



**Somerset**  
Integrated Care Board

# **NHS SOMERSET INTEGRATED CARE BOARD**

## **ICB GOVERNANCE AND COMMITTEE HANDBOOK**

## Document Control Sheet

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# 1. PURPOSE AND INTRODUCTION

## 1.1 Purpose

The purpose of this document is to bring together a range of corporate statutory documents in one place and is described as the NHS Somerset Integrated Care Board Governance Handbook (the "ICB Governance Handbook").

The ICB Governance Handbook is not a legal requirement; however, it is an approach that will assist NHS Somerset Integrated Care Board (the "ICB") to build a consistent corporate approach and form part of the corporate memory.

The ICB Governance Handbook will be updated regularly as a routine reference guide for the Board, staff and the public. Where there are any changes to the documents referenced in the Constitution these shall be endorsed by NHSE/I. This includes the Standing Orders, Delegated Financial Limits and statutory Committee Terms of Reference (Audit, Remuneration, Primary Care and Direct Commissioning, Finance and Patient Safety Quality Assurance)

The ICB Governance Handbook will be published alongside the ICB's Constitution on the ICB's public website ([www.nhssomerset.nhs.uk](http://www.nhssomerset.nhs.uk))

The handbook includes:

- ICB Operating Model (Committee Structure)
- Summary of Committee Functions
- Definitions of Committee function
- Committee Terms of Reference (Statutory and Non-Statutory)
- Committee Terms of Reference Review Dates
- Board Member Roles and Responsibilities;
- Scheme of Reservation and Delegation (SoRD);
- Prime Financial Policies;
- Financial Procedure Limits
- Standing Financial Instructions (SFIs)
- Standards of Business Conduct and Managing Conflicts of Interest Policy.
- Committee Handbook
- Description of what registers we publish
- Schedule of our key policies, strategies and Annual reports

### ICBs and the NHS landscape

ICBs Integrated Care Board were created from 1<sup>st</sup> July 2022 following implementation of the Health and Care Bill in 2021 and replaced CCGs Clinical Commissioning Groups (CCGs) under the 2006 Act.

ICBs are statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the ICS.

In summary ICBs are:

- Lead by a unitary Board made up of Executive, Non-Executive Directors, and Partners Members

- Bringing the NHS together locally to improve population health and care and establish shared priorities within the NHS
- Responsible for commissioning healthcare including mental health services, urgent and emergency care, elective hospital services, and community care
- Independent, and accountable to the Secretary of State for Health and Social Care through NHS England

## 1.2 Accountability and Support

ICBs are accountable for exercising its statutory functions and to NHS England

NHS England plays a role in holding Somerset ICBs to account, providing them with support and working as partners in commissioning local services. NHS England has a statutory duty (under the Health and Social Care Act (2012)) to conduct an annual assessment of every ICB. This carried out using the NHS Oversight Framework 2019/20 (previously known as the Improvement Assessment Framework) which applies to all ICBs, NHS Trusts and Foundation Trusts.

ICBs have an important relationship with Integrated Care Partnership (ICP): the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by local authorities and the NHS. These organisations are intended as a forum for strategic co-ordination and as a means of enhancing the accountability of the health system to the local population. ICBs have a legal obligation to consider the local needs and priorities identified by these Boards, as laid out in their health and wellbeing strategies.

## 1.3 The Board of ICB

- 1.3.1 At the centre of the ICB governance framework is the Board of ICB which is accountable for the performance of the NHS within Somerset.

The principal tasks of the Board of ICB are to:

- Ensure good corporate and clinical governance throughout the local healthcare system
- Set the strategic direction for the ICB
- Provide public leadership for the transformation of the NHS and the local healthcare system and uphold the best principles and values within the public sector
- Review the performance of the ICB in achieving nationally and locally set objectives
- Receive and review the reports of activities carried out by the ICB

- 1.3.2 In carrying-out these tasks all members of the Board of ICB are jointly and equally responsible for its decisions and actions.

Non-Executive Directors have, however a specific contribution to make, in bringing an external perspective to the Board's consideration and in being able to question and challenge the executive directors from a position of independence and detachment.

## 1.4 Board of ICB Membership

The Health and Care Act 2022 set out a minimum membership requirement of the Board of ICB and the NHS Somerset ICB will be made up of the following members:

- Chair
- Chief Executive

- One Partner member(s) NHS and Foundation Trusts
- One Partner member(s) primary medical services

- One Partner member(s) Local Authorities
- Four Non- Executive Directors
- Director of Finance
- Chief Medical Officer
- Chief Nursing Officer
- Public Health expert

The ICB has agreed the following additional members as participants at its meetings in order to inform its decision-making and the discharge of its functions as it sees fit.

- Additional ICB Executive Directors
- Healthwatch
- Voluntary, Community and Social Enterprise (VCSE) sector

The ICB Board is required to hold its formal meetings in public. However, these are not public meetings in the normal sense but they are meetings held in public. The main difference is that the public are entitled to come along and listen to the Board discussion, but they are not able to take part or ask questions during the formal meeting.

Details of the current members of the Board of ICB, Executive Directors, Non-Executive Directors, who attend the meetings of the Board of ICB are available on the ICB website ([www.nhssomerset.nhs.uk](http://www.nhssomerset.nhs.uk)).

### **Board of ICB meetings**

The Board of ICB will meet in public at least 6 times a year. All Board of ICB meetings papers, except a limited number that are deemed confidential, either because they are commercially sensitive or contain information that concerns an identifiable individual or any items the disclosure of which might prejudice the effective conduct of public affairs, are published with the agenda on the ICB's website.

The Board of ICB may decide to discuss a limited number of items in private, where publicity would be prejudicial to the public interest either because the subject matter is confidential or for other reasons, but every meeting held in public will receive reports on and discuss:

- Strategy
- Quality, Performance and finance
- Governance
- Major investment decision

#### **1.4 Matters reserved to the ICB (as per Section 4 of the ICB Constitution).**

The ICB has a schedule of matters reserved, which cannot be delegated for which is published in full on the ICB website ([www.nhssomerset.nhs.uk](http://www.nhssomerset.nhs.uk))

#### **1.5 Constitution**

The ICB are responsible for determining the governing arrangements for their organisations, which they are required to set out in a Constitution. The Constitution set

outs the arrangements made by the ICB Board to meet their responsibilities for commissioning health and care services. It describes the governing principles, rules and procedures that the ICB will establish to ensure probity and accountability in the day-to-day running of the ICB to ensure that decisions are taken in an open and transparent way and that the interests of the local population remain central to what the ICB does.

The Constitution is published on the ICB Somerset website (as referenced on the previous page).

The extent of the authority to act of the respective bodies and individuals depends on the powers delegated to them by the ICB as set out in the following documents:

- a) Scheme of Reservation and Delegation – this document sets out those decisions that are reserved for the membership as a whole; those decisions reserved for the Board (and its Committees), the ICB's Committees and Sub-Committees, individual Members and employees (as included in the ICB Governance and Committee Handbook).
- b) The ICB's operational financial limits – this document sets out the financial thresholds that are reserved for the ICB Board, the ICB's Committees and Sub-Committees, individual Members and employees (as included in the ICB Governance and Committee Handbook) and;
- c) Terms of Reference – these documents set out the purpose of the Committee, Membership Quorum, frequency of meetings and administration arrangements (as included in the ICB Governance and Committee Handbook).

## 1.6 Committees

The Board of ICB maintains the following statutory or mandated Committees to carry out specific governance functions:

- The Audit Committee (AC), which supports the Board of ICB and Accountable Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report
- The Remuneration Committee (RemCom), which support the Board of the ICB and Accountable Officer by making recommendations regarding remuneration, feed and other allowance (including pension schemes) for employees and other individuals who provide services to the ICB

In addition, the ICB has established three other key assurance committees:

- The Primary Care Commissioning Committee (PCCC), which is responsible for the review, planning and procurement of primary care services in Somerset, under delegated authority from NHS England
- The Patient Safety and Quality Committee (PSQC) which is responsible for providing assurance regarding the quality and clinical effectiveness of commissioned services, the performance of commissioned services against constitutional standards and the ICB's compliance with its statutory obligations with regards to safeguarding, and to patient and public involvement in commissioning decisions
- The Finance Committee (FC), which is responsible for setting the strategic direction for finance for the Somerset ICB and to monitor the delivery of the financial strategy across the ICB.

The Terms of Reference for these Committees are included in both the ICB Governance and Committee Handbook.

The Board of ICB may established other Committees and Sub-Committees of the ICB, which operate under terms of reference and membership agreed by the Board of ICB. Appropriate reporting and assurance mechanisms must be developed as part of agreeing terms of reference for Committees and Sub-Committees.

## **1.7 Standing Orders**

The ICB's Standing Orders set out the statutory framework and status upon which the ICB should carry out its business, the composition of the Membership, key roles and appointment process, calling meetings of the ICB and how these are managed through clear internal control processes, appointments of Committees and Sub-Committees, duty to report non-compliance with Standing Orders and Delegated Financial Authority Limits, use of seal and authorisation documents and overlap with other ICBs policy statements/procedures and regulations. The Standing Orders are detailed in Appendix 2 of the ICB Constitution.

## **1.8 The Governance Framework**

Good governance is central to the work of Somerset ICB and to its management structure and organization. Through performance management and contractual arrangements the ICB will ensure that the highest standards of public service management are observed throughout the local health care system.. with respects to the ICB itself, the Board has instituted a governance structure, which meets both its statutory responsibility and is also in accordance with the following:

- Nolan Principles of Public Life
- The principles set out by the Independent Commission for Good Governance in Public Service
- The seven key principles of the NHS Constitution
- Relevant legislation such as the Equality Act 2020

### **1.8.1 Our Governance**

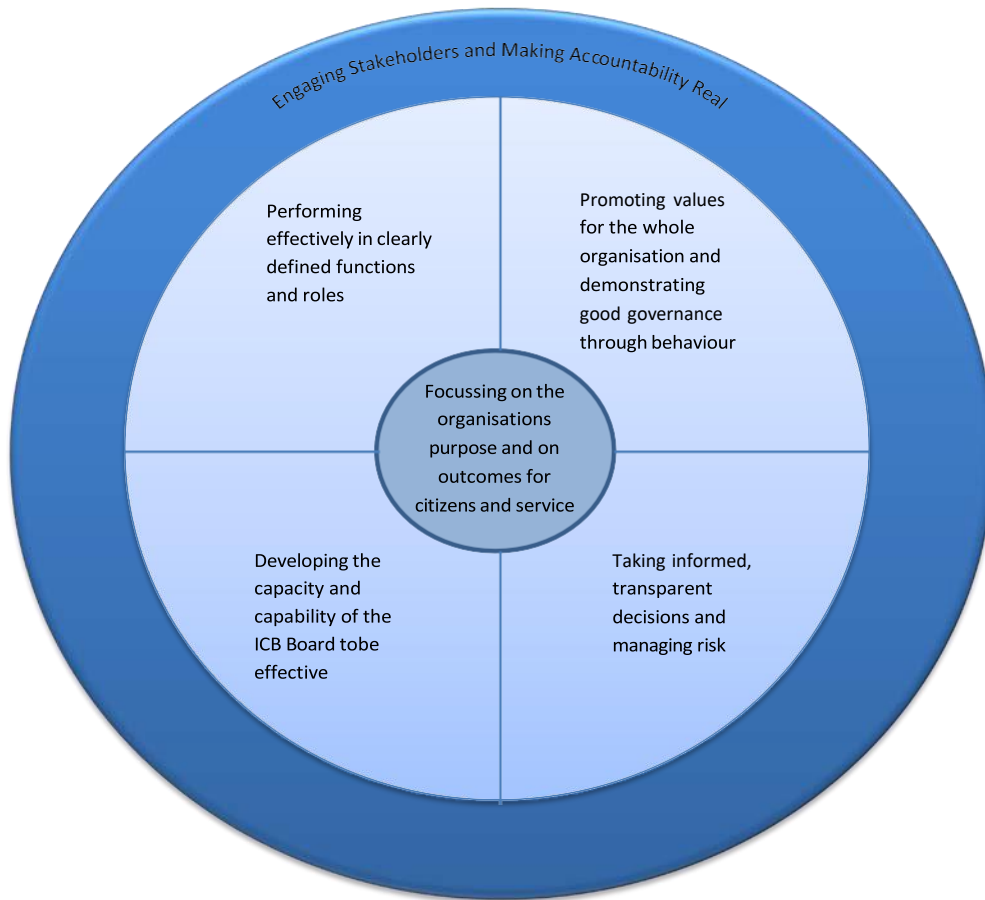
ICB members and employees must ensure the ICB complies with the full range of regulations and legislation to ensure the ICB is governed appropriately. Whether it is statutory requirements or NHS guidance, ICB members and employees are legally accountable for meeting these obligations acting in the best interests of the organisation, patients, their carers and the wider ICB community.

Our Board of ICB is supported by its Committees, oversees, governs and ensures that we deliver our functions and duties properly and in accordance with legislation, regulation and principles of good governance.

Other than the minimum composition and the model Constitution there are not specific requirements for ICB governance. However, NHS England advocates adherence with the *Good Governance Standard for Public Services* as the guidance for best practice. It builds on the Nolan Principles for the conduct of individuals in public life, by setting out six core principles of good governance for public service organisations as illustrated on the following page.



The Six Core Principles of the Good Governance Standard



Source: Good Governance Standard for Public Services 2004

