders and partners to support integrated financial planning. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
The Executive Director of Neighbourhood Health Places and Partnerships	**<u>Statutory Functions / Duties</u>** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **<u>Operational Responsibilities</u>** • Provides system leadership for neighbourhood health and place-based partnerships, ensuring resources are targeted to deliver the best possible care and outcomes for local populations. Builds strong relationships with partners across the integrated care system (ICS). They are accountable for • Lead the development and delivery of strategies for neighbourhood health and place-based working. • Ensure resources are effectively deployed to meet the needs of local populations. • Hold accountability for a broad and evolving portfolio aligned to ICB priorities. • Contribute to the ICB's long-term strategy, integrating partner organisation priorities. • Build partnerships and an active provider market across provider collaboratives, public health, primary care, local government, voluntary and community sectors, and local people. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
The Executive Director of Strategy,	**<u>Statutory Functions / Duties</u>** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
Planning and Evaluation	• In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • Oversees corporate governance, programme delivery, and organisational effectiveness. Ensures the ICB operates to high standards, transitions successfully through structural change, and delivers on corporate priorities. They are accountable for: • Lead the implementation of the Model ICB Blueprint and NHS 10-Year Plan priorities, shifting care from treatment to prevention, hospital to community, and analogue to digital models. • Embed advanced analytics and population health insights into commissioning, planning, and evaluation. • Ensure optimal allocation of resources through evidence-based prioritisation, cost control, and measurable return on investment. • Oversee the safe transition and integration of teams during organisational redesign, maintaining critical commissioning and evaluation capabilities. • Create the environment for population-level improvements. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
The Executive Director of	**Statutory Functions / Duties**	

Board Member / employee	Decisions and functions delegated by the Board	Reference

Corporate Services and ICB Development	• In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice.
	• In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report.
	• In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies.
	
	Operational Responsibilities
	• Oversees corporate governance, programme delivery, and organisational effectiveness. Ensures the ICB operates to high standards, transitions successfully through structural change, and delivers on corporate priorities. They are accountable for:
	  • Manage corporate governance, board relations, and delivery of corporate priorities.
	  • Lead the transition and formal merger from multiple ICBs to a single organisation, ensuring continuity and performance.
	  • Support the development and delivery of the ICB's vision, values, and strategy.
	  • Oversee internal and external communications to protect and enhance the ICB's reputation.
	  • Foster a positive, inclusive, and innovative organisational culture.
	  • Coordinate compliance and assurance reporting to the board, partners, and regulators.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Build strategic relationships with national and regional bodies, representing organisational priorities. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
Audit and Risk Managment Committee Chair	To act as the Conflicts of Interest Guardian.	Constitution 6.1.6
On Call Director	To fulfil the duties required as set out by the Emergency Planning Team for managing escalations, incidents and out of hours cover as set out within associated ICB Policies.	

Decisions and functions delegated to the Board by other organisations

Body making the delegation	Decisions and functions delegated to the Board	Reference
NHS England	In accordance with its statutory powers under section 65Z5 of the NHS Act, NHS England have delegated the exercise of Delegated Functions: For Primary Medical Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the commissioning, and management of Primary Medical Services. • Planning Primary Medical Services in the Area, including carrying out needs assessment. • Undertaking review of Primary Medical Services in respect of the Area. • Management of Delegated Funds in the Area. • Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific obligations also include: • Primary Medical Services Contract Management. • Enhanced Services. • Design of Local incentive Schemes. • Making decisions on discretionary payments or support. • Making decisions about commissioning urgent care for out of areas registered patients. • Transparency and Freedom of Information. • Planning the Provider Landscape.	Delegation Agreement.

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Primary Care Networks. • Approving Primary medical Services Provider Mergers and Closures. • Making decisions in relation to management of poorly performing Primary Medical Services Providers. • Premises Costs Directions Functions. • Maintaining the Performers List. • Procurement and New Contracts. • Complaints. • Commissioning ancillary support services. • Finance • Workforce For Primary and Secondary Dental Care Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the commissioning and management of Primary Dental Services; • Planning Primary Dental Services in the Area, including carrying out needs assessments; • Undertaking reviews of Primary Dental Services in the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning and delivery of Primary Dental Services with other health and social care bodies in respect of the Area where appropriate; and • such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific Obligations – Primary Dental Services only: • Dental Services Contract Management.	

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Transparency and Freedom of Information. • Planning the Provider Landscape. • Finance. • Staffing and Workforce. • Integrated dentistry into communication at Primary Care Network level. • Making Decisions in relation to Management of Poorly Performing Dental Services Providers. • Maintaining the Performers List. • Procurement and New Contracts. • Complaints. • Commissioning Ancillary Support Services. For Primary Ophthalmic Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the management of Primary Ophthalmic Services; • Undertaking reviews of Primary Ophthalmic Services in the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning of Primary Ophthalmic Services with other commissioners in the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific Obligations – Primary Ophthalmic Services: • Primary Ophthalmic Services Contract Management. • Transparency and Freedom of Information. • Maintaining the Performers List. • Finance. • Workforce.	

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Integrated optometry into communities at Primary Care Network Level. • Complaints. • Commissioning ancillary support services. For Pharmaceutical Services - to the ICB to commission a range of services for the people of the area as follows: • Delegated Pharmaceutical Functions – as cited in the NHS England to HWE ICB Delegation Agreement – with terms as referenced in March 2023. • Prescribed Support. • Local Pharmaceutical Services Schemes. • Barred Persons. • Other Services. • Payments. • Flu vaccinations. • Integration. • Integrating Pharmacy into Communities at Primary Care Network Level. • Complaints. • Commissioning ancillary support services. • Finance. • Workforce. Such arrangements as have been set out in the 'delegation agreement' and shall prevail as if written into the SORD. **Specialist Commissioning:** The following Specialised Services were delegated to the ICB on 1 April 2024.	

Body making the delegation	Decisions and functions delegated to the Board	Reference

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
2	Adult congenital heart disease services	13X	Adult congenital heart disease services (non-surgical)
		13Y	Adult congenital heart disease services (surgical)
3	Adult specialist pain management services	31Z	Adult specialist pain management services
4	Adult specialist respiratory services	29M	Interstitial lung disease (adults)
		29S	Severe asthma (adults)
		29L	Lung volume reduction (adults)
5	Adult specialist rheumatology services	26Z	Adult specialist rheumatology services
7	Adult Specialist Cardiac Services	13A	Complex device therapy
		13B	Cardiac electrophysiology & ablation
		13C	Inherited cardiac conditions
		13E	Cardiac surgery (inpatient)
		13F	PPCI for ST- elevation myocardial infarction
		13H	Cardiac magnetic resonance imaging
		13T	Complex interventional cardiology (adults)
		13Z	Cardiac surgery (outpatient)
9	Adult specialist endocrinology services	27E	Adrenal Cancer (adults)
		27Z	Adult specialist endocrinology services
11	Adult specialist neurosciences services	08O	Neurology (adults)
		08P	Neurophysiology (adults)
		08R	Neuroradiology (adults)
		08S	Neurosurgery (adults)
		08T	Mechanical Thrombectomy
		58A	Neurosurgery LVHC national: surgical removal of clival chordoma and chondrosarcoma
		58B	Neurosurgery LVHC national: EC-IC bypass (complex/high flow)
		58C	Neurosurgery LVHC national: transoral excision of dens
		58D	Neurosurgery LVHC regional: anterior skull based tumours
		58E	Neurosurgery LVHC regional: lateral skull based tumours

Body making the delegation	Decisions and functions delegated to the Board				Reference
		Adult specialist neurosciences services (continued)	58F	Neurosurgery LVHC regional: surgical removal of brainstem lesions	
			58G	Neurosurgery LVHC regional: deep brain stimulation	
			58H	Neurosurgery LVHC regional: pineal tumour surgeries - resection	
			58I	Neurosurgery LVHC regional: removal of arteriovenous malformations of the nervous system	
			58J	Neurosurgery LVHC regional: epilepsy	
			58K	Neurosurgery LVHC regional: insula glioma's/ complex low grade glioma's	
			58L	Neurosurgery LVHC local: anterior lumbar fusion	
			58M	Neurosurgery LVHC local: removal of intramedullary spinal tumours	
			58N	Neurosurgery LVHC local: intraventricular tumours resection	
			58O	Neurosurgery LVHC local: surgical repair of aneurysms (surgical clipping)	
			58P	Neurosurgery LVHC local: thoracic discectomy	
			58Q	Neurosurgery LVHC local: microvascular decompression for trigeminal neuralgia	
			58R	Neurosurgery LVHC local: awake surgery for removal of brain tumours	
			58S	Neurosurgery LVHC local: removal of pituitary tumours including for Cushing's and acromegaly	
	12	Adult specialist ophthalmology services	37C	Artificial Eye Service	
			37Z	Adult specialist ophthalmology services	
	13	Adult specialist orthopaedic services	34A	Orthopaedic surgery (adults)	
			34R	Orthopaedic revision (adults)	
	15	Adult specialist renal services	11B	Renal dialysis	
			11C	Access for renal dialysis	
	16	Adult specialist services for people living with HIV	14A	Adult specialised services for people living with HIV	
	17	Adult specialist vascular services	30Z	Adult specialist vascular services	
	18	Adult thoracic surgery services	29B	Complex thoracic surgery (adults)	

Body making the delegation	Decisions and functions delegated to the Board			Reference
			29Z	Adult thoracic surgery services: outpatients
	30	Bone conduction hearing implant services (adults and children)	32B	Bone anchored hearing aids service
			32D	Middle ear implantable hearing aids service
	35	Cleft lip and palate services (adults and children)	15Z	Cleft lip and palate services (adults and children)
	36	Cochlear implantation services (adults and children)	32A	Cochlear implantation services (adults and children)
	40	Complex spinal surgery services (adults and children)	06Z	Complex spinal surgery services (adults and children)
			08Z	Complex neuro-spinal surgery services (adults and children)
	54	Fetal medicine services (adults and adolescents)	04C	Fetal medicine services (adults and adolescents)
	58	Specialist adult gynaecological surgery and urinary surgery services for females	04A	Severe Endometriosis
			04D	Complex urinary incontinence and genital prolapse
	58A	Specialist adult urological surgery services for men	41P	Penile implants
			41S	Surgical sperm removal
			41U	Urethral reconstruction
	59	Specialist allergy services (adults and children)	17Z	Specialist allergy services (adults and children)
	61	Specialist dermatology services (adults and children)	24Z	Specialist dermatology services (adults and children)
	62	Specialist metabolic disorder services (adults and children)	36Z	Specialist metabolic disorder services (adults and children)
	63	Specialist pain management services for children	23Y	Specialist pain management services for children
	64	Specialist palliative care services for children and young adults	E23	Specialist palliative care services for children and young adults
	65	Specialist services for adults with infectious diseases	18A	Specialist services for adults with infectious diseases

Body making the delegation	Decisions and functions delegated to the Board				Reference
			18E	Specialist Bone and Joint Infection (adults)	
	72	Major trauma services (adults and children)	34T	Major trauma services (adults and children)	
	78	Neuropsychiatry services (adults and children)	08Y	Neuropsychiatry services (adults and children)	
	83	Paediatric cardiac services	23B	Paediatric cardiac services	
	94	Radiotherapy services (adults and children)	01R	Radiotherapy services (Adults)	
			51R	Radiotherapy services (Children)	
			01S	Stereotactic Radiosurgery / radiotherapy	
	105	Specialist cancer services (adults)	01C	Chemotherapy	
			01J	Anal cancer (adults)	
			01K	Malignant mesothelioma (adults)	
			01M	Head and neck cancer (adults)	
			01N	Kidney, bladder and prostate cancer (adults)	
			01Q	Rare brain and CNS cancer (adults)	
			01U	Oesophageal and gastric cancer (adults)	
			01V	Biliary tract cancer (adults)	
			01W	Liver cancer (adults)	
			01Y	Cancer Outpatients (adults)	
			01Z	Testicular cancer (adults)	
			04F	Gynaecological cancer (adults)	
			19V	Pancreatic cancer (adults)	
			24Y	Skin cancer (adults)	
			19C	Biliary tract cancer surgery (adults)	
			19M	Liver cancer surgery (adults)	
			19Q	Pancreatic cancer surgery (adults)	
			51A	Interventional oncology (adults)	
			51B	Brachytherapy (adults)	
			51C	Molecular oncology (adults)	
			61M	Head and neck cancer surgery (adults)	
			61Q	Ophthalmic cancer surgery (adults)	
			61U	Oesophageal and gastric cancer surgery (adults)	

Body making the delegation	Decisions and functions delegated to the Board				Reference
			61Z	Testicular cancer surgery (adults)	
			33C	Transanal endoscopic microsurgery (adults)	
			33D	Distal sacrectomy for advanced and recurrent rectal cancer (adults)	
	106	Specialist cancer services for children and young adults	01T	Teenage and young adult cancer	
			23A	Children's cancer	
	106A	Specialist colorectal surgery services (adults)	33A	Complex surgery for faecal incontinence (adults)	
			33B	Complex inflammatory bowel disease (adults)	
	107	Specialist dentistry services for children	23P	Specialist dentistry services for children	
	108	Specialist ear, nose and throat services for children	23D	Specialist ear, nose and throat services for children	
	109	Specialist endocrinology services for children	23E	Specialist endocrinology and diabetes services for children	
	110	Specialist gastroenterology, hepatology and nutritional support services for children	23F	Specialist gastroenterology, hepatology and nutritional support services for children	
	112	Specialist gynaecology services for children	73X	Specialist paediatric surgery services - gynaecology	
	113	Specialist haematology services for children	23H	Specialist haematology services for children	
	115B	Specialist maternity care for adults diagnosed with abnormally invasive placenta	04G	Specialist maternity care for women diagnosed with abnormally invasive placenta	
	118	Neonatal critical care services	NIC	Specialist neonatal care services	
	119	Specialist neuroscience services for children	23M	Specialist neuroscience services for children	
			07Y	Paediatric neurorehabilitation	
			08J	Selective dorsal rhizotomy	
	120	Specialist ophthalmology services for children	23N	Specialist ophthalmology services for children	
	121	Specialist orthopaedic services for children	23Q	Specialist orthopaedic services for children	

Body making the delegation	Decisions and functions delegated to the Board			Reference
	122	Paediatric critical care services	PIC	Specialist paediatric intensive care services
	125	Specialist plastic surgery services for children	23R	Specialist plastic surgery services for children
	126	Specialist rehabilitation services for patients with highly complex needs (adults and children)	07Z	Specialist rehabilitation services for patients with highly complex needs (adults and children)
	127	Specialist renal services for children	23S	Specialist renal services for children
	128	Specialist respiratory services for children	23T	Specialist respiratory services for children
	129	Specialist rheumatology services for children	23W	Specialist rheumatology services for children
	130	Specialist services for children with infectious diseases	18C	Specialist services for children with infectious diseases
	131	Specialist services for complex liver, biliary and pancreatic diseases in adults	19L	Specialist services for complex liver diseases in adults
			19P	Specialist services for complex pancreatic diseases in adults
			19Z	Specialist services for complex liver, biliary and pancreatic diseases in adults
			19B	Specialist services for complex biliary diseases in adults
	132	Specialist services for haemophilia and other related bleeding disorders (adults and children)	03X	Specialist services for haemophilia and other related bleeding disorders (Adults)
			03Y	Specialist services for haemophilia and other related bleeding disorders (Children)
	134	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	05P	Prosthetics (adults and children)
	135	Specialist paediatric surgery services	23X	Specialist paediatric surgery services - general surgery
	136	Specialist paediatric urology services	23Z	Specialist paediatric urology services
	139A	Specialist morbid obesity services for children	35Z	Specialist morbid obesity services for children
	139AA	Termination services for patients with medical complexity and or significant	04P	Termination services for patients with medical complexity and or significant co-morbidities requiring treatment in a specialist hospital

Body making the delegation	Decisions and functions delegated to the Board	Reference
	<table><tr><td></td><td>co-morbidities requiring treatment in a specialist hospital</td><td></td><td></td></tr><tr><td>ACC</td><td>Adult Critical Care</td><td>ACC</td><td>Adult critical care</td></tr></table>	

Delegated Limits assigned by the Board:

- NHS Bedford, Luton Milton Keynes ICB, NHS Cambridgeshire and Peterborough ICB, NHS Hertfordshire and West Essex ICB - Transitional Delegated Financial Limits

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Approval of new revenue investment, business cases, general expenditure and any subsequent amendments / variations	All approvals in line with Board approved annual financial plans The limits refer to the total cost of the financial commitment	Up to £10m	Up to £1m	Up to £5m	Up to £1m	Up to £1m	Up to £500k	Up to £250k	Up to £5k	-
	Multi-year commitments or spend outside of Board approved annual financial plans The limits refer to the total cost of the financial commitment	Up to £10m	-	-	Up to £1m	Up to £1m	-	-	-	-

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Approval of new ICB capital business cases and any subsequent variations	ICB capital spend only and within overall confirmed capital allocations The limits refer to the total cost of the financial commitment	Up to £10m	Up to £1m	Up to £1m	-	-	-	-	-	-
Contract signatures	Signing of contracts including contract variations, extensions and letters of intent. The limits refer to the lifetime value of the contract inclusive of any break clauses All contracts in line with approved business cases and financial plans	-	-	-	Over £100m	Up to £100m	Up to £10m	Up to £5m	-	-

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Invoice / Purchase Order approvals	All values inclusive of VAT regardless of whether this is reclaimable All invoices and purchase orders in line with specific approval requirements as needed and financial plans	-	-	-	Over £5m	Up to £5m	Up to £2m	Up to £1m	Up to £250k	Up to £5k
Payment authorisations	For payment of previously approved invoices in line with governance and financial plans	-	-	-	Over £100m	Over £100m	-	Up to £50m (Director of Finance only)	Up to £25m (Finance directorate only)	Up to £5m (Finance directorate only)
Approval of CHC packages	In line with approved financial plans Limits refer to the weekly package cost	-	-	-	Over £10,000 per week	Up to £10,000 per week	Up to £10,000 per week	Up to £8,000 per week	Up to £6,500 per week	Up to £2,500 per week
Approval of Individual Funding Requests	In line with approved financial plans Limits refer to the total value of the package	-	-	-	Over £100k	Up to £100k	Up to £100k	Up to £75k	Up to £50k	-

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Procurement tenders	Limits for quotes and tenders – inclusive of VAT whether recoverable or not Amounts refer to total value of tender	Up to £10m	Up to £1m	Up to £5m	Up to £1m	Up to £1m	Up to £500k	Up to £250k	-	-
	Authorisation to receive less than the requisite number of tenders, including a single tender / quote Amounts refer to the total value of tender	Over £1m	-	-	Up to £1m	Up to £250k	-	-	-	-

- ***Primary Care Commissioning Committee's***
- Existing Primary Care Commissioning Committee's will continue to operate for a transitional period while the next level of governance is developed. Items for approval in excess of existing delegated limits for Primary Care will be considered by the Finance, Planning and Payer Committee (Joint Committee for BLMK ICB and C&P ICB, held in-common with HWE ICB Strategic Finance and Commissioning Committee). This will be reviewed during the transitional period alongside the remit for the development of the Neighbourhood Health Delivery Committee.

NHS
Cambridgeshire and Peterborough

Appendix 4.2

NHS Cambridge and Peterborough Integrated Care Board

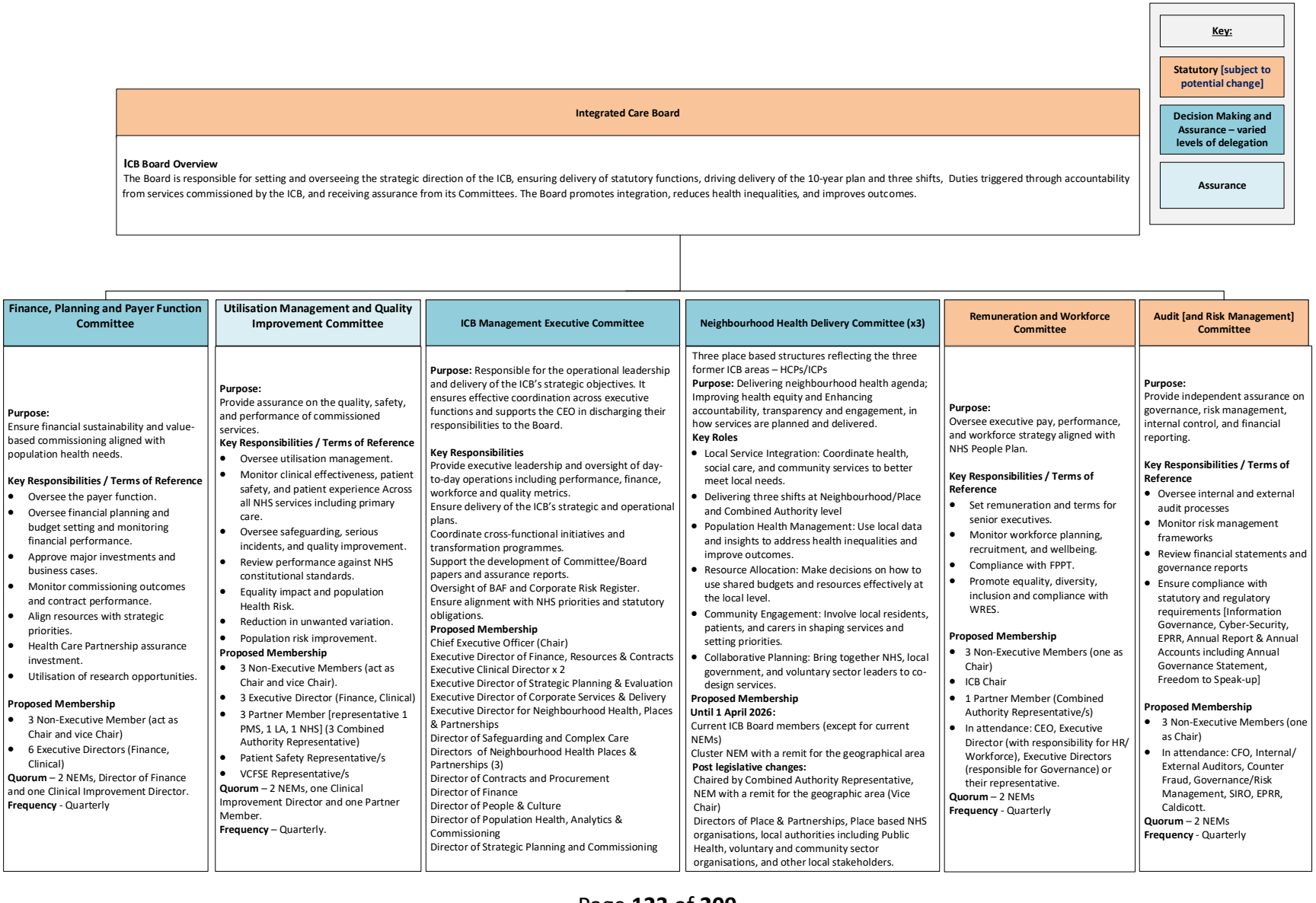
Scheme of Reservation and Delegation (Version 2)

This Scheme of Reservation and Delegation (SoRD), in support of the ICB Model Blueprint and 10-year plan, sets out:

- Those functions that are reserved to each sovereign ICB Board cited above
- Those functions, authority and financials level that have been delegated to an individual or to Committees and Sub-Committees
- Those functions whilst the cited sovereign boards are operating in a cluster arrangement – will be delivered through Boards/Committees meeting in-Common or through a formal Joint Committee arrangements.
- Those functions delegated to another body or to be exercised jointly with another body, under sections 65Z5 and 65Z6 of the 2006 Act.

In compliance with section 4.4.4 mirrored in each ICBs Constitution, sovereign ICB Boards will remain *accountable for all of its functions, including those that it has delegated. All those with delegated authority are accountable to* each of the cited ICB Boards *for the exercise of their delegated functions*.
Functions will be exercised by the Board unless they are delegated. This is the default position for any function that is not expressly delegated. The Board has set out specifically those matters it is choosing to reserve. The Board, regardless of any delegation arrangements it has made, remains legally accountable for the exercise of its functions.

Governance Structure_v.1.4(14)



Definitions and Abbreviations:

Term	Description
Cluster	For the purpose of this document - the collaboration of ICBs as detailed in the NHS Blueprint
In-Common	A committee in common is two or more organisations meeting in the same place at the same time, has separate agendas but the same items on them and it may reach the same conclusions. But the individual organisations remain distinct and (if the committee is decision-making) take their own decisions. It is understood, this form will have to be used for Boards or Committees triggered by statute i.e. the ICB Board, Remuneration Committee, Audit Committee.
Joint Committee	A joint committee is made up of representatives from two or more organisations, who work together to oversee, manage, or resolve specific matters. Joint Committees often have delegated authority from the host organisations to make decisions on its behalf.
2006 Act	National Health Service Act (as amended)
SFI	Standing Financial Instructions
SoRD	Scheme of Reservation and Delegation
EPRR	Emergency Preparedness, Resilience and Response
FPPT	Fit and Proper Person Test
ICP	Integrated Care Partnership
PDSA	Plan, Do, Study, Act (PDSA) cycles
ICS	Integrated Care System

Index:

Description	Page no.
Decisions and functions reserved to the Board – sitting in Common	5
Decisions and functions delegated by the Board to the ICB committees	10
Decisions and functions delegated to be exercised jointly	12
Decisions and functions delegated by the Board to other statutory bodies	16
Decisions and functions delegated by the Board to individual Board Members and employees	17
Decisions and functions delegated to the Board by other organisations	28
Delegated Limits assigned by the Board	38

Version Control:

Version Number	Changes	Date of Approval
v.1	New Document	17th October 2025 - Board

v.2	Amendments:
	• Page 3 –
	  • Update to index page numbering
	  • Update to definitions
	• Page 40 –
	  • Delegation Limits assigned by the Board
		28th November 2025 - Board

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
The Board	**General Enabling Provision** The Board may determine any matter, for which it has delegated or statutory authority, it wishes in full session within its statutory powers.	Constitution 4.2.2

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	The Board will establish the necessary systems and processes to comply with relevant law and regulations, directions issued by the Secretary of State, directions issued by NHS England, statutory guidance and advice issued by NHS England and relevant authorities and respond to reports and recommendations made by Healthwatch organisations in the ICB area.	
The Board	**Regulations and Control** Consider and approve proposed amendments to the ICB Constitution by the Chief Executive prior to making an application to vary the constitution to NHSE. Approve Standing Orders (SOs), a schedule of matters reserved to the Board (Scheme of Reservation and Delegation (SoRD) of powers delegated from the Board to the Executive Team and other Committees, Functions and Decisions Map, Standing Financial Instructions (SFIs) and the Governance Handbook for the regulation of its proceedings and business. Approve to vary or amend the Standing Orders in accordance with the procedures for amending the Constitution as described above. Approve delegation arrangements to ICB Committees, Joint Committees, to other Statutory Bodies, individual Board Members and employees is reserved to the Board. Including approval of committee terms of reference. The power to approve arrangements for Pooled Funds is reserved to the Board. Approve arrangements for the management of conflicts of Interest defined within the Conflicts of Interest Policy, including publication of registers of interest. Require and receive the declaration of Board members' (and others as required) interests to discharge its duty to manage conflicts of interest.	Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4 Constitution 1.6.2, 1.7.2, 4.4.2, Standing Orders 2.1, 2.3 Constitution 1.6.2; Standing Orders 2.3 Constitution 4.6.1, 4.6.3, 4.6.6, 4.7.1 Constitution 4.7.3 Constitution 6.1.1, 6.3.2. Standards of Business Conduct and Conflicts of Interest Policy.

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Approve arrangements for dealing with complaints and ensure a clear complaints process is published. Ensure the ICB Complies with the Freedom of Information Act 2000 and Information Commissioner Office requirements. Ensure systems and processes exist to comply with the requirements of the NHS Provider Selection Regime. Comply with Local Authority Health Overview and Scrutiny Requirements. Adopt the Executive structure to facilitate the discharge of business by the ICB and to agree modifications thereto except where these functions have been delegated to a Joint Committee. Receive reports from committees including those that the ICB is required by the Secretary of State or other regulation to establish and to action appropriately. Confirm the recommendations of the ICB's committees where the committees do not have executive powers. Approve arrangements relating to the discharge of the ICB's responsibilities as a corporate trustee for funds held on trust. Discipline members of the Board who are in breach of statutory requirements or SOs.	Constitution 6.1.3, 6.1.4, 6.1.5, 6.3.1, 6.3.2, 6.3.7 Constitution 7.3.4 Constitution 7.3.5 Constitution 7.4.2, 7.4.3. Procurement Policy Constitution 7.4.4 Constitution 2.2
The Board	**Appointments/Dismissal**	

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Appoint each Ordinary Member of the Board, exercised by the Chair. Approve dismissal of members of the Board at the recommendation of the Chair, to be executed by the Chair. The Chair of the ICB will be appointed by NHS England as set out within legislation. Appoint and dismiss other committees (and individual members) that are directly accountable to the Board. Appointment of Internal or External Auditors and the Counter Fraud officer following recommendations from the Audit Committee.	Constitution 2.1.5, 2.2.2, 2.2.4 Constitution section 3 Constitution 4.6.8
The Board	**<u>Strategy, Annual Operational Plan and Budgets</u>** Approve a plan at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years. Approve and publish an Integrated Care System Plan and Capital Resource use Plan. Oversee and maintain accountability for the management of key strategic risks, evaluate them and ensure adequate responses are in place and are monitored, including the approval of the ICB Risk Management Policy. Approve plans in respect of the application of available financial resources to support the agreed Annual Operational Plan (Financial Framework and Annual Budgets), except where these functions have been delegated to a Joint Committee. Approve proposals for ensuring quality and developing clinical governance in services provided by the ICB or its constituent practices (ICB Quality Strategy), having regard to any guidance issued by the Secretary of State, except where these functions have been delegated to a Joint Committee.	Constitution 4.3, Constitution 1.4.10, 7.3.8

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Approve annually (with any necessary appropriate modification) the annual refresh of system plan, except where these functions have been delegated to a Joint Committee. Approve annually and publish the ICB Engagement Framework setting out how the ICB complies with and delivers its duties to engage with the public. Approve Outline and Final Business Cases for Commissioning Investment if this represents a variation from the Plan, in line with the ICB SFIs and Schedule of Detailed Delegated Financial Limits. Approve the ICB's organisational development proposals. Approve Executive Team proposals on individual contracts (other than NHS contracts) of a revenue, except where these functions have been delegated in line with the ICB Schedule of Detailed Delegated Financial Limits. Approve Executive Team proposals in individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and Director of Resources (for losses and special payments) as per the ICB SFIs and detailed scheme of delegated limits.	Constitution 9.1.1
The Board	**Policy Determination** Approve ICB Policies (including HR policies incorporating the arrangements for the appointment, removal and remuneration of staff), except where delegated to specific committees (set out below) for the approval of minor changes and updates.	
The Board	**Audit and Counter Fraud** Receive the annual management letter from the External Auditor and agreement of the Executive Team's proposed action, taking account of the advice, where appropriate, of the Audit Committee.	

	Decisions and functions reserved to the Board – sitting in-Common	Reference Document
	Receive an annual report (and Head of Internal Audit Opinion) from the Internal Auditor and agree action on recommendations where appropriate of the Audit Committee. Receive an annual report from the Counter Fraud officer and agree action on recommendations where appropriate of the Audit Committee.	
The Board	**Annual Reports and Accounts** Receive and approve the ICB's Annual Report and Annual Accounts, to be externally audited and published. Receive and approve the Annual Report and Accounts for funds held on trust.	Constitution 7.5
The Board	**Monitoring** Receipt of such reports as the Board sees fit from the Executive Team and other committees in respect of its exercise of powers delegated.	

Decisions and functions delegated by the Board to the ICB committees

Committee	Decisions and functions reserved to the Committee	Reference
Audit & Risk Management Committee - sitting in-Common	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution: • **Purpose** – in addition to those functions cited in the ICB Constitution, to provide oversight and assurance to the ICB Board on the adequacy of the governance, risk management and internal control processes, and financial reporting. • **Key Responsibilities** -	Constitution 4.6.4, 4.6.8 Standing Orders 3.6

Committee	Decisions and functions reserved to the Committee	Reference
	- Integrated governance, risk management and internal control - Internal Audit, External Audit and Counter Fraud - Freedom to Speak Up - Information Governance - Financial Reporting - Conflicts of Interest - Security (including Cyber Security) - Governance - Emergency Planning, Preparedness and Resilience - Sustainability - The Audit Committee shall review instances of non-compliance with Standing Orders.	
Remuneration and Workforce Committee - sitting in-Common	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution: • **Purpose** – in addition to those functions cited in the ICB Constitution, to oversee executive pay, performance, and workforce strategy aligned to the NHS People Plan. • **Key Responsibilities** - - Determining the remuneration of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members). - Determining arrangements for the termination of employment and other contractual and non-contractual terms of the Chief Executive, Directors and other Very Senior Managers and Board members (other than non-executive members).	Constitution 4.6.8, 8.1.6 Constitution 3.13.1

Committee	Decisions and functions reserved to the Committee	Reference
	- Agreeing the pay framework for clinical staff working within the ICB but outside of Agenda for Changes Terms and Conditions. - Determining the arrangements for termination payments and any special payments for all staff. - Monitor workforce planning, recruitment and wellbeing. - Compliance with Fit and Proper Person Test. - Promote equality, diversity, inclusion and compliance with WRES. • The Committee shall establish a Non-Executive Remuneration Panel to consider and agree arrangements for remuneration of Non-Executive Members.	

Decisions and functions delegated to be exercised jointly

Committee/entity that will exercise the function/decision	Decisions and functions delegated by the Board	Legal power	Governing arrangements

Finance, Planning and Payer Function Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution:
	
	• **Purpose** – to ensure financial sustainability and value-based commissioning aligned with population health needs.
	• **Key Responsibilities** –
	  • Oversee the payer function.
	  • Oversee financial planning and budget setting and monitoring financial performance.
	  • Approve major investments and business cases.
	  • Monitor commissioning outcomes and contract performance.
	  • Align resources with strategic priorities.
	  • Health Care Partnership assurance investment.
	  • Utilisation of research opportunities.
	• **This Committee has delegated authority to approve ICB policies in respect of the following**:
	
	  • Policies concerning dispute resolution for Primary Care, Community Pharmacy, Optometry and Dentistry contract holders will be referred to the Primary Care Commissioning Committee for approval.
	
	  • Evidence Based Interventions (EBI) policies which describe procedures that are not routinely commissioned or are only routinely		

	commissioned when certain clinical criteria (or thresholds) are met will be referred to the Clinical Policies Group for approval. The Clinical Policies Group will not make recommendations or decisions about funding for individual patients; this is the responsibility of the Individual Funding Request panels. The group will not make recommendations or decisions about interventions which are the commissioning responsibility of NHSE.		

Utilisation Management and Quality Improvement Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution:
	• **Purpose -** Provide assurance on the quality, safety, and performance of commissioned services.
	• **Key Responsibilities -**
	  • Oversee utilisation management.
	  • Monitor clinical effectiveness, patient safety, and patient experience Across all NHS services including primary care.
	  • Oversee safeguarding, serious incidents, and quality improvement.
	  • Review performance against NHS constitutional standards.
	  • Equality impact and population Health Risk.
	  • Reduction in unwanted variation.
	  • Population risk improvement.
		Constitution 1.4.5, 1.4.7	

Neighbourhood Health Delivery Committee (x3)	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution:	Constitution 1.4.5., 1.4.7.	

	Three place-based structures reflecting the three former ICB areas. These committee will also hold the statutory functions falling under Integrated Care Partnerships. **Purpose -** Delivering neighbourhood health agenda; Improving health equity and Enhancing accountability, transparency and engagement, in how services are planned and delivered. **Key Responsibilities** – • Local Service Integration: Coordinate health, social care, and community services to better meet local needs. • Delivering three shifts at Neighbourhood/Place and Combined Authority level • Population Health Management: Use local data and insights to address health inequalities and improve outcomes. • Resource Allocation: Make decisions on how to use shared budgets and resources effectively at the local level. • Community Engagement: Involve local residents, patients, and carers in shaping services and setting priorities. • Collaborative Planning: Bring together NHS, local government, and voluntary sector leaders to co-design services.		
Management Executive Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution: **Purpose –** Responsible for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.	Constitution 1.4, 2.3, 3.5, 3.9, 3.10, 3.11.	

	Key Responsibilities – • Provide executive leadership and oversight of day-to-day operations including performance, finance, workforce and quality metrics. • Ensure delivery of the ICB's strategic and operational plans. • Coordinate cross-functional initiatives and transformation programmes. • Support the development of Committee/Board papers and assurance reports. • Oversight of BAF and Corporate Risk Register. • Ensure alignment with NHS priorities and statutory obligations.		
Transition Committee sitting as a joint committee	The Committee will, in accordance with the terms of reference of the Committee as approved by the Board as if written into the Scheme of Reservation and Delegation and ICB Constitution The Transition Committee provides coordinated oversight and governance of the clustering and then subsequent merger between the different clusters. The Committee ensures that key decisions and risks are managed collectively and transparently, and that the transition is delivered safely, legally, and in line with NHS England requirements.		
ICB/Cambridge County Council	Better Care Fund funding as set out in and in accordance with: • Our final approved plan. • The national conditions (the "National Conditions") set out in the Better Care Fund Policy Framework for 2023-25 and further detailed in the Better Care fund Planning Requirements for 2023-25. • Satisfactory progress being made towards meeting the performance objectives specified in our Better Care Fund Plan. In respect of Better Care Fund funding – • The ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All		

	governance arrangements are defined within Section 75 Agreements as if written into the SORD Reports on our area's progress and performance: • Will be provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the Better Care Fund overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.		
ICB/Peterborough City Council	Better Care Fund funding as set out in and in accordance with: • Our final approved plan. • The national conditions (the "National Conditions") set out in the Better Care Fund Policy Framework for 2023-25 and further detailed in the Better Care fund Planning Requirements for 2023-25. • Satisfactory progress being made towards meeting the performance objectives specified in our Better Care Fund Plan. In respect of Better Care Fund funding – • The ICB and Council have entered into arrangements to established pooled budgets for the purpose of discharging the duties set out within the Act. All governance arrangements are defined within Section 75 Agreements as if written into the SORD Reports on our area's progress and performance: • Will be provided to NHS England in accordance with relevant guidance and any requests made by NHS England and governmental departments. This includes quarterly reporting on the Better Care Fund overall and fortnightly reporting on use of the Additional Discharge Funding, as set out in the Planning Requirements document.		

Decisions and functions delegated by the Board to other statutory bodies

Body	Decisions and functions delegated by the Board	Legal power	Governing arrangements
Hertfordshire County Council	• s.75 – Agreement covering a number of services including Mental Health		
Cambridgeshire County Council	•		
Peterborough City Council	•		

Decisions and functions delegated by the Board to individual Board Members and employees

Board Member / employee	Decisions and functions delegated by the Board	Reference
Chair	**Regulations and Control** • Authenticate use of the seal. • Suspend Standing Orders in conjunction with 2 other Board members. • In the case of conflicting interpretation of the Standing Orders, the Chair, supported with advice from the relevant Director, will provide a settled view which shall be final. • To call meetings of the Board and preside over Board meetings. • In conjunction with the Chief Executive (or relevant lead Director in the case of committees) and one other member, make an urgent decision on behalf of the Board/Committee.	Standing Order 6 Standing Order 6 Standing Orders 5.1.1 Standing Orders 3.4 Standing Orders 4.1.2, 4.2.1 Standing Order 4.9.5

Board Member / employee	Decisions and functions delegated by the Board	Reference
	Appointments/Dismissal • Appoint the Chief Executive of the ICB subject to the approval of NHS England. • Approve the appointments of the Partner Members of the Board. • Approve the appointment of Executive Members of the Board. • Approve the appointment or re-appointment of Non-Executive Members of the Board. • Appoint the Vice Chair of the Board. • Approve appointment of members of any committee. • Suspend or terminate members of the Board, as approved by the Board.	Constitution 3.4.1 Constitution 2.2.1, 3.5.4, 3.6.5, 3.7.4 Constitution 2.1.5, 2.2.2, 3.8.2, 3.9.3, 3.10.3, 3.12.3 Constitution 3.11.2 Constitution 3.11.8 Constitution 4.6.6; Standing Orders 4.2.3 Constitution 3.13.3
Chief Executive (Deputy Chief Executive)	**Regulations and Control** • Propose amendments to the Constitution to be considered and approved by the ICB prior to making an application to vary the Constitution to NHS England. • Establish a procedure for the use of the seal and keep (or nominate a manager to keep) the seal secure.	Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4 Standing Orders 6.1.1, 6.1.3

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Authenticate use of the seal • HWE ICB Signatory • Propose to the Board the adoption of the Executive structure to facilitate discharge of ICB business. • During the initial period of pre-transition, authority is delegated to the CEO to approve financial delegation approve financial delegation limits for Executive Directors and sub-committees of the ICB Board, supported by recommendations from the Direct of Finance known as The Executive Director of Finance, Resources and Contracts. These approvals will be reported to the next Board for ratification. **Appointments/Dismissal** • Subject to the approval of the ICB Chair, appoint the Partner Members of the Board. • Subject to the approval of the ICB Chair, appoint the Executive Members of the Board. • Subject to the recommendation of the selection panel, approve the appointment of the Non-Executive Members and their re-appointment (within the limit of terms of office) **Statutory Functions / Duty**	Constitution 3.5.4, 3.6.5, 3.7.4 Constitution 3.8.2, 3.9.3, 3.10.3, 3.12.3 Constitution 3.11.2, 3.11.7

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• In accordance with section 252A of the 2006 Act (as amended) act as the Accountable Emergency Officer (AEO) and Gold Commander for responding to Emergency Planning Resilience and Response events and declared incidents. **NHS England Delegated Specialised Commissioning** • ICB Authorised Officer – for the Joint Commissioning Consortium. Responsibilities include those detailed in the Joint Commissioning Consortium Terms of Reference and cover the services as cited in Decisions and functions delegated to the Board by other organisations below. • ICB Authorised Officer – to oversee revisions to the supporting Delegation Agreement.	
The Executive Clinical Director – Total Quality Management	**Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Regulations and Control**	

Board Member / employee	Decisions and functions delegated by the Board	Reference

	• HWE ICB Signatory
	
	<u>Operational Responsibilities</u>
	• Leads the organisation's approach to quality management, ensuring services commissioned are safe, effective, and focused on continuous improvement. Embeds robust governance, performance monitoring, and improvement methodologies. They are accountable for:
	  • Develop and deliver the Total Quality Management strategy aligned with organisational priorities.
	  • Oversee quality assurance, control, and improvement across all services.
	  • Ensure contracts deliver high quality at the best possible value.
	  • Embed continuous improvement methods such as Lean, Six Sigma, and PDSA cycles.
	  • Manage quality-related risks and ensure learning from incidents is embedded in practice.
	  • Represent the organisation in quality-related system forums and regulatory engagements.
	  • Improvement in outcomes.
	  • Lead and manage the TQM team to deliver the strategy effectively
	  • Maintain professional accountability to the relevant regional director.
	
	• To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	

The Executive Clinical Director – Utilisation Management	**<u>Statutory Functions / Duties</u>** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice.	Constitution 1.4.7, 7.2.8, 7.4.1

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • Provides executive clinical leadership, ensuring that clinical insights improve the utilisation of healthcare within the ICB and that professional standards are maximised. They are accountable for • Provide expert clinical advice to inform strategy, decision-making, and service development. • Reduce unwarranted variation and provision inequalities that lead to variation in outcomes or performance innovative, system-wide approaches. • Improvement of medicines optimisation, and all-age continuing healthcare functions. • Promote digitally enabled clinical transformation, population health management, innovation, and research. • Build partnerships with provider collaboratives, public health, local government, and community organisations. • Maintain professional accountability to the relevant regional director. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	Constitution 7.2.4
The Executive Director of Finance,	**Regulations and Control** • HWE ICB Signatory • Authenticate use of the seal.	Standing Order 6

Board Member / employee	Decisions and functions delegated by the Board	Reference
Resources and Contracts	• Develop systems and processes to comply with the requirements of the NHS Provider Selection Regime. • Establish processes to ensure compliance with all relevant procurement regulations.	Standing Orders 6.1.3 Constitution 7.3.2, 7.3.3
	Annual Reports and Accounts • Preparation of the annual accounts and accounting tables within the Annual Report in accordance with relevant guidance and regulations, including those for funds held on trust. • Arrange for annual accounts to be externally audited and published.	Constitution 7.3.5 Constitution 7.2.3
	Statutory Functions / Duty • Ensure systems are in place to deliver the financial duties of the ICB (Sections 223GB, 223N, 223H and 223 J). Including establishing the annual budget and budget management processes. • Establish adequate arrangements to discharge ICB duties in relation to the Freedom of Information Act 2000 and Information Commissioner Office requirements. • Develop the Capital Resource Use Plan for approval by the Board and report how the ICB has exercised its functions in accordance with the Plan within the Annual Report.	Constitution 1.4.7, 7.2.8 Constitution 7.2.5 Constitution 7.4.2
	Statutory Functions / Duties	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • Reports directly to the Chief Executive and is professionally accountable to the NHS England Regional Finance Director. They are accountable for: • Develop and deliver the organisation's financial strategy, ensuring revenue, capital, and cost limits are met. • Lead contracting, procurement, and estates planning to align with strategic objectives and deliver best value. • Ensure resources are used effectively to improve outcomes, reduce inequalities, and support service sustainability. • Provide clear financial governance, risk management, and performance monitoring. • Build partnerships with system leaders and partners to support integrated financial planning. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
The Executive Director of Neighbourhood	**Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
Health Places and Partnerships	• In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • Provides system leadership for neighbourhood health and place-based partnerships, ensuring resources are targeted to deliver the best possible care and outcomes for local populations. Builds strong relationships with partners across the integrated care system (ICS). They are accountable for • Lead the development and delivery of strategies for neighbourhood health and place-based working. • Ensure resources are effectively deployed to meet the needs of local populations. • Hold accountability for a broad and evolving portfolio aligned to ICB priorities. • Contribute to the ICB's long-term strategy, integrating partner organisation priorities. • Build partnerships and an active provider market across provider collaboratives, public health, primary care, local government, voluntary and community sectors, and local people. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
The Executive Director of Strategy, Planning and Evaluation	**Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • Oversees corporate governance, programme delivery, and organisational effectiveness. Ensures the ICB operates to high standards, transitions successfully through structural change, and delivers on corporate priorities. They are accountable for: • Lead the implementation of the Model ICB Blueprint and NHS 10-Year Plan priorities, shifting care from treatment to prevention, hospital to community, and analogue to digital models. • Embed advanced analytics and population health insights into commissioning, planning, and evaluation. • Ensure optimal allocation of resources through evidence-based prioritisation, cost control, and measurable return on investment. • Oversee the safe transition and integration of teams during organisational redesign, maintaining critical commissioning and evaluation capabilities. • Create the environment for population-level improvements. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
The Executive Director of Corporate Services and ICB Development	**Statutory Functions / Duties** • In accordance with section 14Z38 of the Act establish arrangements for obtaining appropriate advice. • In accordance with section 14Z43 of the Act meet the duty to have regard to wider effect of decisions and report of the discharge of this duty within the Annual Report. • In accordance with section 116B(1) of the Local Government and Public Involvement in Health Act 2007 ensure that due regard is given to assessments and strategies. **Operational Responsibilities** • Oversees corporate governance, programme delivery, and organisational effectiveness. Ensures the ICB operates to high standards, transitions successfully through structural change, and delivers on corporate priorities. They are accountable for: • Manage corporate governance, board relations, and delivery of corporate priorities. • Lead the transition and formal merger from multiple ICBs to a single organisation, ensuring continuity and performance. • Support the development and delivery of the ICB's vision, values, and strategy. • Oversee internal and external communications to protect and enhance the ICB's reputation. • Foster a positive, inclusive, and innovative organisational culture.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Coordinate compliance and assurance reporting to the board, partners, and regulators. • Build strategic relationships with national and regional bodies, representing organisational priorities. • To act, on behalf of the Chief Executive, as the Gold Commander where necessary.	
Audit and Risk Management Committee Chair	To act as the Conflicts of Interest Guardian.	Constitution 6.1.6
On Call Director	To fulfil the duties required as set out by the Emergency Planning Team for managing escalations, incidents and out of hours cover as set out within associated ICB Policies.	

Decisions and functions delegated to the Board by other organisations

Body making the delegation	Decisions and functions delegated to the Board	Reference
NHS England	In accordance with its statutory powers under section 65Z5 of the NHS Act, NHS England have delegated the exercise of Delegated Functions: For Primary Medical Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the commissioning, and management of Primary Medical Services. • Planning Primary Medical Services in the Area, including carrying out needs assessment. • Undertaking review of Primary Medical Services in respect of the Area. • Management of Delegated Funds in the Area. • Co-ordinating a common approach to the commissioning and delivery of Primary Medical Services with other health and social care bodies in respect of the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific obligations also include: • Primary Medical Services Contract Management. • Enhanced Services. • Design of Local incentive Schemes. • Making decisions on discretionary payments or support. • Making decisions about commissioning urgent care for out of areas registered patients. • Transparency and Freedom of Information. • Planning the Provider Landscape.	Delegation Agreement.

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Primary Care Networks. • Approving Primary medical Services Provider Mergers and Closures. • Making decisions in relation to management of poorly performing Primary Medical Services Providers. • Premises Costs Directions Functions. • Maintaining the Performers List. • Procurement and New Contracts. • Complaints. • Commissioning ancillary support services. • Finance • Workforce For Primary and Secondary Dental Care Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the commissioning and management of Primary Dental Services; • Planning Primary Dental Services in the Area, including carrying out needs assessments; • Undertaking reviews of Primary Dental Services in the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning and delivery of Primary Dental Services with other health and social care bodies in respect of the Area where appropriate; and • such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific Obligations – Primary Dental Services only: • Dental Services Contract Management.	

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Transparency and Freedom of Information. • Planning the Provider Landscape. • Finance. • Staffing and Workforce. • Integrated dentistry into communication at Primary Care Network level. • Making Decisions in relation to Management of Poorly Performing Dental Services Providers. • Maintaining the Performers List. • Procurement and New Contracts. • Complaints. • Commissioning Ancillary Support Services. For Primary Ophthalmic Services - to the ICB to commission a range of services for the people of the area as follows: • Decisions in relation to the management of Primary Ophthalmic Services; • Undertaking reviews of Primary Ophthalmic Services in the Area; • Management of the Delegated Funds in the Area; • Co-ordinating a common approach to the commissioning of Primary Ophthalmic Services with other commissioners in the Area where appropriate; and • Such other ancillary activities that are necessary in order to exercise the Delegated Functions. Specific Obligations – Primary Ophthalmic Services: • Primary Ophthalmic Services Contract Management. • Transparency and Freedom of Information. • Maintaining the Performers List. • Finance. • Workforce.	

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• Integrated optometry into communities at Primary Care Network Level. • Complaints. • Commissioning ancillary support services. For Pharmaceutical Services - to the ICB to commission a range of services for the people of the area as follows: • Delegated Pharmaceutical Functions – as cited in the NHS England to HWE ICB Delegation Agreement – with terms as referenced in March 2023. • Prescribed Support. • Local Pharmaceutical Services Schemes. • Barred Persons. • Other Services. • Payments. • Flu vaccinations. • Integration. • Integrating Pharmacy into Communities at Primary Care Network Level. • Complaints. • Commissioning ancillary support services. • Finance. • Workforce. Such arrangements as have been set out in the 'delegation agreement' and shall prevail as if written into the SORD. **Specialist Commissioning:** The following Specialised Services were delegated to the ICB on 1 April 2024.	

Body making the delegation	Decisions and functions delegated to the Board	Reference

PSS Manual Line	PSS Manual Line Description	Service Line Code	Service Line Description
2	Adult congenital heart disease services	13X	Adult congenital heart disease services (non-surgical)
		13Y	Adult congenital heart disease services (surgical)
3	Adult specialist pain management services	31Z	Adult specialist pain management services
4	Adult specialist respiratory services	29M	Interstitial lung disease (adults)
		29S	Severe asthma (adults)
		29L	Lung volume reduction (adults)
5	Adult specialist rheumatology services	26Z	Adult specialist rheumatology services
7	Adult Specialist Cardiac Services	13A	Complex device therapy
		13B	Cardiac electrophysiology & ablation
		13C	Inherited cardiac conditions
		13E	Cardiac surgery (inpatient)
		13F	PPCI for ST- elevation myocardial infarction
		13H	Cardiac magnetic resonance imaging
		13T	Complex interventional cardiology (adults)
		13Z	Cardiac surgery (outpatient)
9	Adult specialist endocrinology services	27E	Adrenal Cancer (adults)
		27Z	Adult specialist endocrinology services
11	Adult specialist neurosciences services	08O	Neurology (adults)
		08P	Neurophysiology (adults)
		08R	Neuroradiology (adults)
		08S	Neurosurgery (adults)
		08T	Mechanical Thrombectomy
		58A	Neurosurgery LVHC national: surgical removal of clival chordoma and chondrosarcoma
		58B	Neurosurgery LVHC national: EC-IC bypass (complex/high flow)
		58C	Neurosurgery LVHC national: transoral excision of dens
		58D	Neurosurgery LVHC regional: anterior skull based tumours
		58E	Neurosurgery LVHC regional: lateral skull based tumours

Body making the delegation	Decisions and functions delegated to the Board				Reference
		Adult specialist neurosciences services (continued)	58F	Neurosurgery LVHC regional: surgical removal of brainstem lesions	
			58G	Neurosurgery LVHC regional: deep brain stimulation	
			58H	Neurosurgery LVHC regional: pineal tumour surgeries - resection	
			58I	Neurosurgery LVHC regional: removal of arteriovenous malformations of the nervous system	
			58J	Neurosurgery LVHC regional: epilepsy	
			58K	Neurosurgery LVHC regional: insula glioma's/ complex low grade glioma's	
			58L	Neurosurgery LVHC local: anterior lumbar fusion	
			58M	Neurosurgery LVHC local: removal of intramedullary spinal tumours	
			58N	Neurosurgery LVHC local: intraventricular tumours resection	
			58O	Neurosurgery LVHC local: surgical repair of aneurysms (surgical clipping)	
			58P	Neurosurgery LVHC local: thoracic discectomy	
			58Q	Neurosurgery LVHC local: microvascular decompression for trigeminal neuralgia	
			58R	Neurosurgery LVHC local: awake surgery for removal of brain tumours	
			58S	Neurosurgery LVHC local: removal of pituitary tumours including for Cushing's and acromegaly	
	12	Adult specialist ophthalmology services	37C	Artificial Eye Service	
			37Z	Adult specialist ophthalmology services	
	13	Adult specialist orthopaedic services	34A	Orthopaedic surgery (adults)	
			34R	Orthopaedic revision (adults)	
	15	Adult specialist renal services	11B	Renal dialysis	
			11C	Access for renal dialysis	
	16	Adult specialist services for people living with HIV	14A	Adult specialised services for people living with HIV	
	17	Adult specialist vascular services	30Z	Adult specialist vascular services	
	18	Adult thoracic surgery services	29B	Complex thoracic surgery (adults)	

Body making the delegation	Decisions and functions delegated to the Board				Reference
			29Z	Adult thoracic surgery services: outpatients	
	30	Bone conduction hearing implant services (adults and children)	32B	Bone anchored hearing aids service	
			32D	Middle ear implantable hearing aids service	
	35	Cleft lip and palate services (adults and children)	15Z	Cleft lip and palate services (adults and children)	
	36	Cochlear implantation services (adults and children)	32A	Cochlear implantation services (adults and children)	
	40	Complex spinal surgery services (adults and children)	06Z	Complex spinal surgery services (adults and children)	
			08Z	Complex neuro-spinal surgery services (adults and children)	
	54	Fetal medicine services (adults and adolescents)	04C	Fetal medicine services (adults and adolescents)	
	58	Specialist adult gynaecological surgery and urinary surgery services for females	04A	Severe Endometriosis	
			04D	Complex urinary incontinence and genital prolapse	
	58A	Specialist adult urological surgery services for men	41P	Penile implants	
			41S	Surgical sperm removal	
			41U	Urethral reconstruction	
	59	Specialist allergy services (adults and children)	17Z	Specialist allergy services (adults and children)	
	61	Specialist dermatology services (adults and children)	24Z	Specialist dermatology services (adults and children)	
	62	Specialist metabolic disorder services (adults and children)	36Z	Specialist metabolic disorder services (adults and children)	
	63	Specialist pain management services for children	23Y	Specialist pain management services for children	
	64	Specialist palliative care services for children and young adults	E23	Specialist palliative care services for children and young adults	
	65	Specialist services for adults with infectious diseases	18A	Specialist services for adults with infectious diseases	

Body making the delegation	Decisions and functions delegated to the Board				Reference
			18E	Specialist Bone and Joint Infection (adults)	
	72	Major trauma services (adults and children)	34T	Major trauma services (adults and children)	
	78	Neuropsychiatry services (adults and children)	08Y	Neuropsychiatry services (adults and children)	
	83	Paediatric cardiac services	23B	Paediatric cardiac services	
	94	Radiotherapy services (adults and children)	01R	Radiotherapy services (Adults)	
			51R	Radiotherapy services (Children)	
			01S	Stereotactic Radiosurgery / radiotherapy	
	105	Specialist cancer services (adults)	01C	Chemotherapy	
			01J	Anal cancer (adults)	
			01K	Malignant mesothelioma (adults)	
			01M	Head and neck cancer (adults)	
			01N	Kidney, bladder and prostate cancer (adults)	
			01Q	Rare brain and CNS cancer (adults)	
			01U	Oesophageal and gastric cancer (adults)	
			01V	Biliary tract cancer (adults)	
			01W	Liver cancer (adults)	
			01Y	Cancer Outpatients (adults)	
			01Z	Testicular cancer (adults)	
			04F	Gynaecological cancer (adults)	
			19V	Pancreatic cancer (adults)	
			24Y	Skin cancer (adults)	
			19C	Biliary tract cancer surgery (adults)	
			19M	Liver cancer surgery (adults)	
			19Q	Pancreatic cancer surgery (adults)	
			51A	Interventional oncology (adults)	
			51B	Brachytherapy (adults)	
			51C	Molecular oncology (adults)	
			61M	Head and neck cancer surgery (adults)	
			61Q	Ophthalmic cancer surgery (adults)	
			61U	Oesophageal and gastric cancer surgery (adults)	

Body making the delegation	Decisions and functions delegated to the Board				Reference
			61Z	Testicular cancer surgery (adults)	
			33C	Transanal endoscopic microsurgery (adults)	
			33D	Distal sacrectomy for advanced and recurrent rectal cancer (adults)	
	106	Specialist cancer services for children and young adults	01T	Teenage and young adult cancer	
			23A	Children's cancer	
	106A	Specialist colorectal surgery services (adults)	33A	Complex surgery for faecal incontinence (adults)	
			33B	Complex inflammatory bowel disease (adults)	
	107	Specialist dentistry services for children	23P	Specialist dentistry services for children	
	108	Specialist ear, nose and throat services for children	23D	Specialist ear, nose and throat services for children	
	109	Specialist endocrinology services for children	23E	Specialist endocrinology and diabetes services for children	
	110	Specialist gastroenterology, hepatology and nutritional support services for children	23F	Specialist gastroenterology, hepatology and nutritional support services for children	
	112	Specialist gynaecology services for children	73X	Specialist paediatric surgery services - gynaecology	
	113	Specialist haematology services for children	23H	Specialist haematology services for children	
	115B	Specialist maternity care for adults diagnosed with abnormally invasive placenta	04G	Specialist maternity care for women diagnosed with abnormally invasive placenta	
	118	Neonatal critical care services	NIC	Specialist neonatal care services	
	119	Specialist neuroscience services for children	23M	Specialist neuroscience services for children	
			07Y	Paediatric neurorehabilitation	
			08J	Selective dorsal rhizotomy	
	120	Specialist ophthalmology services for children	23N	Specialist ophthalmology services for children	
	121	Specialist orthopaedic services for children	23Q	Specialist orthopaedic services for children	

Body making the delegation	Decisions and functions delegated to the Board			Reference
	122	Paediatric critical care services	PIC	Specialist paediatric intensive care services
	125	Specialist plastic surgery services for children	23R	Specialist plastic surgery services for children
	126	Specialist rehabilitation services for patients with highly complex needs (adults and children)	07Z	Specialist rehabilitation services for patients with highly complex needs (adults and children)
	127	Specialist renal services for children	23S	Specialist renal services for children
	128	Specialist respiratory services for children	23T	Specialist respiratory services for children
	129	Specialist rheumatology services for children	23W	Specialist rheumatology services for children
	130	Specialist services for children with infectious diseases	18C	Specialist services for children with infectious diseases
	131	Specialist services for complex liver, biliary and pancreatic diseases in adults	19L	Specialist services for complex liver diseases in adults
			19P	Specialist services for complex pancreatic diseases in adults
			19Z	Specialist services for complex liver, biliary and pancreatic diseases in adults
			19B	Specialist services for complex biliary diseases in adults
	132	Specialist services for haemophilia and other related bleeding disorders (adults and children)	03X	Specialist services for haemophilia and other related bleeding disorders (Adults)
			03Y	Specialist services for haemophilia and other related bleeding disorders (Children)
	134	Specialist services to support patients with complex physical disabilities (excluding wheelchair services) (adults and children)	05P	Prosthetics (adults and children)
	135	Specialist paediatric surgery services	23X	Specialist paediatric surgery services - general surgery
	136	Specialist paediatric urology services	23Z	Specialist paediatric urology services
	139A	Specialist morbid obesity services for children	35Z	Specialist morbid obesity services for children
	139AA	Termination services for patients with medical complexity and or significant	04P	Termination services for patients with medical complexity and or significant co-morbidities requiring treatment in a specialist hospital

Body making the delegation	Decisions and functions delegated to the Board	Reference
	<table><tr><td></td><td>co-morbidities requiring treatment in a specialist hospital</td><td></td><td></td></tr><tr><td>ACC</td><td>Adult Critical Care</td><td>ACC</td><td>Adult critical care</td></tr></table>	

Delegated Limits assigned by the Board:

- NHS Bedford, Luton Milton Keynes ICB, NHS Cambridgeshire and Peterborough ICB, NHS Hertfordshire and West Essex ICB - Transitional Delegated Financial Limits

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Approval of new revenue investment, business cases, general expenditure and any subsequent amendments / variations	All approvals in line with Board approved annual financial plans The limits refer to the total cost of the financial commitment	Up to £10m	Up to £1m	Up to £5m	Up to £1m	Up to £1m	Up to £500k	Up to £250k	Up to £5k	-
	Multi-year commitments or spend outside of Board approved annual financial plans The limits refer to the total cost of the financial commitment	Up to £10m	-	-	Up to £1m	Up to £1m	-	-	-	-

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Approval of new ICB capital business cases and any subsequent variations	ICB capital spend only and within overall confirmed capital allocations The limits refer to the total cost of the financial commitment	Up to £10m	Up to £1m	Up to £1m	-	-	-	-	-	-
Contract signatures	Signing of contracts including contract variations, extensions and letters of intent. The limits refer to the lifetime value of the contract inclusive of any break clauses All contracts in line with approved business cases and financial plans	-	-	-	Over £100m	Up to £100m	Up to £10m	Up to £5m	-	-

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Invoice / Purchase Order approvals	All values inclusive of VAT regardless of whether this is reclaimable All invoices and purchase orders in line with specific approval requirements as needed and financial plans	-	-	-	Over £5m	Up to £5m	Up to £2m	Up to £1m	Up to £250k	Up to £5k
Payment authorisations	For payment of previously approved invoices in line with governance and financial plans	-	-	-	Over £100m	Over £100m	-	Up to £50m (Director of Finance only)	Up to £25m (Finance directorate only)	Up to £5m (Finance directorate only)
Approval of CHC packages	In line with approved financial plans Limits refer to the weekly package cost	-	-	-	Over £10,000 per week	Up to £10,000 per week	Up to £10,000 per week	Up to £8,000 per week	Up to £6,500 per week	Up to £2,500 per week
Approval of Individual Funding Requests	In line with approved financial plans Limits refer to the total value of the package	-	-	-	Over £100k	Up to £100k	Up to £100k	Up to £75k	Up to £50k	-

		Delegated by the ICB Board to:								
Decision	**Further context**	**Finance, Planning and Payer Function Committee**	**Neighbourhood Health Delivery Committee**	**Management Committee**	**CEO**	**Executive Director of Finance, Resources and Contracts (CFO)**	**Other Board level Executive Director**	**Other Director**	**Band 8d and above**	**Band 8a and above**
Procurement tenders	Limits for quotes and tenders – inclusive of VAT whether recoverable or not Amounts refer to total value of tender	Up to £10m	Up to £1m	Up to £5m	Up to £1m	Up to £1m	Up to £500k	Up to £250k	-	-
	Authorisation to receive less than the requisite number of tenders, including a single tender / quote Amounts refer to the total value of tender	Over £1m	-	-	Up to £1m	Up to £250k	-	-	-	-

- ***Primary Care Commissioning Committee's***
- Existing Primary Care Commissioning Committee's will continue to operate for a transitional period while the next level of governance is developed. Items for approval in excess of existing delegated limits for Primary Care will be considered by the Finance, Planning and Payer Committee (Joint Committee for BLMK ICB and C&P ICB, held in-common with HWE ICB Strategic Finance and Commissioning Committee). This will be reviewed during the transitional period alongside the remit for the development of the Neighbourhood Health Delivery Committee.

Appendix 5

NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board

NHS Cambridgeshire and Peterborough

NHS Hertfordshire and West Essex Integrated Care Board

Working in partnership as Central East

Transition Governance – Transition to Central East Cluster (Bedfordshire Luton & Milton Keynes ICB, Cambridgeshire & Peterborough ICB, and Herts and West Essex ICB working in partnership)

Function and Decision Mapping

Version 1 – 17 October 2025

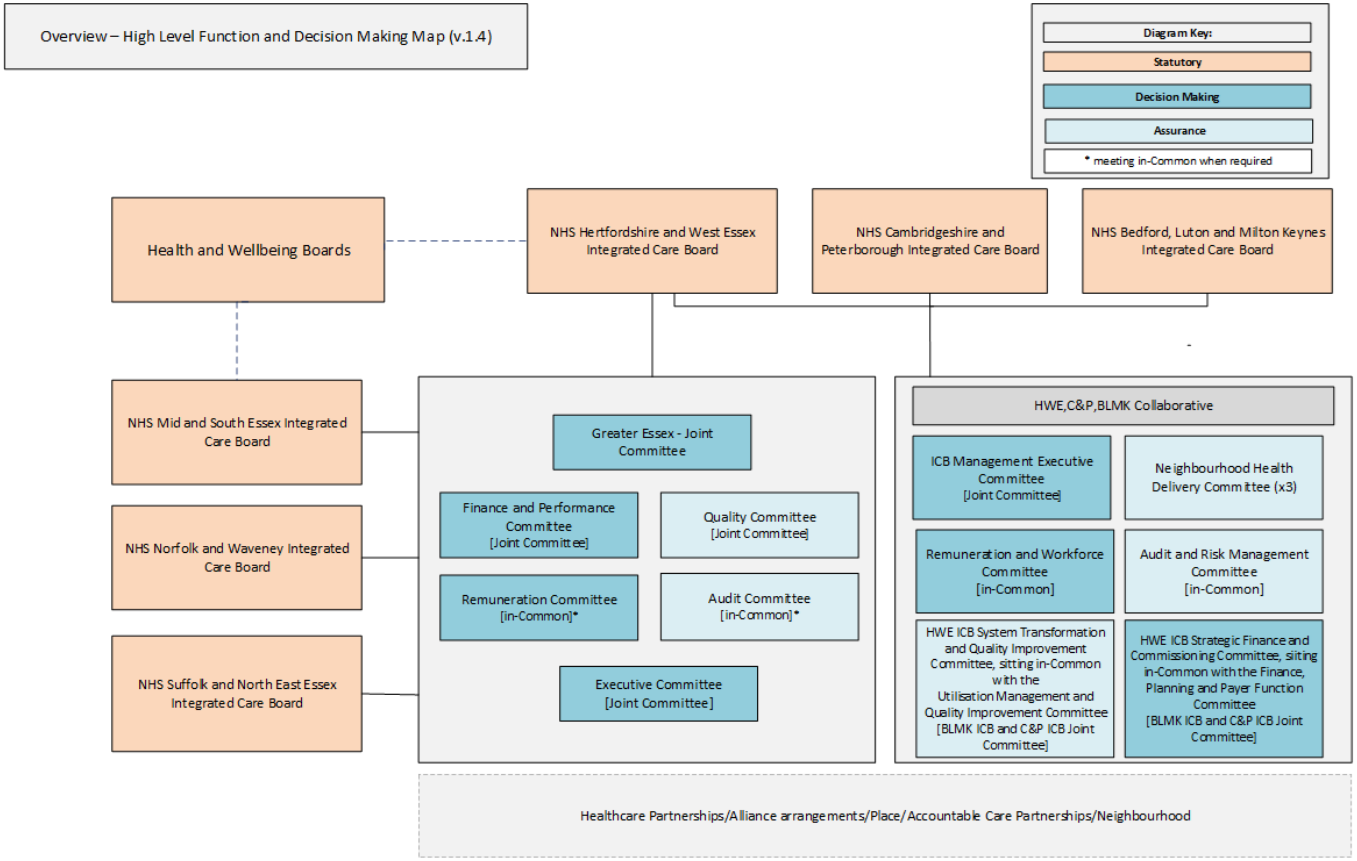
Purpose

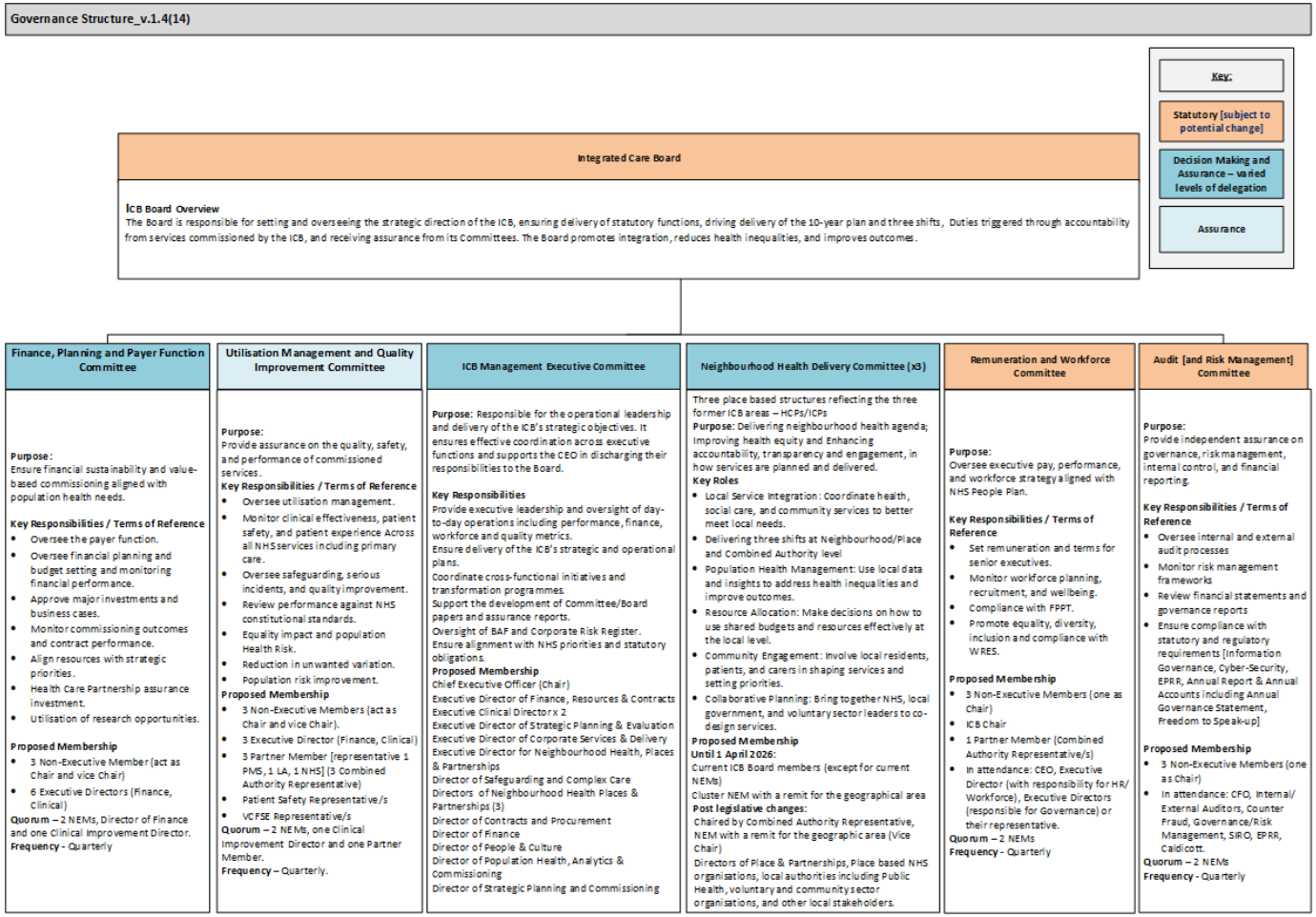
The Central East cluster Functions and Decisions Map sets out the governance arrangements that support collective accountability between partner organisations for whole-system delivery and performance. The purpose of this Functions and Decisions Map is to facilitate transparent decision-making and foster the culture and behaviours that enable system working.

This document details the health commissioning duties ofthe three Integrated Care Board (ICB)s within the Cluster. It does not detail the wider system duties of the Integrated Care Partnership (ICP). It has been reviewed to reflect the governance arrangements th at have developed since establishment, and reflects changes made to assure delivery of our statutory duties, the NHS elements of theJoint Forward Plan delivery and the ICS Outcomes Framework.

This document should be read in conjunction with the ICB Constitution, ICB Statutory Functions document and the Scheme of Reservations and Delegations document.

Overview – Central East High Level Function Map




Governance Structure_v.1.4(14)
Key:
Statutory [subject to potential change]
Decision Making and Assurance – varied levels of delegation
Assurance
Integrated Care Board
ICB Board Overview
The Board is responsible for setting and overseeing the strategic direction of the ICB, ensuring delivery of statutory functions, driving delivery of the 10-year plan and three shifts, Duties triggered through accountability from services commissioned by the ICB, and receiving assurance from its Committees. The Board promotes integration, reduces health inequalities, and improves outcomes.
Finance, Planning and Payer Function Committee
Purpose:
Ensure financial sustainability and value-based commissioning aligned with population health needs.
Key Responsibilities / Terms of Reference
Oversee the payer function.
Oversee financial planning and budget setting and monitoring financial performance.
Approve major investments and business cases.
Monitor commissioning outcomes and contract performance.
Align resources with strategic priorities.
Health Care Partnership assurance investment.
Utilisation of research opportunities.
Proposed Membership
3 Non-Executive Member (act as Chair and vice Chair)
6 Executive Directors (Finance, Clinical)
Quorum – 2 NEMs, Director of Finance and one Clinical Improvement Director.
Frequency - Quarterly
Utilisation Management and Quality Improvement Committee
Purpose:
Provide assurance on the quality, safety, and performance of commissioned services.
Key Responsibilities / Terms of Reference
Oversee utilisation management.
Monitor clinical effectiveness, patient safety, and patient experience Across all NHS services including primary care.
Oversee safeguarding, serious incidents, and quality improvement.
Review performance against NHS constitutional standards.
Equality impact and population Health Risk.
Reduction in unwanted variation.
Population risk improvement.
Proposed Membership
3 Non-Executive Members (act as Chair and vice Chair).
3 Executive Director (Finance, Clinical)
3 Partner Member [representative 1 PMS, 1 LA, 1 NHS] (3 Combined Authority Representative)
Patient Safety Representative/s
VCFSE Representative/s
Quorum – 2 NEMs, one Clinical Improvement Director and one Partner Member.
Frequency – Quarterly.
ICB Management Executive Committee
Purpose: Responsible for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.
Key Responsibilities
Provide executive leadership and oversight of day-to-day operations including performance, finance, workforce and quality metrics.
Ensure delivery of the ICB's strategic and operational plans.
Coordinate cross-functional initiatives and transformation programmes.
Support the development of Committee/Board papers and assurance reports.
Oversight of BAF and Corporate Risk Register.
Ensure alignment with NHS priorities and statutory obligations.
Proposed Membership
Chief Executive Officer (Chair)
Executive Director of Finance, Resources & Contracts
Executive Clinical Director x 2
Executive Director of Strategic Planning & Evaluation
Executive Director of Corporate Services & Delivery
Executive Director for Neighbourhood Health, Places & Partnerships
Director of Safeguarding and Complex Care
Directors of Neighbourhood Health Places & Partnerships (3)
Director of Contracts and Procurement
Director of Finance
Director of People & Culture
Director of Population Health, Analytics & Commissioning
Director of Strategic Planning and Commissioning
Neighbourhood Health Delivery Committee (x3)
Three place based structures reflecting the three former ICB areas – HCPs/ICPs
Purpose: Delivering neighbourhood health agenda; Improving health equity and Enhancing accountability, transparency and engagement, in how services are planned and delivered.
Key Roles
Local Service Integration: Coordinate health, social care, and community services to better meet local needs.
Delivering three shifts at Neighbourhood/Place and Combined Authority level
Population Health Management: Use local data and insights to address health inequalities and improve outcomes.
Resource Allocation: Make decisions on how to use shared budgets and resources effectively at the local level.
Community Engagement: Involve local residents, patients, and carers in shaping services and setting priorities.
Collaborative Planning: Bring together NHS, local government, and voluntary sector leaders to co-design services.
Proposed Membership
Until 1 April 2026:
Current ICB Board members (except for current NEMs)
Cluster NEM with a remit for the geographical area
Post legislative changes:
Chaired by Combined Authority Representative, NEM with a remit for the geographic area (Vice Chair)
Directors of Place & Partnerships, Place based NHS organisations, local authorities including Public Health, voluntary and community sector organisations, and other local stakeholders.
Remuneration and Workforce Committee
Purpose:
Oversee executive pay, performance, and workforce strategy aligned with NHS People Plan.
Key Responsibilities / Terms of Reference
Set remuneration and terms for senior executives.
Monitor workforce planning, recruitment, and wellbeing.
Compliance with FPPT.
Promote equality, diversity, inclusion and compliance with WRES.
Proposed Membership
3 Non-Executive Members (one as Chair)
ICB Chair
1 Partner Member (Combined Authority Representative/s)
In attendance: CEO, Executive Director (with responsibility for HR/ Workforce), Executive Directors (responsible for Governance) or their representative.
Quorum – 2 NEMs
Frequency - Quarterly
Audit [and Risk Management] Committee
Purpose:
Provide independent assurance on governance, risk management, internal control, and financial reporting.
Key Responsibilities / Terms of Reference
Oversee internal and external audit processes
Monitor risk management frameworks
Review financial statements and governance reports
Ensure compliance with statutory and regulatory requirements [Information Governance, Cyber-Security, EPRR, Annual Report & Annual Accounts including Annual Governance Statement, Freedom to Speak-up]
Proposed Membership
3 Non-Executive Members (one as Chair)
In attendance: CFO, Internal/ External Auditors, Counter Fraud, Governance/Risk Management, SIRO, EPRR, Caldicott.
Quorum – 2 NEMs
Frequency - Quarterly

Central East Decision-Making Tiers

Tier 1 – Decisions reserved to the Board

Tier 2 – Decisions reserved to the Board Committees (delegated from the Board)

Tier 3 - Programme Board or Sub -Committee similar (Committee or Director delegation)

Tier 4 - Working Groups or Steering Group or Task and Finish Group

ICB Sub-Board Structures – Audit and Risk Committee

Purpose: Provide independent assurance on governance, risk management, internal control, and financial reporting.

Key Responsibilities

- Oversee internal and external audit processes
- Monitor risk management frameworks including deep dives on system-wide risks
- Review financial statements and governance reports
- Ensure compliance with statutory and regulatory requirements [Information Governance, Cyber Security, EPRR, Annual Report & Annual Accounts including Annual Governance Statement, Freedom to Speak Up].
- Health Care Partnership assurance

Tier 3	Information Governance & Cyber Security	Emergency Preparedness Resilience and Response	Local Health Resilience Partnership	Risk Oversight via Management Executive Committee	
Tier 4	Digital Platform Programme Board (ICS) ?				
Other	ICB Auditor Panel				

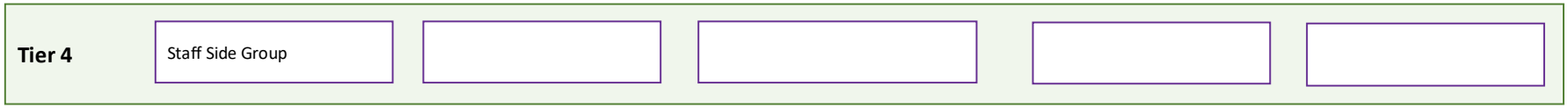
Statutory Committee

ICB Sub-Board Structures – Remuneration & Workforce Committee

Purpose: Oversee executive pay, performance, and workforce strategy aligned with NHS People Plan.

Key Responsibilities

- Set remuneration and terms for senior executives
- Monitor workforce planning, recruitment, and wellbeing
- Compliance with FPPT
- Promote equality, diversity and, inclusion and compliance with WRES.



All supporting forums

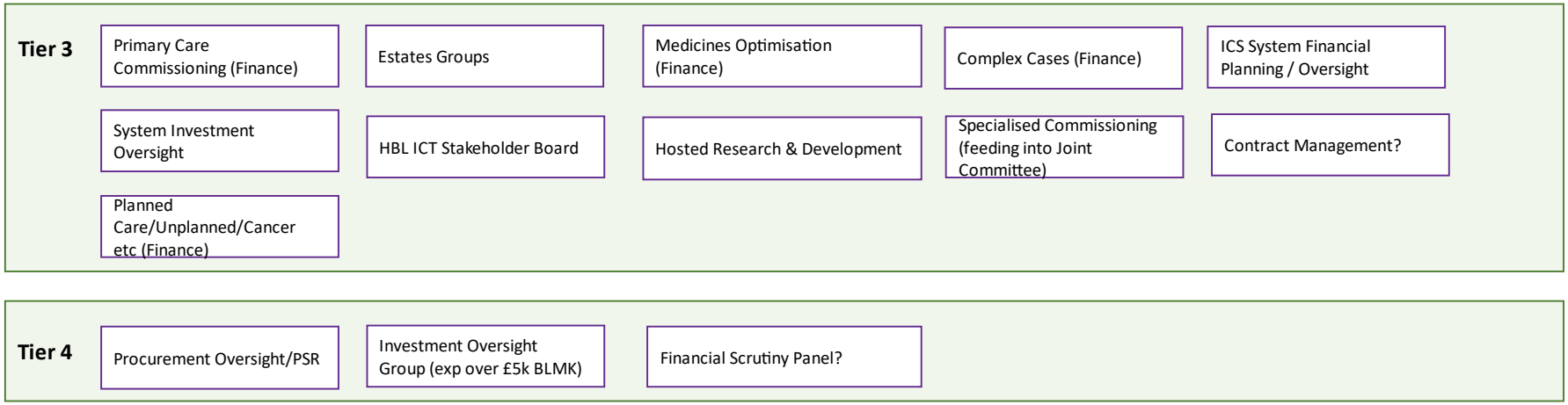
Statutory Committee

ICB Sub-Board Structures – Finance Planning & Payer Function Committee

Purpose: Ensure financial sustainability and value-based commissioning aligned with population health needs.

Key Responsibilities

- Oversee financial planning, budget setting and monitoring financial performance
- Approve major investments and business cases
- Monitor commissioning outcomes and contract performance
- Align resources with strategic priorities
- Neighbourhood Health Delivery Committee assurance investment



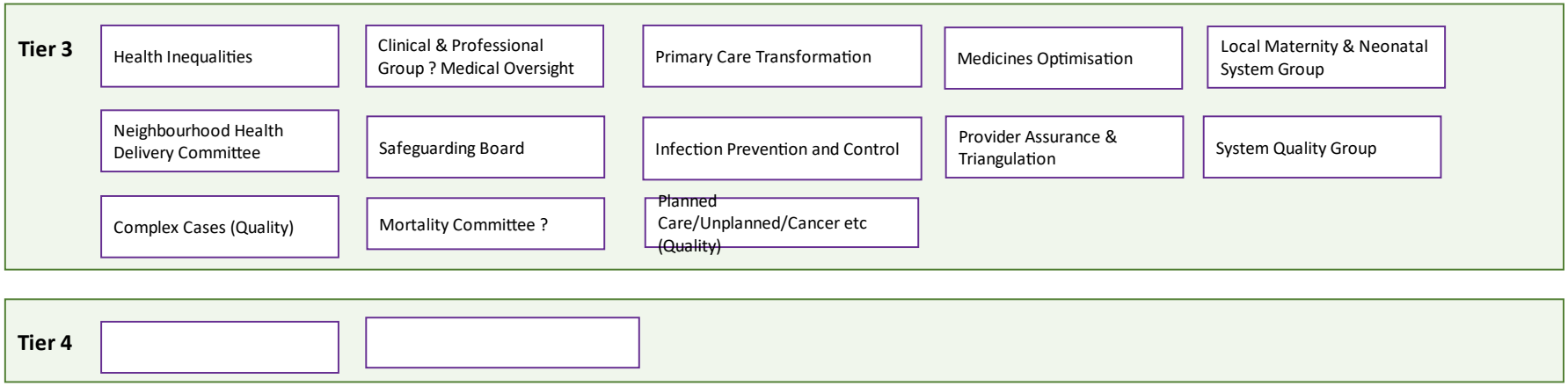
Non-Statutory Committee

ICB Sub-Board Structures – Utilisation Management & Quality Improvement Committee

Purpose: Provide assurance on the quality, safety, and performance of commissioned services.

Key Responsibilities

- Monitor clinical effectiveness, patient safety, and patient experience across all NHS services including primary care
- Oversee safeguarding, serious incidents, and quality improvement
- Review outcomes against NHS constitutional standards
- Equality impact and population health risk



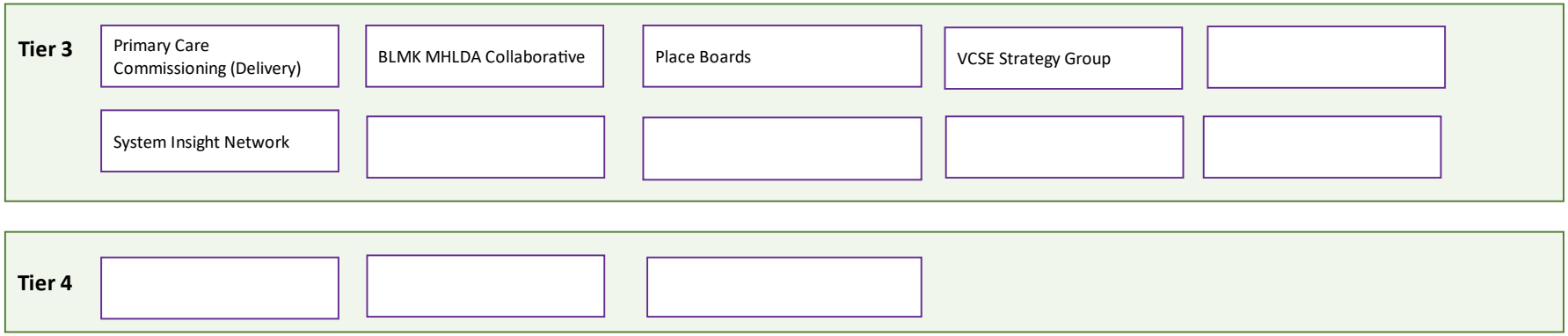
Non Statutory Committee

ICB Sub-Board Structures – BLMK Neighbourhood Health Delivery Committees (transition – current ICP)

Purpose: Ensure financial sustainability and value-based commissioning aligned with population health needs.

Key Responsibilities

- Oversee financial planning, budget setting and monitoring financial performance
- Approve major investments and business cases
- Monitor commissioning outcomes and contract performance
- Align resources with strategic priorities
- Health Care Partnership assurance investment



All supporting forums

Statutory Committee

ICB Sub-Board Structures - C&P Neighbourhood Health Delivery Committee (transition – current ICP/Joint Health and Wellbeing Board)

Purpose: Ensure financial sustainability and value-based commissioning aligned with population health needs.

Key Responsibilities

- Oversee financial planning, budget setting and monitoring financial performance
- Approve major investments and business cases
- Monitor commissioning outcomes and contract performance
- Align resources with strategic priorities
- Health Care Partnership assurance investment

Tier 3

- Primary Care Commissioning (Delivery)
- Community Board
- C&P MHLD&A Board
- Children
- Place Boards (North & South)
- Patient Group

Tier 4

All supporting forums

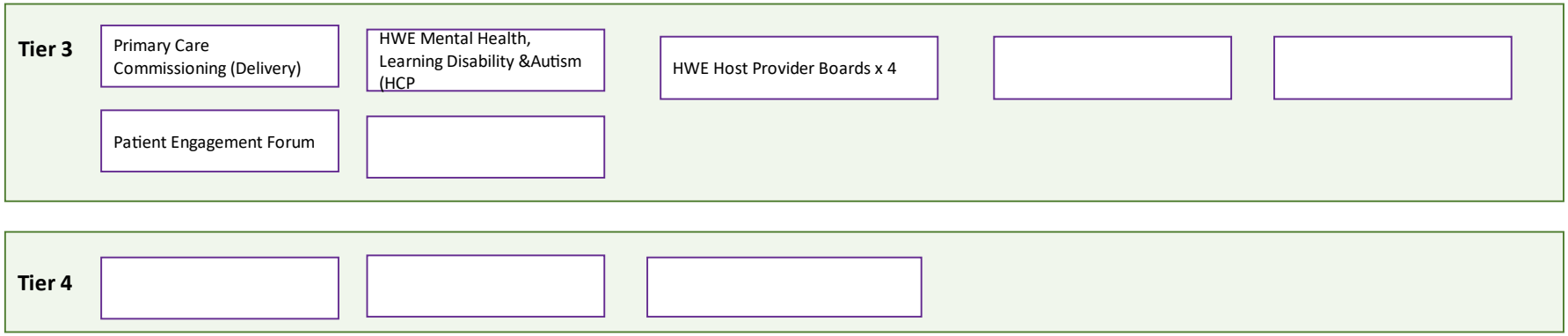
Statutory Committee

ICB Sub-Board Structures – HWE(H) Neighbourhood Health Delivery Committee (transition ICP)

Purpose: Ensure financial sustainability and value-based commissioning aligned with population health needs.

Key Responsibilities

- Oversee financial planning, budget setting and monitoring financial performance
- Approve major investments and business cases
- Monitor commissioning outcomes and contract performance
- Align resources with strategic priorities
- Health Care Partnership assurance investment

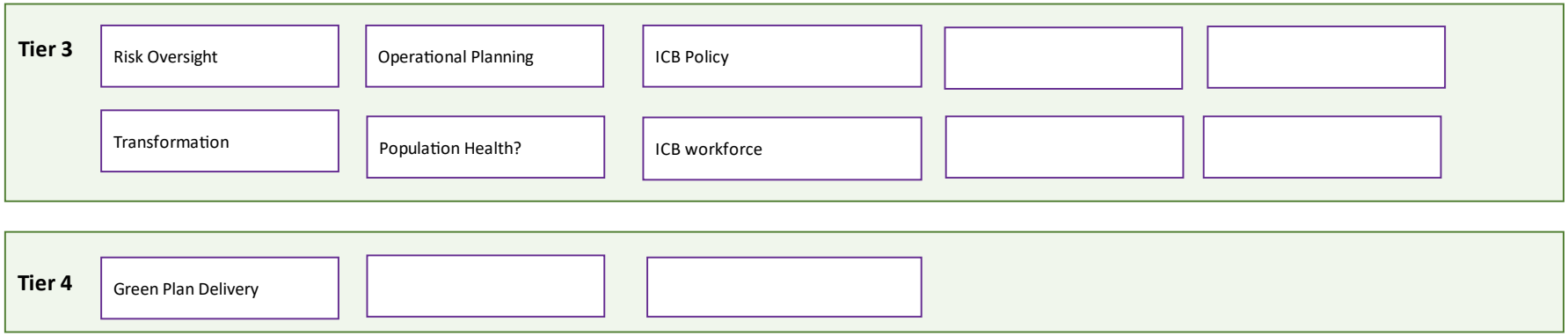


ICB Sub-Board Structures – Management Executive Committee

Purpose: Responsible for the operational leadership and delivery of the ICB's strategic objectives. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.

Key Responsibilities

- Provide executive leadership and oversight of day-to-day operations including performance, finance, workforce, and quality metrics.
- Ensure delivery of the ICB's strategic and operational plans
- Coordinate cross-functional initiatives and transformation programmes
- Support the development of Committee/Board papers and assurance reports
- Oversight of the Board Assurance Framework and Corporate Risk Register
- Ensure alignment with NHS priorities and statutory obligations.



All supporting forums

Statutory Committee

Bedfordshire, Luton and Milton Keynes
Integrated Care Board

Appendix 6.1

BLMK ICB

STANDING FINANCIAL INSTRUCTIONS

Standing Financial Instructions

1.0 Purpose and statutory framework

1.1 These Standing Financial Instructions (SFIs) shall have effect as if incorporated into the Integrated Care Board's (ICB) Constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its Constitution.

1.2 In accordance with the Act as amended, NHS England is mandated to publish guidance for ICBs, to which each ICB must have regard, in order to discharge their duties.

1.3 The purpose of this governance document is to ensure that the ICB fulfils its statutory duty to carry out its functions effectively, efficiently and economically. The SFIs are part of the ICB's control environment for managing the organisation's financial affairs as they are designed to ensure regularity and propriety of financial transactions.

1.4 SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.

1.5 The ICB is established under Chapter A3 of Part 2 of the National Health Service Act 2006, as inserted by the Health and Care Act 2022 and has the general function of arranging for the provision of services for the purposes of the health services in England in accordance with the Act.

1.6 Each ICB is to be established by order made by NHS England for an area within England, the order establishing an ICB makes provision for the Constitution of the ICB.

1.7 All members of the ICB (its Board) and all other Officers should be aware of the existence of these documents and be familiar with their detailed provisions. The ICB SFIs will be made available to all Officers on the intranet and internet website for each statutory body.

1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the Chief Executive or the Chief Finance Officer must be sought before acting.

1.9 Failure to comply with the SFIs may result in disciplinary action in accordance with the ICBs applicable disciplinary policy and procedure in operation at that time.

2.0 Scope

2.1 All officers of the ICB, without exception, are within the scope of the SFIs without limitation. The term officer includes, permanent employees, secondees and contract workers.

2.2 Within this document, words imparting any gender include any other gender. Words in the singular include the plural and words in the plural include the singular.

2.3 Any reference to an enactment is a reference to that enactment as amended.

2.4 Unless a contrary intention is evident, or the context requires otherwise, words or expressions contained in this document, will have the same meaning as set out in the applicable Act.

3.0 Roles and Responsibilities

Staff

3.1 All ICB Officers are severally and collectively, responsible to their respective employer(s) for:

- Abiding by all conditions of any delegated authority.
- The security of the statutory organisations property and avoiding all forms of loss.
- Ensuring integrity, accuracy, probity and value for money in the use of resources; and,
- Conforming to the requirements of these SFIs.

Accountable Officer

3.2 The ICB Constitution provides for the appointment of the Chief Executive by the ICB Chair. The Chief Executive is the Accountable Officer for the ICB and is personally accountable to NHS England for the stewardship of ICBs allocated resources.

3.3 The Chief Finance Officer reports directly to the ICB Chief Executive Officer and is professionally accountable to the NHS England regional finance director.

3.4 The Chief Executive will delegate to the Chief Finance Officer the following responsibilities in relation to the ICB:

- Preparation and arranging the audit of annual accounts.
- Adherence to the directions from NHS England in relation to accounts preparation.
- Ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners.
- Ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss.
- Meeting statutory requirements relating to taxation.
- Ensuring that there are suitable financial systems in place (see section 6).
- Advising the Board of the financial targets set for it by NHS England and the need to meet those targets.
- Using incidental powers such as management of ICB assets, entering commercial agreements
- Ensuring the Governance statement and annual accounts and reports are signed.

- Ensuring 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.
- Making use of benchmarking to make sure that funds are deployed as effectively as possible.
- Notifying executive members (partner members and non-executive members) and other officers of, and understand, their responsibilities within the SFIs.
- Ensuring specific responsibilities and delegation of authority to specific job titles are confirmed.
- Financial leadership and financial performance of the ICB.
- Identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and,
- Supporting a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

Audit and Risk Assurance Committee

3.5 The Board and Accountable Officer are supported by an Audit and Risk Assurance Committee, which provides proactive support to the Board in advising on:

- The management of key risks.
- The strategic processes for risk.
- The operation of internal controls.
- Control and governance and the governance statement.
- The accounting policies, the accounts, and the annual report of the ICB.
- The process for reviewing of the accounts prior to submission for audit, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.

4.0 Management accounting and business management

4.1 The Chief Finance Officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.2 The Chief Finance Officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.3 The Chief Finance Officer will ensure:

- The promotion of compliance to the SFIs through an assurance certification process.
- The promotion of long-term financial heath for the NHS system (including ICS).
- Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for.
- The improvement of financial literacy of budget holders with the appropriate level of expertise and systems training.

- That the budget holders are supported in proportion to the operational risk; and,
- The implementation of financial and resources plans that support the NHS Long term plan objectives.

4.4 In addition, the Chief Finance Officer should have financial leadership responsibility for the following statutory duties:

- The duty of the ICB to perform its functions so as to secure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and,
- The duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.

4.5 The Chief Finance Officer and any senior officer responsible for finance within the ICB should also promote a culture where budget holders and decision makers consult their finance business partners in key strategic decisions that carry a financial impact.

5.0 Income, banking arrangements and debt recovery

Income

5.1 The ICB has power to do anything specified in section 7(2) of the Health and Medicines Act 1988 for the purpose of making additional income available for improving the health service.

5.2 The Chief Finance Officer is responsible for:

- Ensuring 'order to cash' practices are designed and operated to support, efficient, accurate and timely invoicing and receipting of cash. The processes and procedures should be standardised and harmonised across the NHS System by working cooperatively with the Shared Services provider; and,
- Ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks.

Banking

5.3 The Chief Finance Officer is responsible for ensuring the ICB complies with any directions issued by the Secretary of State with regards to the use of specified banking facilities for any specified purposes.

5.4 The Chief Finance Officer will ensure that:
The ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and,

- The ICB has effective cash management policies and procedures in place.

Debt management

5.5 The Chief Finance Officer is responsible for the ICB debt management strategy.

5.6 This includes:

- A debt management strategy that covers end-to-end debt management from debt creation to collection or write-off in accordance with the losses and special payment procedures.
- Ensuring the debt management strategy covers a minimum period of 3 years and must be reviewed and endorsed by the Board every 12 months to ensure relevance and provide assurance.
- Accountability to the Board that debt is being managed effectively.
- Accountabilities and responsibilities are defined with regards to debt management to budget holders; and,
- Responsibility to appoint a senior officer responsible for day to day management of debt.

6.0 Financial systems and processes

Provision of finance systems

6.1 The Chief Finance Officer is responsible for ensuring systems and processes are designed and maintained for the recording and verification of finance transactions such as payments and receivables for the ICB.

6.2 The systems and processes will ensure, inter alia, that payment for goods and services is made in accordance with the provisions of these SFIs, related procurement guidance and prompt payment practice.

6.3 As part of the contractual arrangements for ICBs officers will be granted access where appropriate to the Integrated Single Financial Environment ("ISFE"). This is the required accounting system for use by ICBs. Access is based on single access log on to enable users to perform core accounting functions such as to transacting and coding of expenditure/income in fulfilment of their roles.

6.4 The Chief Finance Officer will, in relation to financial systems:

- Promote awareness and understanding of financial systems, value for money and commercial issues.
- Ensure that transacting is carried out efficiently in line with current best practice – e.g., e-invoicing.
- Ensure that the ICB meets the required financial and governance reporting requirements as a statutory body by the effective use of finance systems.
- Enable the prevention and the detection of inaccuracies and fraud, and the reconstitution of any lost records.
- Ensure that the financial transactions of the ICB are recorded as soon as, and as accurately as, reasonably practicable.
- Ensure publication and implementation of all ICB business rules and ensure that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB.
- Ensure that risk is appropriately managed.
- Ensure identification of the duties of officers dealing with financial transactions and division of responsibilities of those officers.
- Ensure the ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the ICB.

- Ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes; and,
- Where another health organisation or any other agency provides a computer service for financial applications, the Chief Finance Officer shall periodically seek assurances that adequate controls are in operation.

7.0 Procurement and purchasing

Principles

7.1 The Chief Finance Officer will take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting, monitoring and performance arrangements in place to ensure the delivery of effective health services.

7.2 The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR) and associated statutory requirements whilst securing value for money and sustainability.

7.3 The ICB must consider, as appropriate, any applicable NHS England guidance that does not conflict with the above.

7.4 The ICB must have a Procurement Policy which sets out all of the legislative requirements.

7.5 All revenue and non-pay expenditure must be approved, in accordance with the ICB business case policy, prior to an agreement being made with a third party that enters a commitment to future expenditure.

7.6 All officers must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB Conflicts of Interest Management and Standards of Business Conduct Policy.

7.7 Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for. This includes obtaining the necessary internal and external approvals which vary based on the type of spend, prior to procuring the goods, services or works.

7.8 Undertake any contract variations or extensions in accordance with Public Contracts Regulations 2015 and the ICB procurement policy.

7.9 Retrospective expenditure approval should not be permitted. Any such retrospective breaches require approval from any Committee responsible for approvals before the liability is settled. Such breaches must be reported to the Audit and Risk Assurance Committee.

8.0 Staff costs and staff related non pay expenditure

Chief People Officer

8.1 The Chief People Officer will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the Integrated Care System.

8.2 Operationally the Chief People Officer will be responsible for:

- Defining and delivering the organisation's overall human resources strategy and objectives; and,
- Overseeing delivery of human resource services to ICB employees.

8.3 The Chief People Officer will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

8.4 Where a third-party payroll provider is engaged, the Chief People Officer shall closely manage this supplier through effective contract management.

8.5 The Chief People Officer is responsible for management and governance frameworks that support the ICB employees' life cycle.

9.0 Annual reporting and Accounts

9.1 The Chief Finance Officer will ensure, on behalf of the Accountable Officer and Board of the ICB, that:

- The ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the organisation; and,
- The ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year.

9.2 An annual report must, in particular, explain how the ICB has:

- Discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement.
- Review the extent to which the Board has exercised its functions in accordance with its published five year forward plan and capital resource use plan; and,
- Review any steps that the Board has taken to implement any joint local health and wellbeing strategy.

9.3 NHS England may give directions to the ICB as to the form and content of an annual report.

9.4 The ICB must give a copy of its annual report to NHS England by the date specified by NHS England in a direction and publish the report.

Internal Audit

9.5 The Chief Executive, as the Accountable Officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the Chief Finance Officer to ensure that:

- All internal audit services provided under arrangements proposed by the Chief Finance Officer are approved the Board of the ICB.
- The ICB has an internal audit charter. The internal audit charter must be prepared in accordance with the Public Sector Internal Audit Standards (PSIAS).
- The ICB internal audit charter and annual audit plan, have been endorsed by the ICB Accountable Officer, Audit and Risk Assurance Committee and Board.
- The Head of Internal Audit provides an annual opinion on the overall adequacy and effectiveness of the Board's framework of governance, risk management and internal control as they operated during the year, based on a systematic review and evaluation.
- The Head of Internal Audit attends Audit and Risk Assurance Committee meetings and has a right of access to all audit and risk assurance Committee members, the Chair and Chief Executive of the ICB.
- The appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.

External Audit

9.6 The Chief Finance Officer is responsible for:

- Liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements.
- Ensuring that the ICB appoints an auditor in accordance with the Local Audit and Accountability Act 2014; in particular, the ICB must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year; the ICB must appoint a local auditor at least once every 5 years (ICBs will be informed of the transitional arrangements at a later date); and,
- Ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.

10.0 Losses and special payments

10.1 HM Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.

10.2 The Chief Finance Officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risks from losses and special payments.

10.3 NHS England has the statutory power to require an Integrated Care Board to provide NHS England with information. The information, is not limited to losses and special payments, must be provided in such form, and at such time or within such period, as NHS England may require.

10.4 ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments.

10.5 All losses and special payments (including special severance payments) must be reported to the Audit and Risk Assurance Committee.

10.6 For detailed operational guidance on losses and special payments, please refer to the ICB Losses and Special Payment Policy, which includes delegated limits.

11.0 Fraud, bribery and corruption (Economic crime)

11.1 The ICB is committed to identifying, investigating and preventing economic crime.

11.2 The Chief Finance Officer is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the Board and Audit and Risk Assurance Committee, and defined roles and accountabilities for those involved as part of the process of providing assurance to the Board.

11.3 These arrangements should comply with the NHS requirements set out in Government Functional Standard 013 Counter Fraud as issued by NHS Counter Fraud Authority and any guidance issued by NHS England.

12.0 Capital Investments and security of assets and Grants

12.1 The Chief Finance Officer is responsible for:

- Ensuring that at the commencement of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use.
- Ensuring that the ICB and its partner NHS trusts and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year local capital resource use does not exceed the limit specified in a direction by NHS England.
- Ensuring the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from the ICB's predecessor Clinical Commissioning Group.
- Ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans.

- Ensuring that there are processes in place for the management of all stages of capital schemes, that will ensure that schemes are delivered on time and to cost.
- Ensuring that capital investment is not authorised without evidence of availability of resources to finance all revenue consequences; and,
- Ensuring there are processes in place to ensure that a business case is produced for every capital expenditure proposal.

12.2 Capital commitments typically cover land, buildings, equipment, capital grants to third parties and IT, including:

- Authority to spend capital or make a capital grant, and,
- Authority to enter into leasing arrangements.

12.3 Advice should be sought from the Chief Finance Officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

12.4 For operational purposes, the ICB shall have nominated senior officers accountable for ICB property assets and for managing property.

12.5 ICBs shall have a defined and established property governance and management framework, which should:

- Ensure the ICB asset portfolio supports its business objectives; and,
- Comply with NHS England policies and directives and with this standard.

12.6 Disposals of surplus assets should be made in accordance with published guidance and should be supported by a business case which should contain an appraisal of the options and benefits of the disposal in the context of the wider public sector and to secure value for money.

Grants

12.7 The Chief Finance Officer is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to:

- Any of its partner NHS trusts or NHS foundation trusts; and,
- To a voluntary organisation, by way of a grant or loan.

12.8 All revenue grant applications should be regarded as competed as a default position, unless there are justifiable reasons why the classification should be amended to non-competed.

13.0 Legal and insurance

13.1 This section applies to any legal cases threatened or instituted by or against the ICB. The ICB should have policies and procedures detailing:

- Engagement of solicitors / legal advisors.

- Approval and signing of documents which will be necessary in legal proceedings; and,
- Officers who can commit or spend ICB revenue resources in relation to settling legal matters.

13.2 ICBs are advised not to buy commercial insurance to protect against risk unless it is part of a risk management strategy that is approved by the Accountable Officer.

Cambridgeshire and Peterborough Integrated Care Board

Standing Financial Instructions

Draft v1.3
Approved by CP ICB – 01.07.22
Incorporated into the ICB Governance Handbook

Contents

Contents 2

1. Purpose and statutory framework 3

2. Scope 3

3. Roles and Responsibilities 4

3.1 Staff 4

3.2 Accountable Officer 4

3.3 Audit and Risk Committee 5

4. Management accounting and business management 5

5. Income, banking arrangements and debt recovery 6

5.1 Income ..... **Error! Bookmark not defined.**

5.2 Banking 6

5.3 Debt management 6

6. Financial systems and processes 7

6.1 Provision of finance systems 7

7. Procurement and purchasing 8

7.1 Principles 8

8. Staff costs and staff related non pay expenditure 8

8.1 Chief People Officer 8

9. Annual reporting and Accounts 9

9.4 Internal audit 9

9.5 External Audit 10

10. Losses and special payments 10

11. Fraud, bribery & corruption (Economic crime) 10

12. Capital Investments & security of assets and grants 11

13. Grants 11

14. Legal and insurance 12

1. Purpose and statutory framework

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1.4 SFIs define the purpose, responsibilities, legal framework and operating environment of the ICB. They enable sound administration, lessen the risk of irregularities and support commissioning and delivery of effective, efficient and economical services.

1.5 The ICB is established under Chapter A3 of Part 2 of the National Health Service Act 2006, as inserted by the Health and Care Act 2022 and has the general function of arranging for the provision of services for the purposes of the health services in England in accordance with the Act.

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1.9 Failure to comply with the SFIs may result in disciplinary action in accordance with the ICBs applicable disciplinary policy and procedure in operation at that time.

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3. Roles and Responsibilities

3.1 Staff

3.1.1. All ICB Officers are severally and collectively, responsible to their respective employer(s) for:

- abiding by all conditions of any delegated authority;
- the security of the statutory organisations property and avoiding all forms of loss;
- ensuring integrity, accuracy, probity and value for money in the use of resources; and
- conforming to the requirements of these SFIs

3.2 Accountable Officer

3.2.1 The ICB constitution provides for the appointment of the chief executive by the ICB chair. The chief executive is the accountable officer for the ICB and is personally accountable to NHS England for the stewardship of ICBs allocated resources.

3.2.2 The chief financial officer reports directly to the ICB chief executive officer and is professionally accountable to the NHS England regional finance director.

3.2.3 The chief executive will delegate to the chief financial officer the following responsibilities in relation to the ICB:

- preparation and audit of annual accounts;
- adherence to the directions from NHS England in relation to accounts preparation;
- ensuring that the allocated annual revenue and capital resource limits are not exceeded, jointly, with system partners;
- ensuring that there is an effective financial control framework in place to support accurate financial reporting, safeguard assets and minimise risk of financial loss;
- meeting statutory requirements relating to taxation;
- ensuring that there are suitable financial systems in place (see Section 6)
- meets the financial targets set for it by NHS England;
- use of incidental powers such as management of ICB assets, entering commercial agreements;
- ensuring the Governance statement and annual accounts & reports are signed;
- ensuring 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;
- making use of benchmarking to make sure that funds are deployed as effectively as possible;
- executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;
- specific responsibilities and delegation of authority to specific job titles are confirmed;

- financial leadership and financial performance of the ICB;
- identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and
- the chief financial officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

3.3 Audit and Risk Committee

3.3.1 The board and accountable officer should be supported by an audit and risk committee, which should provide proactive support to the board in advising on:

- the management of key risks
- the strategic processes for risk;
- the operation of internal controls;
- control and governance and the governance statement;
- the accounting policies, the accounts, and the annual report of the ICB;
- the process for reviewing of the accounts prior to submission for audit, management's letter of representation to the external auditors; and the planned activity and results of both internal and external audit.

4. Management accounting and business management

4.1 The chief financial officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.2 The chief financial officer will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.3 The chief financial officer will ensure:

- the promotion of compliance to the SFIs through an assurance certification process;
- the promotion of long term financial heath for the NHS system (including ICS);
- budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for:
    - the improvement of financial literacy of budget holders with the appropriate level of expertise and systems training;
    - that the budget holders are supported in proportion to the operational risk; and
    - the implementation of financial and resources plans that support the NHS Long term plan objectives.

4.4 In addition, the chief financial officer should have financial leadership responsibility for the following statutory duties:

- the duty of the ICB to perform its functions as to ensure that its expenditure does not exceed the aggregate of its allotment from NHS England and its other income; and;
- the duty of the ICB, in conjunction with its partner trusts, to seek to achieve any joint financial objectives set by NHS England for the ICB and its partner trusts.

4.5 The chief financial officer and any senior officer responsible for finance within the ICB should also promote a culture where budget holders and decision makers consult their finance business partners in key strategic decisions that carry a financial impact.

5. Income, banking arrangements and debt recovery

5.1 Income

5.1.1 An ICB has power to do anything specified in section 7(2)(a), (b) and (e) to (h) of the Health and Medicines Act 1988 for the purpose of making additional income available for improving the health service.

5.1.2 The chief financial officer is responsible for:

- ensuring order to cash practices are designed and operated to support, efficient, accurate and timely invoicing and receipting of cash. The processes and procedures should be standardised and harmonised across the NHS System by working cooperatively with the Shared Services provider; and
- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks.

5.2 Banking

5.2.1 The chief finance officer is responsible for ensuring the ICB complies with any directions issued by the Secretary of State with regards to the use of specified banking facilities for any specified purposes.

5.2.2 The chief financial officer will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and
- the ICB has effective cash management policies and procedures in place.

5.3 Debt management

5.3.1 The chief financial officer is responsible for the ICB debt management strategy.

5.3.2 This includes:

- a debt management strategy that covers end-to-end debt management from debt creation to collection or write-off in accordance with the losses and special payment procedures;

- ensuring the debt management strategy covers a minimum period of 3 years and must be reviewed and endorsed by the ICB board every 12 months to ensure relevance and provide assurance;
- accountability to the ICB board that debt is being managed effectively;
- accountabilities and responsibilities are defined with regards to debt management to budget holders; and
- responsibility to appoint a senior officer responsible for day to day management of debt.

6. Financial systems and processes

6.1 Provision of finance systems

6.1.1 The chief financial officer is responsible for ensuring systems and processes are designed and maintained for the recording and verification of finance transactions such as payments and receivables for the ICB.

6.1.2 The systems and processes will ensure, inter alia, that payment for goods and services is made in accordance with the provisions of these SFIs, related procurement guidance and prompt payment practice.

6.1.3 As part of the contractual arrangements for ICBs officers will be granted access where appropriate to the Integrated Single Financial Environment ("ISFE"). This is the required accounting system for use by ICBs, Access is based on single access log on to enable users to perform core accounting functions such as to transacting and coding of expenditure/income in fulfilment of their roles.

6.1.4 The chief financial officer will, in relation to financial systems:

- promote awareness and understanding of financial systems, value for money and commercial issues;
- ensure that transacting is carried out efficiently in line with current best practice – e.g. e-invoicing
- ensure that the ICB meets the required financial and governance reporting requirements as a statutory body by the effective use of finance systems;
- enable the prevention and the detection of inaccuracies and fraud, and the reconstitution of any lost records;
- ensure that the financial transactions of the authority are recorded as soon as, and as accurately as, reasonably practicable;
- ensure publication and implementation of all ICB business rules and ensure that the internal finance team is appropriately resourced to deliver all statutory functions of the ICB;
- ensure that risk is appropriately managed;
- ensure identification of the duties of officers dealing with financial transactions and division of responsibilities of those officers;
- ensure the ICB has suitable financial and other software to enable it to comply with these policies and any consolidation requirements of the ICB;
- ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes; and

- where another health organisation or any other agency provides a computer service for financial applications, the chief finance officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement and purchasing

7.1 Principles

7.1.1 The chief financial officer will take a lead role on behalf of the ICB to ensure that there are appropriate and effective financial, contracting, monitoring and performance arrangements in place to ensure the delivery of effective health services.

7.1.2 The ICB must ensure that procurement activity is in accordance with the Public Contracts Regulations 2015 (PCR) and associated statutory requirements whilst securing value for money and sustainability.

7.1.3 The ICB must consider, as appropriate, any applicable NHS England guidance that does not conflict with the above.

7.1.4 The ICB must have a Procurement Policy which sets out all of the legislative requirements.

7.1.5 All revenue and non-pay expenditure must be approved, in accordance with the ICB business case policy, prior to an agreement being made with a third party that enters a commitment to future expenditure.

7.1.6 All officers must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB standards of business conduct policy.

7.1.7 Budget holders are accountable for obtaining the necessary approvals and oversight of all expenditure incurred on the cost centres they are responsible for. This includes obtaining the necessary internal and external approvals which vary based on the type of spend, prior to procuring the goods, services or works.

7.1.8 Undertake any contract variations or extensions in accordance with PCR 2015 and the ICB procurement policy.

7.1.9 Retrospective expenditure approval should not be permitted. Any such retrospective breaches require approval from any committee responsible for approvals before the liability is settled. Such breaches must be reported to the audit and risk assurance committee.

8. Staff costs and staff related non pay expenditure

8.1 Chief People Officer

8.1.1 The chief people officer [CPO] (or equivalent people role in the ICB) will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

8.1.2 Operationally the CPO will be responsible for;

- defining and delivering the organisation's overall human resources strategy and objectives; and
- overseeing delivery of human resource services to ICB employees.

8.1.3 The CPO will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

8.1.4 Where a third-party payroll provider is engaged, the CPO shall closely manage this supplier through effective contract management.

8.1.5 The CPO is responsible for management and governance frameworks that support the ICB employees' life cycle.

9. Annual reporting and Accounts

9.1 The chief financial officer will ensure, on behalf of the Accountable Officer and ICB board, that:

- the ICB is in a position to produce its required monthly reporting, annual report, and accounts, as part of the setup of the new organisation; and
- the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year;

An annual report must, in particular, explain how the ICB has:

- discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement;
- review the extent to which the board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and
- review any steps that the board has taken to implement any joint local health and wellbeing strategy.

9.2 NHS England may give directions to the ICB as to the form and content of an annual report.

9.3 The ICB must give a copy of its annual report to NHS England by the date specified by NHS England in a direction and publish the report.

9.4 Internal audit

9.4.1 The chief executive, as the accountable officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the chief financial officer to ensure that:

- all internal audit services provided under arrangements proposed by the chief financial officer are approved by the Audit and Risk Assurance Committee, on behalf of the ICB board;
- the ICB must have an internal audit charter. The internal audit charter must be prepared in accordance with the Public Sector Internal Audit Standards (PSIAS);
- the ICB internal audit charter and annual audit plan, must be endorsed by the ICB Accountable Officer, audit and risk assurance committee and board;
- the head of internal audit must provide an annual opinion on the overall adequacy and effectiveness of the ICB Board's framework of governance, risk management and internal control as they operated during the year, based on a systematic review and evaluation;
- the head of internal audit should attend audit and risk assurance committee meetings and have a right of access to all audit and risk assurance committee members, the Chair and chief executive of the ICB.
- the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.

9.5 External Audit

9.5.1 The chief financial officer is responsible for:

- liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements;
- ensuring that the ICB appoints an auditor in accordance with the Local Audit and Accountability Act 2014; in particular, the ICB must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year; the ICB must appoint a local auditor at least once every 5 years (ICBs will be informed of the transitional arrangements at a later date); and
- ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.

10. Losses and special payments

10.1 HM Treasury approval is required if a transaction exceeds the delegated authority, or if transactions will set a precedent, are novel, contentious or could cause repercussions elsewhere in the public sector.

10.2 The chief financial officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risks from losses and special payments.

10.3 NHS England has the statutory power to require an integrated care board to provide NHS England with information. The information, is not limited to losses and special payments, must be provided in such form, and at such time or within such period, as NHS England may require.

10.4 ICBs will work with NHS England teams to ensure there is assurance over all exit packages which may include special severance payments. ICBs have no delegated authority for special severance payments and will refer to the guidance on that to obtain the approval of such payments

10.5 All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk Committee.

10.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide.

11. Fraud, bribery & corruption (Economic crime)

11.1 The ICB is committed to identifying, investigating and preventing economic crime.

11.2 The ICB chief financial officer is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the board and Audit and Risk Assurance Committee and defined roles and accountabilities for those involved as part of the process of providing assurance to the board.

11.3 These arrangements should comply with the NHS Requirements the Government Functional Standard 013 Counter Fraud as issued by NHS Counter Fraud Authority and any guidance issued by NHS England .

12. Capital Investments & security of assets and grants

12.1 The chief financial officer is responsible for:

- ensuring that at the commencement of each financial year, the ICB and its partner NHS trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use;
- ensuring that the ICB and its partner NHS trusts and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year local capital resource use does not exceed the limit specified in a direction by NHS England;
- ensuring the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from ICB's predecessor clinical commissioning group;
- ensuring that there is an effective appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon business plans;
- ensuring that there are processes in place for the management of all stages of capital schemes, that will ensure that schemes are delivered on time and to cost;
- ensuring that capital investment is not authorised without evidence of availability of resources to finance all revenue consequences; and
- for every capital expenditure proposal, the chief financial officer is responsible for ensuring there are processes in place to ensure that a business case is produced.

12.2 Capital commitments typically cover land, buildings, equipment, capital grants to third parties and IT, including:

- authority to spend capital or make a capital grant;
- authority to enter into leasing arrangements.

12.3 Advice should be sought from the chief financial officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

12.4 For operational purposes, the ICB shall have nominated senior officers accountable for ICB property assets and for managing property.

12.5 ICBs shall have a defined and established property governance and management framework, which should:

- ensure the ICB asset portfolio supports its business objectives; and
- comply with NHS England policies and directives and with this standard

12.6 Disposals of surplus assets should be made in accordance with published guidance and should be supported by a business case which should contain an appraisal of the options and benefits of the disposal in the context of the wider public sector and to secure value for money.

13. Grants

13.1 The chief financial officer is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to;

- any of its partner NHS trusts or NHS foundation trusts; and
- to a voluntary organisation, by way of a grant or loan.

13.2 All revenue grant applications should be regarded as competed as a default position, unless, there are justifiable reasons why the classification should be amended to non-competed.

14. Legal and insurance

14.1 This section applies to any legal cases threatened or instituted by or against the ICB. The ICB should have policies and procedures detailing:

- engagement of solicitors / legal advisors;
- approval and signing of documents which will be necessary in legal proceedings; and
- Officers who can commit or spend ICB revenue resources in relation to settling legal matters.

14.2 ICBs are advised not to buy commercial insurance to protect against risk unless it is part of a risk management strategy that is approved by the accountable officer.

End.

Appendix 7

NHS
Cambridgeshire &
Peterborough

NHS Cambridgeshire and Peterborough ICB Petitions Scheme

Approved by ICB Board – 01.07.22

Appendix 7

Contents Page

1. Introduction……..3
2. Petitions that Cannot be Dealt with Through this Scheme……..3
3. Guidelines for Preparing a Petition……3
4. E-petitions……4
5. Paper Petitions……4
6. Delivering a Petition to the ICB……5
7. What Will the ICB do when a Petition is Received?.....5
8. Full ICB Discussion……5
9. Outcome……6
10. Review of Petition Scheme……..7

Appendix A
NHS Cambridgeshire and Peterborough Integrated Care Board (the ICB) - Petitions Scheme Template

Appendix 7

NHS Cambridgeshire and Peterborough ICB - Petitions Scheme

1. Introduction

1.1 NHS Cambridgeshire and Peterborough Integrated Care Board (the ICB) is always interested in feedback on our services and ideas for improvement.

1.2 From time to time there are public consultations related to matters affecting the ICB. Details of these can be found on our website *https://www.cpics.org.uk/*

1.3 Details of our public meetings are also published on our website *https://www.cpics.org.uk/board-meetings-and-papers*

1.4 We are happy to receive enquiries by email at capccg.icsgovernanceteam@nhs.net

Your enquiry will be directed to the relevant department. They will listen to your concerns or suggestions, try to resolve them and explain the current situation.

1.5 A petition to the ICB should only be considered when all other avenues have been exhausted. This document sets out what makes a valid petition, how to get the petition to the ICB and what the ICB will do once a petition is received.

2. Petitions that Cannot be Dealt with Through this Scheme

2.1 The following matters are excluded from this petition scheme:

- Any complaints about healthcare services relating to individual patients.
- Any grievances or disciplinary matters relating to employees or workers.

2.2 However, a petition that alleges a systematic failure to deliver services may be within the scope of this scheme.

3. Guidelines for Preparing a Petition

3.1 To qualify as a petition the submission must meet certain criteria. The petition must:

- Clearly state the concern or problem to be addressed.
- Clearly state what the ICB is being asked to do.
- Must be relevant to a function that the ICB has a responsibility for and/ or directly affects people who receive its services in its area.
- State who the lead petitioner is and include their contact details.
- Must not be similar to, or a duplicate of a petition submitted within the previous 12 months. Past petitions can be viewed on our website *https://www.cpics.org.uk/*

Contain at least 20 names, addresses and signatures of people living, working or studying in the ICB's area.

3.3 The address given by those signing the petition must be within the ICB's area (as described in the ICB's Constitution) to be counted. People who work or study in the ICB's area and are affected by the subject of the petition must use the address of their place of work or study to be counted. Email addresses are also required for online petitions. More information on e-petitions submitted online via the ICB website can be found in part 4.

3.4 Petitions will not be considered if they:

- Are abusive.
- Are vexatious (intending to cause only annoyance, frustration or worry)
- Are presented for the purpose of making mischief.
- Relate to a function the ICB is not responsible for and/ or could not influence.
- Relate to a decision by the ICB that has already taken and there is no realistic possibility of a different decision being taken.
- Otherwise inappropriate (in the reasonable opinion of the Chair of the ICB).

3.5 Reasons for rejection will be given to the lead petitioner in writing or by email where possible.

3.6 During the period before a parliamentary or local authority election or referendum (often referred to as purdah) it could be necessary for a petition to be dealt with differently. Should this happen a full explanation will be given including any anticipated timescales.

4. E-petitions

4.1 Online petitions are the easiest way to submit a petition and can be created online via our website *https://www.cpics.org.uk/*

4.2 The petition organiser will need to register using their own name, address and email address.

4.3 The petition must give a clear indication of the issue and the action required by the ICB and comply with the petitions criteria set out in part 3.

4.4 The lead petitioner will decide how long the petition will remain open and available for signature.

4.5 The petition will be published on the ICB website within five working days.

4.6 Should the petition not be suitable for publication the ICB will contact the lead petitioner and will give advice on how the petition could be adapted and re-submitted. If the petition is not re-submitted within ten days the details will appear on our website and the status classified as “Rejected” or “Invalid”.

4.7 Once an e-petition has closed for signature the Board of the ICB will automatically be notified.

4.8 E-petitions can be signed by visiting our website where current e-petitions are available to sign. A name, postcode and email address will be required and an email will be sent to the email address given to complete the process.

It is important the information given is accurate.

There may be some online petitions which will not be accepted by the ICB as they do not comply with the terms of our scheme. If you are in any doubt and require advice please contact us at capccg.icsgovernanceteam@nhs.net or and ask for the Corporate Governance Team who will be happy to help.

Appendix 7

5. Paper Petitions

5.1 Petitions can be collected on paper - a template for this can be found at Appendix 1. Using the template will help to ensure all relevant information is included.

6. Delivering a Petition to the ICB

6.1 E-petitions created through our website are automatically sent to us once the time limit set for the petition has expired and there is no need for you to take further action at this stage as we will contact you within 5 days of the petition closing.

6.2 A paper petition can be presented to the ICB by:

- Delivering it by hand or by post to Cambridgeshire & Peterborough Integrated Care System (ICS) Gemini House, Bartholomews Walk, Cambridgeshire Business Park, Angel Drove, Ely, Cambridgeshire, CB7 4EA
  Emailing it to capccg.icsgovernanceteam@nhs.net

7. What Will the ICB do when a Petition is Received?

7.1 An acknowledgment will be sent to the lead petitioner by letter or email within five working days of receipt. This will provide details of what we intend to do with the petition and when further information can be expected.

7.2 If the petition does not comply with the criteria set out in part 3 and the ICB is unable to proceed, an explanation will be given in the acknowledgment letter. In relation to paper petitions, the petition will be published on the website with the status “Invalid” or “Rejected” together with a copy of the letter to the lead petitioner explaining why this decision has been taken.

7.3 The petition will be published on the ICB’s website unless it is inappropriate to do so.

7.4 A response will be provided to the lead petitioner within 15 working days of the acknowledgment being sent and a copy will be published on our website for paper petitions.

7.5 A petition containing over 50 validated signatures will be eligible for submission to the Chair of the ICB to be considered alongside or in advance of the business the petition is seeking to influence. This option will be offered after the response letter is received as it might not be necessary if the ICB is able to comply fully with the wishes of the petitioners.

7.6 A petition containing over 500 validated signatures will be eligible to be discussed at a full meeting of the Board of the ICB. This option will be offered after the response is received as it might not be necessary if the ICB is able to comply fully with the wishes of the petitioners.

7.7 The lead petitioner will be contacted after the response has been sent and asked if they wish to pursue one of these options.

8. Full ICB Discussion

8.1 If a petition contains more than 500 signatures from people who live, work or study in the ICB’s area (as defined in the ICB’s Constitution), it is eligible for discussion at a public

meeting of the ICB. If the lead petitioner chooses this option the petition will be discussed at the next public meeting of the Board of the ICB (provided it is capable of being circulated to Members of the Board in conjunction with the other meeting papers, failing which it will be discussed at the next following public meeting of the Board). The following protocol will apply:

8.2 The Chair will lead the discussion. There is a 30 minute time limit on the discussion of an individual petition. At the end of this period the ICB will move immediately to the vote without further discussion.

8.3 The lead petitioner, or their representative, will have five minutes to present their petition to the meeting to begin the discussion. Times are strictly controlled and it is recommended to have a speech prepared in advance to ensure all relevant points are expressed.

8.4 The relevant Member of the Board will be offered the opportunity to propose a course of action (propose a motion) which could be one of the following:

- To take the action requested in the petition if it is possible to do so.
- To refer the petition to a Committee of the Board for further consideration having regards to the comments made in the Board's discussion.
- To note the petition and comments but take no action for the reasons given in
- the discussion.

8.5 The Chair will ask for a seconder for the proposed motion.

8.6 The Chair will then ask if there is an alternative course of action and each proposed alternative will need to be seconded.

8.7 All proposals must be provided in advance by Members of the Board to the Chief of Staff/ Board Secretary by 12.00 noon on the day before the Board meeting.

8.8 Members will then discuss the first proposal moved by the Member of the Board, following the normal rules of discussion contained within the Constitution (including the Standing Orders).

8.9 When the discussion has finished the Chair will offer the lead petitioner, or their representative, the "right of reply". They can respond to any matters raised, speaking for up to three minutes.

8.10 The Chair will then offer the "right to reply" to the relevant Member of the Board.

8.11 If only one motion has been proposed and seconded the Chair will call for a vote on that motion which can be either carried or defeated.

8.12 When more than one motion has been proposed and seconded, the Chair will only move on to the discussion for subsequent motions if the first motion is defeated in the vote.

Each subsequent motion will be discussed in the format set out above and voted on in turn until a motion is carried and an outcome achieved.

8.13 If no proposals are agreed, the Chair will move that the petition be noted.

8.14 The lead petitioner will be notified of the outcome of the discussion in writing or by email within five working days.

9. Outcome

9.1 The lead petitioner will receive a written response by letter or email confirming the action the ICB intends to take with a full explanation.

9.2 The ICB's website will be updated to indicate that a decision has been taken and the petition status will be updated to reflect this.

9.3 A copy of the response to all petitions will be published on the ICB's website.

10. Review of Petition Scheme

10.1 This Petition Scheme will be reviewed on an annual basis.

Further information about the ICB, its services and meetings are available on our website *https://www.cpics.org.uk/*

Appendix 7

Appendix 1

NHS Cambridgeshire and Peterborough Integrated Care Board (the ICB) - Petitions Scheme Template

Those signing this petition must live, work, or study in the ICB's area (as defined in the ICB's Constitution) to be validated as a signatory. Those living outside the area can also sign the petition and will be taken into consideration but will not be counted.

Petition Subject:

By signing this form we ask that the ICB takes the following action:

[Set out here in clear terms the concern or problem to be addressed and the action that is proposed. Expand the space as necessary. It is recommended that you try not to exceed 300 words.]

Lead petitioner (who must live, work or study in the ICB's area)

Name:

Address:

Telephone number:

Email address:

Signature: ……

Date: ……

Appendix 7

Other petitioners (expand the table as necessary)

Name	Address	Email address	Signature