NHS
Central East
Integrated Care Board

Governance Handbook
Version 1.2

NHS
Central East
Integrated Care Board

VERSION CONTROL

Version No.	Date	Changes	Approval
1	01.04.2026	Draft approved by Board of the ICB	Board of the ICB
1.2	15.05.2026	• Page 24 - Tenures – addition of Audit Chair, VCFSE Board Members. • Page 131 - Amended delegation limits	Board of the ICB

Governance Handbook

AMENDMENTS SHEET

VERSION 1

Document Reference	Date amendment notified	Changes required	Change made and re-published	Governance	Officer sign off
1.2	01.04.2026 – Board noting new appointments.	Tenure updates	22.05.26	Approval during board sitting	Board
	15.05.2026 – date of quorate virtual approval	Amended Delegation Limits assigned by the Board	22.05.26	Virtual approval by Board	Board

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Contents

1. Introduction

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 Our governance framework is designed to provide strong strategic oversight, timely decision-making, and clear accountability—while avoiding duplication, ambiguity, or unnecessary burden.

We operate a four-tier governance model, which applies across the organisation and all programmes. This framework aligns strategy, commissioning, improvement, and delivery, and is the mechanism through which lifecycle decision points are exercised.

2.2 Four Governance Tiers

Tier 1: ICB Board

The ICB Board is responsible for setting overall strategy, approving major decisions, and holding the organisation to account for delivery, quality, and financial sustainability. Decisions reserved to the Board are set out in the Governance Handbook. The Board retains ultimate accountability for outcomes, risk, and stewardship of public resources.

Tier 2: Board Committees

Committees act under delegated authority from the Board and provide both decision-making and assurance functions. Decisions reserved to Committees are detailed in the Governance Handbook. Committees ensure that strategy is translated into robust plans and that delivery is progressing as intended.

There are eight sub-committees of the Board:

1. Audit and Risk Committee
2. Remuneration and Workforce Committee
3. Utilisation Management and Total Quality Management Committee
4. Finance, Planning and Payer Function Committee
5. Bedfordshire, Luton and Milton Keynes Neighbourhood Health Delivery Committee
6. Cambridgeshire and Peterborough Neighbourhood Health Delivery Committee
7. Hertfordshire Neighbourhood Health Delivery Committee
8. Management Executive Committee

Together, these committees provide focused oversight of quality, utilisation, finance, neighbourhood delivery, and organisational leadership.

Tier 3: Programme Boards

Programme Boards are responsible for overseeing delivery of specific programmes and pathways. They operate through delegation to the relevant Executive Director or Director, with delegations set out in the Governance Handbook and the Delegated Financial Limits document.

Programme Boards are accountable for progress through the lifecycle, delivery against agreed outcomes, management of risk, and escalation where decisions or support are required.

Tier 4: Working Groups

Working groups are task-and-finish in nature. They do not hold decision-making authority. Their role is to complete defined actions, develop proposals, undertake analysis, and support delivery for Programme Boards and Committees.

2.3 How Governance Supports Delivery

This four-tier structure ensures:

- Strategic decisions are taken at the right level
- Delivery is delegated appropriately and supported
- Assurance is consistent and proportionate
- Lifecycle decision points are clear and transparent

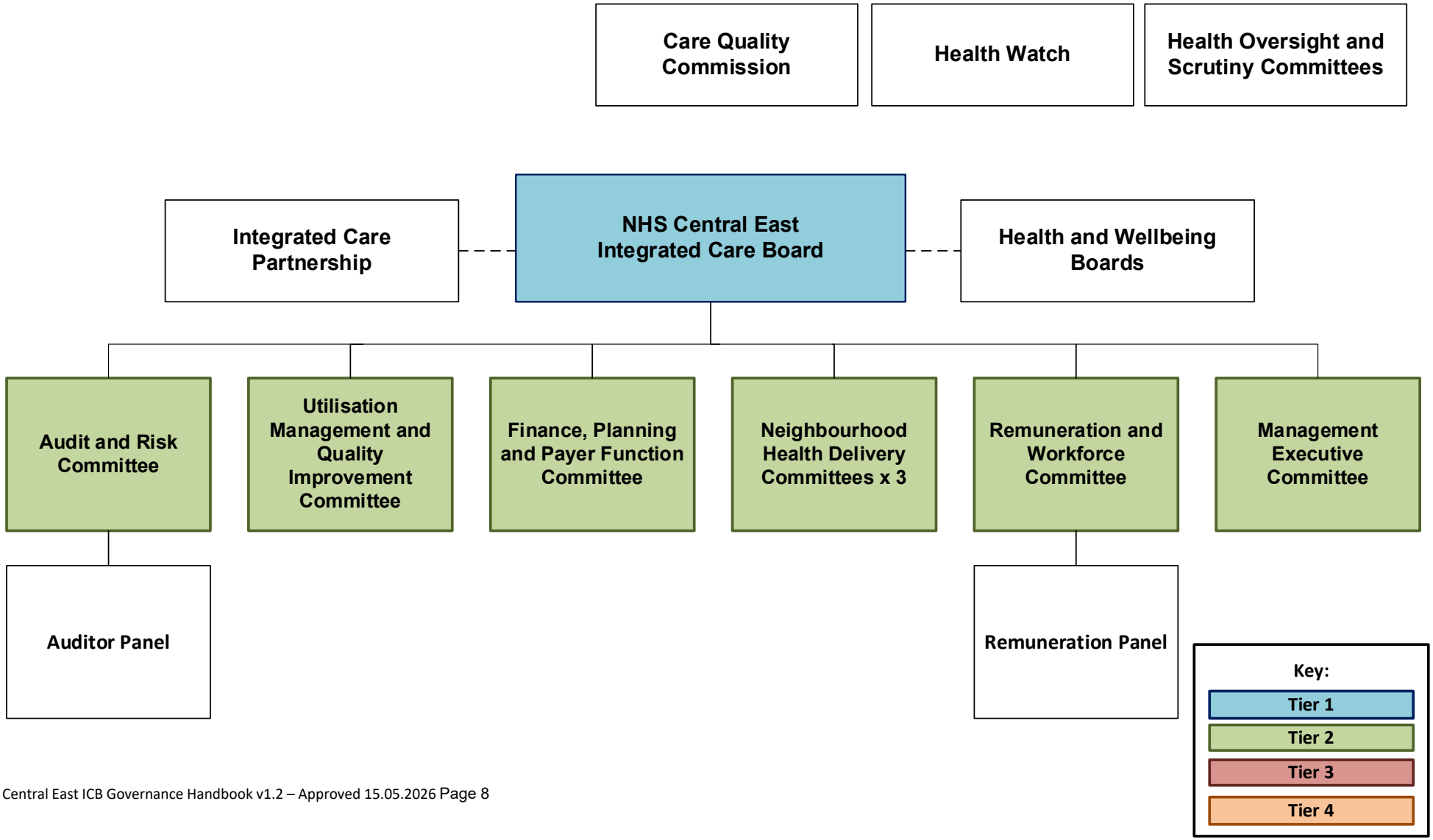
The governance framework underpins the improvement lifecycle described earlier, with fixed decision points exercised at the appropriate tier, as set out in the Governance Handbook.

All staff are expected to work within this governance framework and comply with the Standing Financial Instructions, delegated authorities, and associated policies. This clarity enables faster decision-making, stronger assurance, and a shared understanding of how we operate as an organisation.

By maintaining clear lines of accountability and disciplined governance, we create the conditions for confident delivery—balancing pace with control, and innovation with assurance—over the five-year life of this strategy

NHS Central East ICB Governance Structure

Functions and Decision-making Map



2.5 Role of the ICB Board

2.5.1 The board members act collectively as a unitary board are collectively accountable for the performance of the ICB's functions. As board members are jointly responsible for the decisions of the board.

2.5.2 Generally all meetings of the board comprised entirely board members and 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.

2.5.3 Meetings of the board 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.

2.5.4 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.

2.5.5 Question and Answers session:

a) 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.

b) Questions that fall outside the scope of the agenda may be redirected to an alternative route as a Freedom of Information request or Patient Experience query.

c) To ensure adequate preparation time – questions should be received three working days in advice of the board sitting. Late questions will be considered but only at the discretion of the ICB Chair.

2.6 Committees of the Board

2.6.1 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.

2.6.2 The terms of reference of the Board committees, can be found at Appendix 1:

- Audit & Risk Committee

- Remuneration & Workforce Committee
- Finance Planning and Payer Function Committee
- Utilisation Management & Quality Improvement Committee
- Neighbourhood Health Delivery Committee x 3
- Management Executive Committee
- Integrated Care Partnership – Joint Committee

2.6.3 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.

2.7 Statutory Committees

2.7.1 **Audit & Risk Committee** - (Statutory)
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).

2.7.2 **Remuneration & Workforce Committee –** (Statutory)

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).

2.7.3 **Integrated Care Partnership (ICP)** – Joint Committee (Statutory)

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. The ICP is a statutory Committee and will remain in place until legislative change.

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

2.8 **Non-Statutory Committees**

2.8.1 **Finance Planning and Payer Function Committee**

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 in line with its delegation
- Monitor commissioning outcomes and contract performance
- Align resources with strategic priorities
- Health Care Partnership assurance investment
- Utilisation of research opportunities

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

2.8.2 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 ICB Commissioned services including primary care
- Oversee safeguarding, serious incidents, utlisation 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.

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

2.8.3 Neighbourhood Health Delivery Committee x 3

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

- Strategic leadership of Neighbourhood Health across the defined Place including:
  - Developing and agreeing the Neighbourhood Health Plan (with sign-off by Health and Wellbeing Boards)
  - Driving and enabling collaboration between partners with all partners contributing to delivery of the strategy and plan
  - Strategic planning to meet the health needs of the population.
  - Maximising partnership opportunities for the development of primary care and community estates assets
  - Strategic shaping and support of partnership and collaborative arrangements
  - Oversight of financial and operational 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
- Supporting and guiding the work of the Director of Neighbourhood Health, Places and Partnerships and their team

2.8.4 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.

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

2.9 Chairs, Executive Leads and Secretariat Functions for each Committee

2.9.1 The Chairs and Executive Leads function for each of Committees described in section 2.6 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 former ICB geography.	As appointed by each Committee	Executive Director Neighbourhood Health Places & Partnerships
Management Executive Committee	Chief Executive Officer	Chief Executive Officer

2.10 **Specialised Commissioning Joint Commissioning Consortium**

2.10.1 NHS England has delegated the commissioning of some specialised services to the ICB. 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.

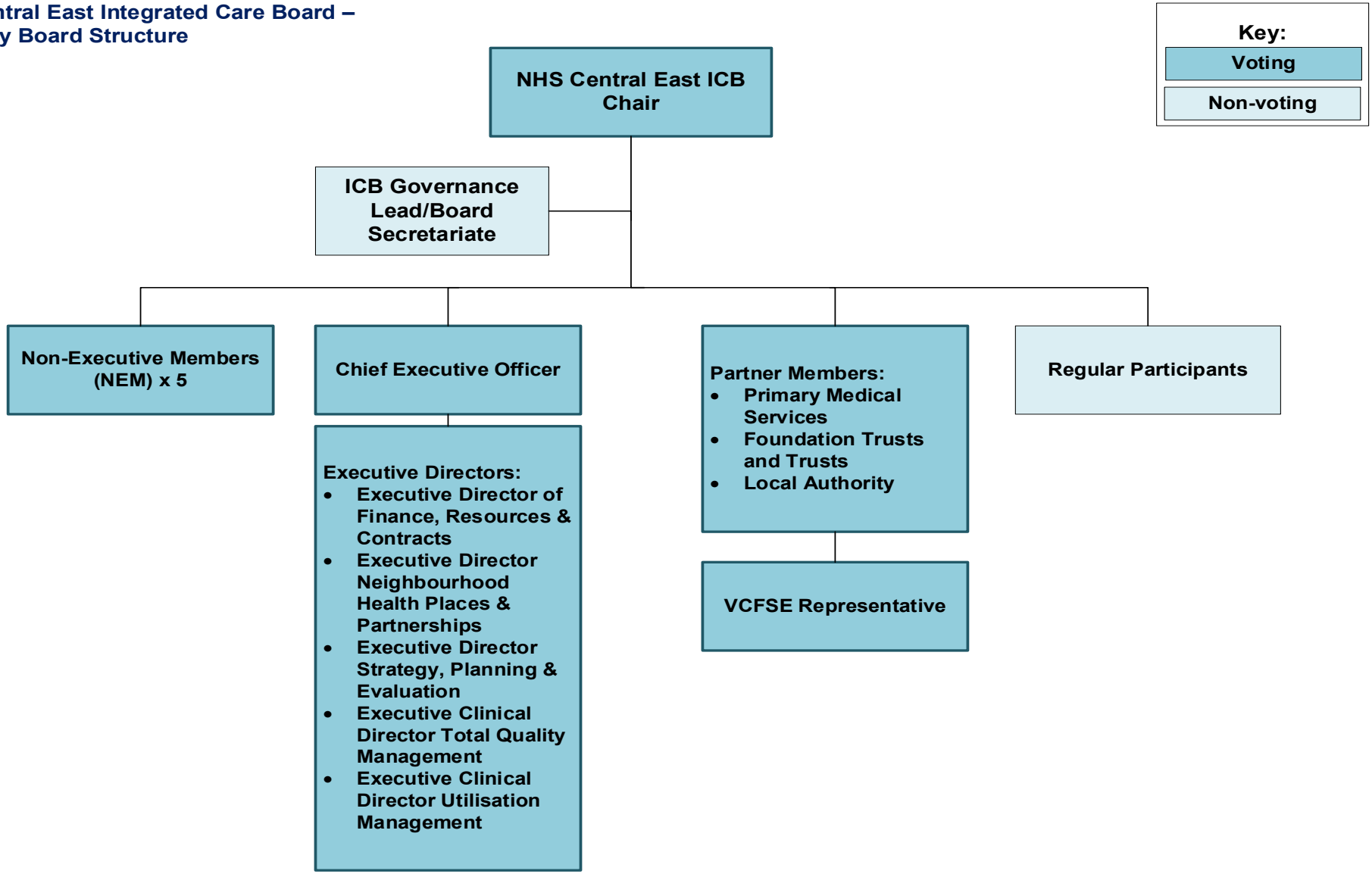
2.10.2 Decision making at the JCC will be through the exercise of the existing delegated authority of the Authorised Officer. Where decisions are required above the level of this delegated authority, the Authorised Officer will refer to the appropriate person or body in the ICB for any necessary authorisation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

NHS Central East Integrated Care Board – Summary Board Structure



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. They are responsible for the leadership and conduct the ICB board.

3.2.2 They appoint and review 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. 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.

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 (SIRO).

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.
- Emergency Accountable Officer leading Emergency Preparedness Response and Resilience.

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.

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 In compliance with the ICB Constitution and current statutory duties, the Board will have Partner Members covering three core areas:

- NHS Trusts and Foundation Trusts.
- Primary Medical Services
- Local Authority.

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 – VCFSE Representative

3.7.1 The ICB also has a member who has experience of the Voluntary Sector from within the Central East geographical 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 and a Director of Public Health.

3.9 Business Conduct - Confidentiality and Declarations

3.9.1 In support of this ICB maintaining the highest standards of probity and public trust - all members and attendees of the Board, its committees and sub-committees, including joint committees, programme boards, groups 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 ICB and have access to its person information or confidential information.

3.9.2 All members and attendees are also obliged to follow contractual, common law and statutory duties of confidentiality. By way of example - 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.

3.9.3 In compliance with ICB duties under the National Health Services Act 2006 (as amended), ICBs have a duty to manage conflicts of interests. Conflicts can arise from various interests, including financial and non-financial, and must be managed to maintain public trust. ICBs are required to register interests and ensure transparency in decision-making processes.

3.9.4 Guidance is available in the ICB requiring the above, and any questions can be directed to the Governance team.

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 & 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.

3.12 Board Tenures

Name	Role	Start Date	Completion of Terms of Office
Robin Porter	Chair	01 April 2026	31 March 2029
Jan Thomas	Chief Executive Officer	01 April 2026	*Not Applicable*
Sarah Griffiths	• Finance Director - hereafter referred to as the Executive Director of Finance, Resources & Contracts • ICB Sustainability/Green Executive	01 April 2026	*Not Applicable*
Sarah Stanley	• Director of Nursing – hereafter referred to as the Clinical Director of Total Quality Management. • ICB SEND, Mental Health, Learning Difficulties &Autism and Downs Syndrome Executive • Freedom to Speak-up Guardian	01 April 2026	*Not Applicable*
Dr Fiona Head	• Medical Director – hereafter referred to as the Executive Clinical Director of Utilisation Management. • ICB Caldicott Guardian	01 April 2026	*Not Applicable*
Louis Kamfer	• Executive Director of Strategy, Planning & Commissioning • ICB Senior Information Risk Owner (SIRO) and Cyber Lead • ICB Specialist Commissioning Authorised Officer	01 April 2026	*Not Applicable*
Kate Vaughton	Executive Director of Neighbourhood Health Places &	01 April 2026	*Not Applicable*

	Partnerships		
Karen Barker	• Executive Director of Corporate Services & ICB Development • Accountable Emergency Officer	01 April 2026	*Not Applicable*
Eilish Midlane	Board Partner Member – NHS Trusts and Foundation Trusts	01 April 2026	31 March 2027
Karen Taylor	Board Partner Member – NHS Trusts and Foundation Trusts	01 April 2026	31 March 2027
Matthew Winn	Board Partner Member – NHS Trusts and Foundation Trusts	01 April 2026	31 March 2027
Dr Sureena Goutam	Partner Member, Primary Medical Services	01 April 2026	31 March 2027
Dr James Howard	Partner Member, Primary Medical Services	01 April 2026	31 March 2027
Vacant TBC	Partner Member, Primary Medical Services	01 April 2026	31 March 2027
Michael Bracey	Partner Member, Local Authority, MKCC	01 April 2026	31 March 2027
Angie Ridgwell	Partner Member, Local Authority, HCC	01 April 2026	31 March 2027
Stephen Moir	Partner Member, Local Authority, CCC	01 April 2026	31 March 2027
Gurch Randhawa*	• Deputy Chair & Non-Executive Member [*Tenure served at NHS Hertfordshire and West Essex ICB and carried over into NHS Central East ICB]*	01 April 2026	30 June 2028
Dorothy Gregson	• Senior Independent Director & Non-Executive Member [*Tenure served at NHS Cambridgeshire and Peterborough ICB and carried over into NHS Central East ICB]*	01 April 2026	30 June 2028
Vitor Ferreira	• Audit Committee Chair & Non- Executive Member	01 April 2026	31 March 2029

	• Conflicts of Interest Guardian		
Alison Borrett	• Remuneration Committee Chair & Non-Executive Member [*Tenure served at NHS Bedfordshire, Luton and Milton Keynes ICB and carried over into NHS Central East ICB]*	01 April 2026	30 June 2028
Sarah Hughes	Non-Executive Member [*Tenure served at NHS Cambridgeshire and Peterborough ICB and carried over into NHS Central East ICB]*	01 April 2026	30 June 2028
Sharon Allen	VCFSE Board Member	01 April 2026	31 March 2027

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 extent 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. Standing Financial Instructions and Prime Financial Policies

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

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

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

6. Supporting Policies

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

- **Conflicts of Interest and Standards of Business Conduct Policy**
- **People and Community 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

7. Business Cycle Approach

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

8. Sealing of Documentations and Signature of Documents

Where it is necessary or identified that an ICB seal should be applied to formal document or Deed, the seal shall only be used by those authorised and documented in the ICB Scheme of Reservation and Delegation.

The seal will be applied in the presence of a member of the governance team and then formally logged.

Use of the seal will be reported to the next ICB Audit and Risk Committee.

8.1 Use of Seal – General Guide

a) All lease agreements where the annual lease charge exceeds £10,000 per annum and the period of the lease exceeds beyond five-years.

b) Any other lease agreement where the total payable under the lease exceeds £100,000.

8.2 Signing of Documents

8.2.1 Authorised ICB signatories are identified in the ICB Scheme of Reservation and Delegation.

8.2.2 Where any document is a necessary step in legal proceedings on behalf of the ICB, it shall, unless any enactment otherwise requires or authorises, be signed by an authorised signatory as provided in the ICBs Scheme of Reservation and Delegation.

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.

APPENDIX 1 TERMS OF REFERENCE BOARD AND COMMITTEES

Appendix 1(a)

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 Responsibilities of the Committee

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

Integrated Governance, Risk Management and Internal Control

4.2 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.

4.3 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,

4.4 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

4. 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.

4.6 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.

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

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

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

4.10 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.

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

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

Internal Audit

4.13 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.
- 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

4.14 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

4.15 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.

4.16 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.

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

4.18 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

4.19 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.

4.20 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.

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

4.22 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].

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

Freedom To Speak Up

4.24 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

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

4.26 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.

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

4.28 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

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

4.30 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.

4.31 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)

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

4.33 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

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

4.35 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

4.36 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.
- Help the NHS support broader social economic development.

4.37 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

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

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

4.40 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

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

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

5. Composition and Quoracy

5.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	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. The Chair of the Committee shall be independent and therefore may not chair any other committees. In so far as it is possible, they will not be a member of any other committee. Committee members may appoint a Vice Chair who ICB to add any local specifications about who may be vice chair. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.
Membership	The Committee members shall be appointed by the Board in accordance with the ICB Constitution. The Board will appoint three members of the Committee who are Non-Executive Members of the Board. **Committee Members:** • ICB Non-Executive Member (Chair) • ICB Non-Executive Member (Vice Chair)

	• ICB Non-Executive Member Neither the Chair of the Board, nor employees of the ICB will be members of the Committee. 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	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 Emergency Accountable Officer). ▪ Caldicott Guardian. ▪ Accountable Emergency Officer. ▪ Individuals who lead on risk management and counter fraud matters. ▪ Representatives of both internal and external Audit. ▪ Executive leads for Digital and Information Governance. 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.
Procedure for attendance	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 particular matters. 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 particular matter. The Chief Executive should be invited to attend the meeting at least annually when the Annual Report and Accounts are being considered. . The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations. 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. Regardless of attendance, External Audit, Internal Audit, Local Counter Fraud and Security Management providers will have full and unrestricted rights of access to the Audit Committee.

	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.
Meeting frequency and Quorum	The Audit 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. The Board, Chair or Chief Executive may ask the Audit Committee to convene further meetings to discuss particular issues on which they want the Committee's advice. 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. 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. For a meeting to be quorate a minimum of **two Non-Executive Members** of the Board are required, including the Chair or Vice Chair of the Committee. 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. 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	Decisions will be taken in according with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

6.0 Behaviours and Conduct

ICB Values

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

6.2 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

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

7.0 Accountability and reporting

7.1 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.

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

7.3 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.

7.4 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.

7.4.1 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.

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

8.0 Secretariat and Administration

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

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board. Arranging meetings for the chair: for example, with the internal/ external auditors or local counter fraud specialists. Ensuring that committee members receive the development and training they need.
Updates	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 monitored.
Review	The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

NHS
Central East
Integrated Care Board

Appendix 1(a)(i)

Auditor Panel
Terms of Reference

1. Constitution

1.1 The ICB Board hereby resolves to nominate 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. Authority

2.1 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.

2.2 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.

3. Functions

3.1 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.

4.0 Composition and Quoracy

4.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	The ICB's Audit and Risk Chair will be appointed by the Board as Chair of the Auditor Panel.
Membership	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. The Auditor Panel Chair and/ or members of the Panel can be removed in line with rules agreed by the Board
Attendees	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.
Procedure for attendance	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 particular matters. 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 particular matter.
Meeting frequency and Quorum	The Panel will meet in private. 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. 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. 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. **Quoracy** A quorum shall be two members present of the Auditor Panel's total membership.
Decision making and voting	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.

	Decisions will be taken in accordance with the Standing Orders. The Panel will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Committee will hold the casting vote.

5. Conflicts of interest

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

5.2 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.

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

6.0 Behaviours and Conduct

ICB Values

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

6.3 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

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

7. Accountability and Reporting

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

7.2 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.

8.0 Secretariat and Administration

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

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	A record will be taken of those who attend the Panel meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The ICB lead for Governance or their nominated deputy shall be responsible for organising effective administrative support to the auditor panel. 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.
Updates	Action points are taken forward between meetings and progress against those actions is monitored.
Review	These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

9. Remuneration

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

Date of Approval by Committee:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

NHS
Central East
Integrated Care Board

Appendix 1(b)

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 Composition and Quoracy

4.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	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. Committee members may appoint a Deputy Chair from amongst its members. In the absence of the Chair, or Deputy Chair, the remaining members present shall elect one of their number to chair the meeting. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference
Membership	The Committee members shall be appointed by the Board in accordance with the ICB Constitution. 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. When determining the membership of the Committee, active consideration will be made to equality and diversity.
Attendees	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. ▪ Executive Director of Corporate Services and ICB Development or their nominated deputy. 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. 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.

	The Remuneration & Workforce Committee will not consider any matters relating to the remuneration of non-executive members due to a conflict of direct financial interest. Any remuneration proposed which is outside the national pay framework for non-executive members will be considered instead by a Special Remuneration Panel.
Procedure for attendance	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 particular matters. 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 particular matter.
Meeting frequency and Quorum	The Committee will meet in private. 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. 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. 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. **Quoracy** For a meeting to be quorate a minimum of two independent non-executive members of the Board are required. 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. 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	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. 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. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Committee will hold the casting vote.

5.0 Responsibilities of the Committee

5.1 The Committee's duties are as follows:

5.2 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.

5.3 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.

5.4 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[1].

5.5 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.

6.0 Behaviours and Conduct

ICB Values

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

6.3 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

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

7.0 Accountability and reporting

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

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

7.3 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.

7.4 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.

8.0 Secretariat and Administration

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

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board. Ensuring that committee members receive the development and training they need.
Updates	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 monitored.
Review	The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

NHS
Central East
Integrated Care Board

Appendix 1(b)(i)

Remuneration Panel
Terms of Reference

1.0 Constitution

1.1 The Remuneration Panel is established by the Integrated Care Board (ICB) 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 Panel and may only be changed with the approval of the Board.

2.0 Authority

2.1 The Remuneration Panel 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 panel) 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 panel must follow any procedures put in place by the ICB for obtaining legal or professional advice.

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 panel being permitted to meet in private.

3.0 Purpose

3.1 The panel's purpose is to exercise the functions of the ICB relating to paragraphs 18 to 20 of schedule 1B to the NHS Act 2006 in relation to non-executive members and whilst ensuring that no individual is involved in discussions or decisions about their own remuneration.

4.0 Composition and Quoracy

4.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	In accordance with the Constitution, the Panel will be chaired by the ICB Chair. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.

	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.
Membership	**Membership** The membership of the panel will be: • ICB chair (who will assume the role of the panel chair) • ICB chief executive • ICB Director of People and Culture Only members of the panel will have the right to attend the panel meetings, but the chair may invite relevant staff to the meeting as necessary in accordance with the business of the panel. • The panel members will be appointed by the board in accordance with the ICB constitution. • The board will appoint no fewer than three members to the panel. • Non-executive members of the board may not be members of the panel. When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

Attendees	Meetings may be attended by the following individuals who are not members of the panel for all or part of the meeting as and when appropriate. Such attendees will not be eligible to vote:
	• The ICB's most senior governance advisor
	• 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 particular matters.
	• No individual should be present during any discussion relating to:
	  ○ Any aspect of their own pay;
	  ○ Any aspect of the pay of others when it has an impact on them.

Procedure for attendance	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 particular matters. 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 particular matter.

Meeting frequency and Quorum	The Panel will meet in private. The panel will meet as required to fulfil its purpose and arrangements for calling meetings are set out in the standing orders. The Board, Chair or Chief Executive may ask the Panel to convene further meetings to discuss issues on which they want the Committee's advice. 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. **Quoracy** For a meeting to be quorate a minimum of two members will be required, including the chair. 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. 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. 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	Decisions will be guided by national NHS policy, best practice and benchmarking, whilst ensuring proper regard to wider influences such as national consistency. Decisions will be taken in accordance with the Standing Orders. The Panel will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Only members of the Panel may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Panel will hold the casting vote. The result of the vote will be recorded in the minutes. 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 Panel

6.1 The responsibilities of the Remuneration Panel will be authorised by the Board of the ICB.

The panel's duties in relation to the non-executive members of the ICB are to:

- Determine all aspects of remuneration including but not limited to salary, (including any performance-related elements)
- Determine arrangements for termination of appointment and other contractual terms and non-contractual terms.

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 Panel 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 panel is accountable to the board and shall report to the board on how it discharges its responsibilities.

8.2 The minutes of the meeting shall be formally recorded by the secretary and submitted to the board.

8.3 The remuneration will submit copies of its minutes and a report to the board following each of its meetings. Where minutes and reports identify individuals, they will not be made public and will be presented in 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 panel 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:

Distribution of papers	The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board. Ensuring that committee members receive the development and training they need.
Updates	The Panel is updated on pertinent issues/ areas of interest/ policy developments. Action points are taken forward between meetings and progress against those actions is monitored.
Review	The Panel will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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 Board: 1st April 2026
Review Date: 1st April 2027

NHS
Central East
Integrated Care Board

Appendix 1(c)

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 Composition and Quoracy

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

Arrangement	Description of expectation
Chair and Vice Chair	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. Committee members may appoint a Deputy Chair from amongst its members. In the absence of the Chair, or Deputy Chair, the remaining members present shall elect one of their number to chair the meeting. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference 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.
Membership	The Committee members shall be appointed by the Board in accordance with the ICB Constitution. 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) or Executive Clinical Director Utilisation Management (Medical Director) • Executive Director Strategy, Planning & Evaluation

Attendees	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** • Executive Director Corporate Services & ICB Development • Executive Director Neighbourhood Health Places & Partnerships • Director of Finance • Director of Strategic Planning and Commissioning • Director of Contracting and Procurement When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion. 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.
Procedure for attendance	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 particular matters. 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 particular matter.
Meeting frequency and Quorum	The Committee will meet in private. 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. 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. These meetings may be formal minuted meetings or informal development sessions In accordance with the Standing Orders, the Committee may meet virtually and members attending using electronic means will be counted towards the quorum. **Quoracy** For a meeting to be quorate, there will be a minimum of two non-executive member, plus the Executive Director for Finance, Resources and Contracts, Executive Clinical Director and one other Executive Director who is a member of the committee.

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

5.0 Responsibilities of the Committee

5.1 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 ICB's 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 incentives which promote delivery of the ICB's strategy, including outcome-based payment models and risk / gain share arrangements

- Oversee financial planning, budget setting and monitoring financial performance
  - Ensuring visibility of the key areas of financial risk establishes the level of assurance that that control mechanisms, e.g. programme boards are these addressing risks.
  - Review and recommend for approval by the Board the ICBs medium term and annual plans, ensuring alignment over finance, activity and demand elements

- Approve the ICBs medium term financial plans aligned with the Board's overall strategy and be assured of financial sustainability
- Advise the ICB Board on the level of assurance that strategic and operational plans are financially sustainable and will deliver the ICB's strategy
- Provide assurance on the delivery of statutory financial duties

- Approve major investments and business cases in line with its delegation
  - 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
  - If investments are outside the committee's delegation make recommendations to the Board.

- Monitor commissioning outcomes and contract performance
  - Monitor delivery against agreed contract specifications, payment mechanisms and financial agreements, ensuring compliance with agreed financial and operational standards. Quality of delivery will be monitored by Untilisation Committee.
  - Maintain assurance that robust provider contractual performance is management is in place and that appropriate contractual levers, escalation and improvement processes are applied consistently across all providers.
    - 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 performance risks which impact on the delivery of the ICB's strategy or finances to the ICB Board
    - Ensure there are effective processes in place to monitor and evaluate the return on investment and impact of major commissioned services and programmes

- Align resources with strategic priorities
  - Oversee development and implementation of strategic value-based commissioning principles that optimize health outcomes relative to cost
  - Review outcomes and learning from value-based commissioning initiatives and ensure continuous improvement in commissioning practice
  - 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

6.0 Behaviours and Conduct

6.1 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.

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

6.3 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.

6.4 The committee will seek to use and promote the use of evidence base quality improvement techniques.

7.0 Accountability and reporting

7.1 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.

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

7.3 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.

8.0 Secretariat and Administration

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

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board. Ensuring that committee members receive the development and training they need.
Updates	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 monitored.
Review	The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

NHS
Central East
Integrated Care Board

Appendix 1(d)

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 Composition and Quoracy

4.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	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. Committee members may appoint a Deputy Chair from amongst its members. In the absence of the Chair, or Deputy Chair, the remaining members present shall elect one of their number to chair the meeting. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference 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. 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.
Membership	The Committee members shall be appointed by the Board in accordance with the ICB Constitution. 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 Nursing Director) • Executive Clinical Director of Utilisation Management (Medical Director) • Executive Director Strategy, Planning & Evaluation • Executive Director of Finance, resources and contracting • 3 Partner Members [representative 1 PMS, 1 LA, 1 NHS] • Patient Safety Representative/s

	• VCFSE Representative/s When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.
Attendees	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: • Director of Safeguarding and Complex Care • Director of Population Health, Analytics and Evaluation • Director of Contracts and Performance 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. 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.
Procedure for attendance	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 particular matters. 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 particular matter.
Meeting frequency and Quorum	The Committee will meet in private. 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. 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. 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. **Quoracy**

	For a meeting to be quorate a minimum of two independent non-executive members plus two Executive Directors and one other member. 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. 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. 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	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. Only members of the Committee may vote. Each member is allowed one vote, and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes. 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:

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board.

	Ensuring that committee members receive the development and training they need.
Updates	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 monitored.
Review	The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

NHS
Central East
Integrated Care Board

Appendix 1(e)

Neighbourhood Health Delivery Committees (X3)
Terms of Reference

1.0 Constitution

1.1 The three Neighbourhood Health Delivery (NHDC) Committees (the Committee) are established by the Integrated Care Board (ICB) as a committee of the Board of the ICB (the Board) in accordance with its Constitution. There will be a NHDC covering the geographical areas of Bedfordshire & Milton Keynes, Cambridgeshire & Peterborough, and Hertfordshire.

1.2 It 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.

1.3 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.

1.4 Each NHDC Committee is a 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 take responsibility for the operational leadership and delivery of the ICB's strategic objectives in each of the geographical areas of Bedfordshire &

Milton Keynes, Cambridgeshire & Peterborough, and Hertfordshire. It ensures effective coordination across executive functions and supports the CEO in discharging their responsibilities to the Board.

3.2 The NHDC Committees exist 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 in each of the geographic areas.

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

4.0 Composition and Quoracy

4.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	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. 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. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference. The Chair will be appointed by the members of the Committee from amongst the membership.
Membership	The Committee members shall be appointed by the Board in accordance with the ICB Constitution. The Board will appoint the following members: **Members** The members are: • Executive Director Neighbourhood Health Places & Partnerships • Director of Neighbourhood Health Places and Partnerships (Place specific) • Members Relevant to the geography of the Committee: • Local authority representatives • NHS Trust representatives • Primary Medical Services representatives • Voluntary sector representative • Non-Executive Members

Attendees	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: • Head of Corporate Governance or nominated deputy When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion. 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. 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.
Procedure for attendance	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 particular matters. 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 particular matter.
Meeting frequency and Quorum	The Committee will meet in private. 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. 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. 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. **Quoracy** 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, one NHS Trust, local authority and Primary Care representative. 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. 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. 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	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. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes. 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.

5.0 Responsibilities of the Committee

5.1 The responsibilities of Neighbourhood Health Delivery Committees will be authorised by the Board of the ICB.

- Strategic leadership of Neighbourhood Health across the defined Place including:
  - Developing and agreeing the Neighbourhood Health Plan (with sign-off by Health and Wellbeing Boards)
  - Driving and enabling collaboration between partners with all partners contributing to delivery of the strategy and plan
  - Strategic planning to meet the health needs of the population.
  - Maximising partnership opportunities for the development of primary care and community estates assets
  - Strategic shaping and support of partnership and collaborative arrangements
  - Oversight of financial and operational 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

- Supporting and guiding the work of the Director of Neighbourhood Health, Places and Partnerships and their team

6.0 Behaviours and Conduct

6.1 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.

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

6.3 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.

7.0 Accountability and reporting

7.1 The Neighbourhood Health Delivery Committees are 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.

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

7.3 Each 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.

8.0 Secretariat and Administration

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

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.

Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board.
Updates	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 monitored.
Review	The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

NHS
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Appendix 1(f)

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 Composition and Quoracy

4.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	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. 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. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference
Membership	The Committee members shall be appointed by the Board in accordance with the ICB Constitution. 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
Attendees	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 • Associate Executive representative When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion. 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. 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.
Procedure for attendance	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 particular matters. 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 particular matter.
Meeting frequency and Quorum	The Committee will meet in private. 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. 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. 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. **Quoracy** There will be a minimum of the Chief Executive or nominated Deputy, plus 3 other Executive Directors 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. 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. 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	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. Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Committee will hold the casting vote. 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.

5.0 Responsibilities of the Committee

5.1 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

6.0 Behaviours and Conduct

6.1 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.

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

6.3 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.

7.0 Accountability and reporting

7.1 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.

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

7.3 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.

8.0 Secretariat and Administration

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

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board.
Updates	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 monitored.
Review	The Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

NHS
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Appendix 2

Central East Integrated Care Partnership
Terms of Reference

1.0 Constitution

1.1 The Central East Integrated Care Partnership is the name of the system's Integrated Care Partnership in accordance with the Health and Care Act 2022.

1.2 The Integrated Care Partnership is established in accordance with NHS Central East ICB's Constitution, and the Constitutions of the eight local authorities in the system, as a Joint Committee of the Integrated Care Board and the local authorities within the Central East area, namely:

- Bedford Borough Council.
- Buckinghamshire Council.
- Central Bedfordshire Council.
- Luton Council.
- Milton Keynes City Council.
- Cambridgeshire County Council
- Peterborough City Council
- Hertfordshire County Council

1.3 The Integrated Care Partnership is established by the Integrated Care Board (ICB) as a joint committee of the Board of the ICB (the Board) in accordance with its Constitution.

1.4 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.

1.5 As a Joint Committee of the Board, the Integrated Care Partnership's members are bound by the Standing Orders and other policies of the ICB.

2.0 Authority

2.1 The Joint 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 Joint Committee has been established to develop, agree and monitor the implementation of the Integrated Population Health Strategy for Central East based on the Joint Strategic Needs Assessments, Health and Wellbeing strategies, Place plans, and the voice of people with lived experience.

3.2 In fulfilling its statutory duty, the Joint Committee's role is to:

3.2.1 Under s116ZB of the Local Government and Public Involvement in Health Act 2007 the Central East ICP is required to prepare an integrated care strategy that:-

- Details how the needs of resident of its area will be met by either the ICB, NHS England, or local authorities
- Considers how NHS bodies and local authorities could work together to meet these needs using section 75 of the National Health Service Act 2006
- Must have regard to the NHS mandate and guidance published by the Secretary of State
- Involves the local Healthwatch and people who live or work in the ICP's area
- Is reviewed and revised as required when a new health and social care joint strategic needs assessment is received from a local authority within the ICP
- Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care in its area
- Is published and provided to each local authority in its area and each partner Integrated Care Board of those local authorities.

3.2.2 Under s116B of the Local Government and Public Involvement in Health Act 2007 a local authority and each of its partner ICPs must have regard to:-

- Any joint assessment of health and social care in relation to the area for which they are responsible
- Any Integrated Care Strategy that applies to the area of the local authority
- Any Joint Health and Wellbeing Strategy prepared by the local authority and any of its partner ICB

4.0 Composition and Quoracy

4.1 This section sets out the meeting composition and quoracy arrangements:

Arrangement	Description of expectation
Chair and Vice Chair	The Joint Committee Chair will be nominated by the membership of the Committee and will be appointed by the ICP at its first meeting to serve for a one year period. The Members will also nominate a deputy Chair who will be appointed by the Joint Committee at its first meeting and will Chair the Joint Committee meeting in the absence of the Joint Committee Chair. This appointment will also be for a one-year period. The Joint 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. 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. The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference
Membership	Please see Appendix A.
Attendees	The Joint 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: See Appendix A When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion. 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. 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.

Procedure for attendance	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 particular matters. 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 particular matter.
Meeting frequency and Quorum	The Joint Committee will meet in public. The Joint Committee will meet at least once a year and arrangements and notice for calling meetings are set out in the Standing Orders. Additional meetings may take place as required. The Board, Chair or Chief Executive may ask the Joint Committee to convene further meetings to discuss issues on which they want the Joint Committee's advice. 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. **Quoracy** At least half of the members of the Joint Committee must be present for the quorum to be established. At least one member from the ICB and three members from the eight local authorities must be present to make the meeting quorate. 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. If any member of the Joint 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. 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	Decisions will be taken in accordance with the Standing Orders. The Joint Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote. Only members of the Joint Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there no clear majority, the Chair of the Joint Committee will hold the casting vote.

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.

5.0 Responsibilities of the Joint Committee

5.1 The responsibilities of Joint Committee will be authorised by the Board of the ICB and the Local Authorities to:

- Facilitate joint action to improve health and care outcomes and experiences.
- Influence the wider determinants of health, including creating healthier environments and inclusive and sustainable economies.
- Create a dedicated forum to enhance relationships between the leaders across the health and social care system.
- Build a culture of partnership and broad collaborations to promote and support holistic care.
- Highlight where coordination is needed on health and care issues and challenges partners to deliver the actions required.

6.0 Behaviours and Conduct

6.1 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.

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

6.3 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.

7.0 Accountability and reporting

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

7.2 The Integrated Care Partnership will advise the Audit and Risk Committee on the adequacy of assurances available and contribute to the Governance Statement.

7.3 The Integrated Care Partnership will receive scheduled assurance reports from its delegated groups and partners with statutory responsibilities for health and social care provision in the

Central East ICB geography. Any delegated groups would need to be agreed by the Board of the ICB.

8.0 Secretariat and Administration

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

Distribution of papers	The agenda and papers are prepared and distributed at least five working days before the meeting in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant Executive lead.
Monitor attendance	Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not attend at least 75% of meetings.
Maintain records	Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary.
Minute taking	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.
Support the Chair and Committee	The Chair is supported to prepare and deliver reports to the Board.
Updates	The Joint Committee is updated on pertinent issues/ areas of interest/ policy developments. Action points are taken forward between meetings and progress against those actions is monitored.
Review	The Joint Committee will review its effectiveness at least annually. These terms of reference will be reviewed at least annually 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:
Date of Approval by Board: 1st April 2026
Review Date: 1st April 2027

Appendix A – ICP Terms of Reference

List of those organisations currently included in Membership across the three ICBs (NHS Hertfordshire and West Essex ICB (HWE), NHS Bedfordshire, Luton and Milton Keynes ICB (BLMK), and NHS Cambridgeshire and Peterborough ICB (C&P)) until their disestablishment on 31st March 2026.

Note in C&P those flagged with an asterix are HWB Members rather than ICP members (as it is a combined HWB currently)

Central East Integrated Care Board

Local Authorities

- Bedford Borough Council
- Buckinghamshire Council
- Central Bedfordshire Council
- Luton Council
- Milton Keynes City Council
- Cambridgeshire County Council
- Peterborough City Council
- Hertfordshire County Council
- Directors of Public Health

NHS Trusts

- Bedfordshire Hospitals NHS Foundation Trust
- Cambridgeshire Community Services NHS Trust*
- Central and North West London NHS Foundation Trust
- East London NHS Foundation Trust
- East of England Ambulance Service NHS Trust
- Milton Keynes University Hospital NHS Foundation Trust
- South Central Ambulance Service NHS Foundation Trust
- Cambridgeshire and Peterborough NHS Foundation Trust*
- Cambridge University Hospitals NHS Foundation Trust*
- North West Anglia NHS Foundation Trust*
- Royal Papworth Hospital NHS Foundation Trust*
- East and North Hertfordshire NHS Trust
- West Hertfordshire Teaching Hospitals NHS Trust
- Hertfordshire Community NHS Trust
- Hertfordshire Partnership University NHS Foundation Trust
- Central London Community Healthcare NHS Trust
- East of England Ambulance Trust
- South Central Ambulance Service NHS Foundation Trust

Other NHS

- Primary Care Network (HWE)
- Primary Care Representative – North (C&P)
- Primary Care Representative – South (C&P)
- Primary Care Representatives - (BLMK)

Mayor of Cambridgeshire and Peterborough Combined Authority
District Council Representative (one officer on behalf of all districts in C&P appointed by the Cambridgeshire Public Service Board)
Police and Crime Commissioner
Criminal Justice Board
Voluntary Community and Social Enterprise (BLMK)
VCFSE representative (HWE)
Voluntary and Community Sector Representative (C&P)
University of Hertfordshire (HWE)
Academic Health Science Network (C&P)
Healthwatch (BLMK)

Regular Participants

- Bedfordshire Fire and Rescue Service
- Buckinghamshire Fire and Rescue Service
- Thames Valley Police
- Bedfordshire Police
- Housing
- Education
- Criminal Justice
- Voluntary, Community and Social Enterprise leads
- Community Groups
- Carers Representative

NHS
Central East
Integrated Care Board

APPENDIX 3

LIST OF RELEVANT PROVIDERS OF PRIMARY MEDICAL SERVICES

EAST AND NORTH HERTFORDSHIRE:

Practice code	Practice Name
E82042	Abbey Road Surgery
E82061	Amwell Surgery
D81047	Ashwell Surgery
E82053	Bancroft Medical Centre
E82093	Bedwell and Roebuck Surgery
E82019	Bridge Cottage Surgery
E82038	Buntingford and Puckeridge Medical Centre
E82023	Burvill House Surgery
E82100	Central Surgery
E82067	Church Street Partnership
E82079	Cromwell and Wormley Medical Centres
E82081	Cuffley and Goffs Oak Medical Centre
E82092	Dolphin House Surgery
Y01924	Gardens and Jacobs Medical Partnership
E82088	Hailey View Surgery
E82062	Hall Grove Group Practice
E82007	Hanscombe House Surgery
E82654	Helix Medical Centre
E82133	High Street Surgery
E82086	King George and Manor House Surgeries
E82035	Knebworth and Marymead Medical Practice
E82024	Lea Wharf Medical
E82018	Lister House Surgery
E82021	Much Hadham Health Centre
E82008	Nevells Road Surgery
E82102	New River Health
E82090	Park Lane Surgery
E82040	Peartree Group Practice
E82044	Portmill Surgery
E82058	Potterells Medical Centre
E82075	Regal Chambers Surgery
E82056	Shephall Health Centre
E82074	South Street Surgery
Y02639	Spring House Medical Centre
E82638	Stanhope Surgery

E82005	Stanmore Medical Group
E82115	Stockwell Lodge Medical Centre
E82111	Symonds Green Health Centre
E82099	The Baldock Surgery
E82082	The Birchwood and Sollershott Surgeries
E82041	The Garden City Practice
E82661	The Garden City Surgery
E82006	The Limes Surgery
E82063	The Maples Health Centre
E82123	Warden Lodge Medical Practice
E82121	Watton Place Clinic
E82626	Whitwell Surgery
E82002	Wrafton House

SOUTH WEST HERTFORDSHIRE:

Practice code	Practice Name
E82105	Abbotswood Medical Centre
E82098	Annandale Surgery
E82643	Archway Surgery
E82124	Attenborough Surgery
E82032	Bennetts End Surgery
E82013	Bridgewater Surgeries
E82077	Davenport House Surgery
E82051	Everest House Surgery
E82012	Fairbrook Medical Centre
E82022	Fernville Surgery
E82068	Gade and Chorleywood Health Centres
E82017	Garston Medical Centre
E82652	Gossoms End Surgery
E82059	Grange Street Surgery
E82050	Grovehill Medical Centre
E82084	Harvey Group Practice
E82004	Hatfield Road Surgery
E82066	Haverfield Surgery
E82078	Highview Medical Centre
E82129	Kings Langley Surgery

E82009	Lincoln House Surgery
E82657	Little Bushey Surgery
E82094	Manor Street Surgery
E82073	Manor View Practice
E82055	Midway Surgery
E82106	New Road Surgery
E82060	Parkbury House Surgery
E82027	Parkfield Medical Centre
E82091	Parkwood Surgery
E82001	Rothschild House Surgery
E82043	Schopwick Surgery
E82096	Sheepcot Medical Centre
E82655	South Oxhey Surgery
E82107	Summerfield Health Centre
E82015	Suthergrey House Medical Centre
E82083	The Colne Practice
E82020	The Consulting Rooms
E82071	The Elms Medical Practice
E82069	The Elms Surgery
E82117	The Grove Medical Centre
E82014	The Lodge Surgery
E82031	The Maltings Surgery
E82085	The Red House Group
E82037	The Village Surgery
E82113	Verulam Medical Group
E82046	Vine House Health Centre
E82045	Watford Health Centre
E82070	Woodhall Farm Medical Centre

CAMBRIDGESHIRE AND PETERBOROUGH

Practice Code	Practice Name	Locality
D81633	Acorn Surgery	North
D81618	Ailsworth Medical Centre	North
D81004	Alconbury & Brampton Surgeries	North
D81082	Almond Road Surgery	North
D81026	Boroughbury Medical Centre	North
Y00486	Botolph Bridge Community Health Centre	North
Y07057	Bretton Medical Practice	North
D81045	Buckden and Little Paxton Surgeries	North
D81631	Central Medical Centre	North
D81011	Clarkson Surgery	North
D81052	Cornerstone Practice	North
D81611	Fenland Group Practice	North
D81061	George Clare Surgery	North
D81645	Grange Medical Centre	North
D81081	Great Staughton Surgery	North
D81030	Grove Medical Practice	North
D81630	Hampton Health	North
D81050	Hicks Group Practice	North
D81022	Jenner Healthcare	North
D81038	Kimbolton Medical Practice	North
D81057	Lakeside Healthcare St. Neots	North
D81064	Mercheford House	North
D81060	Moat House Surgery	North
Y07059	Nene Valley Hodgson Medical Practice	North
D81046	New Queen Street Surgery	North
D81065	Nightingale Medical Centre (was Welland)	North
D81008	North Brink Practice	North
D81029	Old Fletton Surgery	North
D81085	Papworth Surgery	North
Y07025	Park Medical Centre	North
D81015	Parson Drove Surgery	North
D81010	Priory Fields Surgery	North
D81059	Ramsey Health Centre Partnership	North
D81606	Riverport Medical Practice	North
D81603	Riverside Practice	North

D81049	Spinney Partnership	North
Y02769	St Neots Health Centre	North
D81625	Thistlemoor Medical Centre	North
Y07060	Thomas Walker Westgate Healthcare	North
D81615	Thorpe Road Surgery	North
D81622	Trinity Surgery	North
K83017	Wansford & Kings Cliffe Practice	North
D81027	Wellside Surgery	North
D81073	Westwood Clinic	North
D81629	Willow Tree Surgery (was Orton Bushfield Medical Centre)	North
D81031	Yaxley Group Practice	North
D81016	Arbury Road Surgery	South
D81055	Bottisham Medical Practice,	South
D81041	Bourn Surgery,	South
D81037	Bridge Street Medical Centre	South
D81051	Burwell Surgery	South
Y00056	Cambridge Access Surgery	South
Y00185	Cathedral Medical Centre	South
D81025	Cherry Hinton & Brookfields Medical Practice	South
D81035	Comberton & Eversden Surgeries	South
D81012	Cornford House Surgery	South
D81086	East Barnwell Health Centre	South
D81028	Firs House Partnership	South
D81043	Granta Medical Practice	South
D81062	Haddenham Surgery	South
D81058	Harston Surgery	South
D81002	Huntingdon Road Surgery	South
D81001	Lensfield Medical Practice	South
D81078	Maple Surgery	South
D81017	Mill Road Surgery	South
D81612	Milton Surgery	South
D81637	Monkfield Medical Practice	South
D81005	Newnham Walk Surgery	South
D81044	Nuffield Road Medical Centre	South
D81018	Orchard Surgery	South
D81033	Over Surgery	South
D81056	Petersfield Medical Practice	South
D81036	Priors Field Surgery	South
D81066	Queen Edith Medical Practice	South

D81054	Red House Surgery	South
E82132	Roysia Surgery	South
D81021	St George's Medical Centre	South
D81034	St Marys Surgery	South
D81014	Staploe Medical Centre	South
D81607	Swavesey Surgery	South
D81013	Trumpington Street Medical Practice	South
D81042	Waterbeach and Cottenham Surgeries	South
D81084	Willingham Medical Practice	South
D81070	Woodlands Surgery at Eden House	South
D81003	York Street	South

BEDFORDSHIRE, LUTON AND MILTON KEYNES:

Practice Code	Practice Name	Locality
E81615	Ashburnham Road Surgery	Bedford
E81030	Cauldwell Medical Centre	Bedford
E81037	De Parys Group	Bedford
E81047	Goldington Avenue Surgery	Bedford
E81031	Great Barford Surgery	Bedford
E81007	Harrold Medical Practice	Bedford
E81038	King Street Surgery	Bedford
E81060	Linden Road Surgery	Bedford
E81019	London Road Health Centre	Bedford
E81049	Priory Medical Centre	Bedford
E81029	Putnoe Medical Centre Partnership	Bedford
E81021	Queens Park Health Centre	Bedford
E81024	Sharnbrook Surgery	Bedford
Y00560	Wootton Vale Healthy Living Centre	Bedford
E81003	Bassett Road Surgery	Central Bedfordshire
E81069	Caddington Surgery	Central Bedfordshire
E81046	Dr A Sulakshana & Partners	Central Bedfordshire
E81635	Eastgate Surgery	Central Bedfordshire

E81015	Flitwick Surgery	Central Bedfordshire
E81002	Greensand Surgery	Central Bedfordshire
E81012	Greensands Medical Practice	Central Bedfordshire
E81074	Houghton Close Surgery	Central Bedfordshire
E81027	Houghton Regis Medical Centre	Central Bedfordshire
E81036	Ivel Medical Centre	Central Bedfordshire
E81045	Kingsbury Court Surgery	Central Bedfordshire
E81052	Kirby Road Surgery	Central Bedfordshire
E81022	Larksfield Surgery Medical Partnership	Central Bedfordshire
E81044	Leighton Road Surgery	Central Bedfordshire
E81061	Lower Stondon Surgery	Central Bedfordshire
E81043	Marston Forest Healthcare	Central Bedfordshire
E81014	Priory Gardens Surgery	Central Bedfordshire
E81057	Saffron Health Partnership	Central Bedfordshire
E81004	Salisbury House Surgery	Central Bedfordshire
E81035	Sandy Health Centre	Central Bedfordshire
E81033	Shefford Health Centre	Central Bedfordshire
E81034	Toddington Medical Centre	Central Bedfordshire
E81009	West Street Surgery	Central Bedfordshire
E81008	Wheatfield Surgery	Central Bedfordshire
E81617	Ashcroft Practice	Luton
E81632	Barton Hills Medical Group	Luton
E81005	Bell House Medical Centre	Luton
E81028	Biscot Group Practice	Luton

E81048	Bute House Medical Centre	Luton
E81013	Castle Medical Practice	Luton
E81063	Conway Medical Centre	Luton
E81612	Drs Mirza Sukhani & Partners	Luton
E81041	Gardenia and Marsh Farm Practice	Luton
Y02332	Kingsway Health Centre	Luton
E81026	Larkside Practice	Luton
E81032	Lea Vale Medical Practice	Luton
E81010	Leagrave Surgery	Luton
E81016	Lister House Surgery	Luton
E81631	Malzeard Road Medical Centre	Luton
E81073	Medici Medical Practice	Luton
E81633	Neville Road Surgery	Luton
E81025	Oakley Surgery	Luton
E81076	Pasture's Way Surgery	Luton
E81006	Stopsley Village Practice	Luton
E81040	Sundon Medical Centre	Luton
Y02463	The Town Centre Practice	Luton
E81018	Woodland Avenue Practice	Luton
K82054	Ashfield Medical Centre	Milton Keynes
E81050	Asplands Medical Centre	Milton Keynes
K82039	Bedford Street Surgery	Milton Keynes
Y02900	Brooklands Health Centre	Milton Keynes
K82065	Central Milton Keynes Medical Centre	Milton Keynes
K82057	Cobbs Garden Surgery	Milton Keynes
K82064	Fishermead Medical Centre	Milton Keynes
K82610	Grove Surgery	Milton Keynes
K82631	Milton Keynes Village Surgery	Milton Keynes
K82016	Newport Pagnell Medical Centre	Milton Keynes

K82032	Oakridge Park Medical Centre	Milton Keynes
K82015	Parkside Medical Centre	Milton Keynes
K82027	Purbeck Health Centre	Milton Keynes
K82013	Red House Surgery	Milton Keynes
K82025	Sovereign Medical Centre	Milton Keynes
K82009	Watling Street Practice	Milton Keynes
K82617	The Stonedean Practice	Milton Keynes
K82615	Walnut Tree Health Centre	Milton Keynes
K82633	Westcroft Medical Centre	Milton Keynes
K82059	Westfield Road Surgery	Milton Keynes
K82026	Whaddon Surgery	Milton Keynes
Y06810	Whitehouse Health Centre	Milton Keynes
K82003	Wolverton Health Centre	Milton Keynes

APPENDIX 4

NHS Central East Integrated Care Board

Scheme of Reservation and Delegation

(Version 1)

This Scheme of Reservation and Delegation (SoRD) sets out:

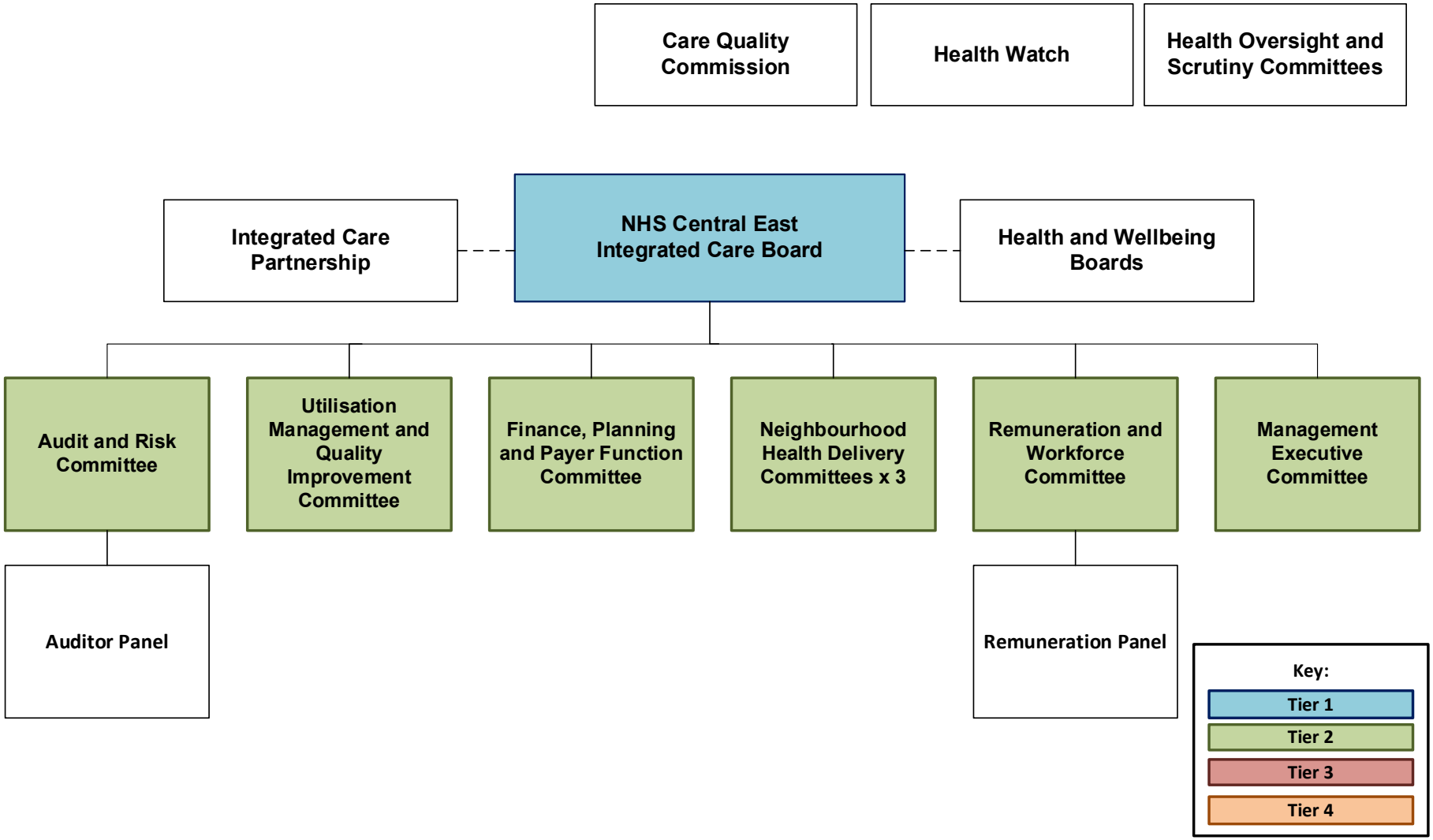
- Those functions that are reserved to each sovereign ICB Board cited above
- Those functions, authority and financials level that have been delegated to an individual or to Committees and Sub-Committees
- Those functions delegated to another body or to be exercised jointly with another body, under sections 65Z5 and 65Z6 of the 2006 Act.

In compliance with section 4.4.4 of this ICBs Constitution, NHS Central East Integrated Care Board 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.

NHS Central East ICB Governance Structure

Functions and Decision-making Map



Definitions and Abbreviations:

Term	Description
2006 Act	National Health Service Act (as amended)
Cluster	For the purpose of this document - the collaboration of ICBs as detailed in the NHS Blueprint
EPRR	Emergency Preparedness, Resilience and Response
FPPT	Fit and Proper Person Test
ICP	Integrated Care Partnership
ICS	Integrated Care System
PDSA	Plan, Do, Study, Act (PDSA) cycles
SFI	Standing Financial Instructions
SoRD	Scheme of Reservation and Delegation
Tier 1	Tier 1: ICB Board. The ICB Board is responsible for setting overall strategy, approving major decisions, and holding the organisation to account for delivery, quality, and financial sustainability. Decisions reserved to the Board are set out in the Governance Handbook. The Board retains ultimate accountability for outcomes, risk, and stewardship of public resources.
Tier 2	Tier 2: Board Committees. Committees act under delegated authority from the Board and provide both decision-making and assurance functions. Decisions reserved to Committees are detailed in the Governance Handbook. Committees ensure that strategy is translated into robust plans and that delivery is progressing as intended. There are six sub-committees of the Board: 1. Audit and Risk Committee 2. Remuneration and Workforce Committee 3. Utilisation Management and Quality Management Committee 4. Finance, Planning and Payer Function Committee 5. Neighbourhood Delivery Committee x3 6. Management Executive Committee Together, these committees provide focused oversight of quality, utilisation, finance, neighbourhood delivery, and organisational leadership.

Tier 3	Tier 3: Programme Boards. Programme Boards are responsible for overseeing delivery of specific programmes and pathways. They operate through delegation to the relevant Executive Director or Director, with delegations set out in the Governance Handbook and the Delegated Financial Limits document. Programme Boards are accountable for progress through the lifecycle, delivery against agreed outcomes, management of risk, and escalation where decisions or support are required.
Tier 4	Tier 4: Working Groups Working groups are task-and-finish in nature. They do not hold decision-making authority. Their role is to complete defined actions, develop proposals, undertake analysis, and support delivery for Programme Boards and Committees.

Index:

Version Control:

Version Number	Changes	Date of Approval
v.1	New Document	

	Decisions and functions reserved to the Board	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. 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.	Constitution 4.2.2
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.	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	Reference Document
	Require and receive the declaration of Board members' (and others as required) interests to discharge its duty to manage conflicts of interest. 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>** Appoint each Ordinary Member of the Board, exercised by the Chair.	Constitution 2.1.5, 2.2.2, 2.2.4

	Decisions and functions reserved to the Board	Reference Document
	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 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. Approve annually (with any necessary appropriate modification) the annual refresh of system plan, 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	Reference Document
	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. 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.	

	Decisions and functions reserved to the Board	Reference Document
The Board	**<u>Annual Reports and Accounts</u>** 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	**<u>Monitoring</u>** 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	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** - - 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.	Constitution 4.6.4, 4.6.8 Standing Orders 3.6 Terms of Reference
Remuneration and Workforce 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** – 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).	Constitution 4.6.8, 8.1.6 Constitution 3.13.1 Terms of Reference

Committee	Decisions and functions reserved to the Committee	Reference
	• 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). • 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. • **This Committee has delegated authority to approve ICB policies in respect of the following**: • Human Resource policies.	
Finance, Planning and Payer Function 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.	Terms of Reference

Committee	Decisions and functions reserved to the Committee	Reference
	• **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	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.
	
	• **This Committee has delegated authority to ratify and be assured of ICB policies in respect of the following**:
	  • Policies approved from the Clinical Policies Group.
		Constitution 1.4.5, 1.4.7
		
		Terms of Reference

Committee	Decisions and functions reserved to the Committee	Reference

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:
	
	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 –**
	  • Strategic leadership of Neighbourhood Health across the defined Place including:
	  • Developing and agreeing the Neighbourhood Health Plan (with sign-off by Health and Wellbeing Boards)
	  • Driving and enabling collaboration between partners with all partners contributing to delivery of the strategy and plan
	  • Strategic planning to meet the health needs of the population.
	  • Maximising partnership opportunities for the development of primary care and community estates assets
	  • Strategic shaping and support of partnership and collaborative arrangements
	  • Oversight of financial and operational delivery at neighbourhood and Place
	  • Oversight of financial and operational 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.
		Constitution 1.4.5., 1.4.7.
		
		Terms of Reference

Committee	Decisions and functions reserved to the Committee	Reference
	• Market Management – oversight of providers ensuring services are high quality and value for money • Supporting and guiding the work of the Director of Neighbourhood Health, Places and Partnerships and their team.	
Management Executive 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. **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. **This Committee has delegated authority to approve ICB policies in respect of the following**: • Corporate policies.	Constitution 1.4, 2.3, 3.5, 3.9, 3.10, 3.11. Terms of Reference

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
ICB/Bedford Borough Council			
ICB/Central Bedfordshire Council			
ICB/Luton Council			
ICB/Milton Keynes City Council			
Hertfordshire 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.		
Cambridgeshire County Council			
Peterborough City Council			

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 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
Hertfordshire County Council	• Section 75 Arrangements • Section 256 Grant.	NHS Act 2006	Partnership Agreements
Cambridgeshire County Council	• Section 75 Arrangements • Section 256 Grant.	NHS Act 2006	Partnership Agreements
Peterborough 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** • 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. • 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.	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 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

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• Approve appointment of members of any committee. • Suspend or terminate members of the Board, as approved by the Board.	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
	
	  • 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 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.
		Constitution 1.6.2, Standing Orders 2.1.3, 2.1.4
		
		Standing Orders 6.1.1, 6.1.3
		
		Constitution 3.5.4, 3.6.5, 3.7.4

Board Member / employee	Decisions and functions delegated by the Board	Reference
	• 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** • 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.	Constitution 3.8.2, 3.9.3, 3.10.3, 3.12.3 Constitution 3.11.2, 3.11.7
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.	

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. **Regulations and Control** • ICB Signatory • Authenticate use of the seal **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: • 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.	

Board Member / employee	Decisions and functions delegated by the Board	Reference
The Executive Clinical Director – Utilisation 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** • ICB Signatory • Authenticate use of the seal **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 1.4.7, 7.2.8, 7.4.1 Constitution 7.2.4

Board Member / employee	Decisions and functions delegated by the Board	Reference
The Executive Director of Finance, Resources and Contracts	**Regulations and Control** • 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. **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.	Standing Order 6 Standing Orders 6.1.3 Constitution 7.3.2, 7.3.3 Constitution 7.3.5 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 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. **<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. **Regulations and Control** • ICB Signatory • Authenticate use of the seal **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.	
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.	

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. **Regulations and Control** • ICB Signatory • Authenticate use of the seal **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. • Specialist Commissioning Authorised Officer.	

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. **Regulations and Control** • ICB Signatory • Authenticate use of the seal **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. • Emergency Accountable Officer leading Emergency Preparedness Response and Resilience.	
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. • Primary Care Networks. • Approving Primary medical Services Provider Mergers and Closures. • Making decisions in relation to management of poorly performing Primary Medical Services Providers.	Delegation Agreement.

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• 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. • Transparency and Freedom of Information. • Planning the Provider Landscape. • Finance. • Staffing and Workforce.	

Body making the delegation	Decisions and functions delegated to the Board	Reference
	• 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. • Integrated optometry into communities at Primary Care Network Level. • Complaints. • Commissioning ancillary support services.	

<table>
<tr><th>Body making the delegation</th><th>Decisions and functions delegated to the Board</th><th>Reference</th></tr>
<tr><td></td><td>
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 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.
<table>
<tr><th>PSS Manual Line</th><th>PSS Manual Line Description</th><th>Service Line Code</th><th>Service Line Description</th></tr>
<tr><td rowspan="2">2</td><td rowspan="2">Adult congenital heart disease services</td><td>13X</td><td>Adult congenital heart disease services (non-surgical)</td></tr>
<tr><td>13Y</td><td>Adult congenital heart disease services (surgical)</td></tr>
<tr><td>3</td><td>Adult specialist pain management services</td><td>31Z</td><td>Adult specialist pain management services</td></tr>
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Body making the delegation	Decisions and functions delegated to the Board				Reference
	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	
			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	

Body making the delegation	Decisions and functions delegated to the Board				Reference
		Adult specialist neurosciences services (continued)	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)	
			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)	

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

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

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

Body making the delegation	Decisions and functions delegated to the Board				Reference
	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 co-morbidities requiring treatment in a specialist hospital	04P	Termination services for patients with medical complexity and or significant co-morbidities requiring treatment in a specialist hospital	
	ACC	Adult Critical Care	ACC	Adult critical care	

Delegated Limits assigned by the Board

Decision	Further context	Finance, Planning and Payer Function Committee	Neighbour-hood Health Delivery Committee	Management Committee	CEO	Executive Director of Finance, Resources and Contracts (CFO)	Other Board level Executive Director	Director of Contracts & Procure-ment	Other Director	Deputy Director of Contracts / Deputy Directors of Finance	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 £50m	Up to £1m	Up to £20m	Up to £5m	Up to £5m	Up to £500k	Up to £250k	Up to £250k	Up to £5k	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 £50m	-	Up to £20m	Up to £5m	Up to £5m	-	-	-	-	-	-
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	-	Up to £500k	-	-	-	-	-	-
Contract signatures – Healthcare Related Expenditure	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 £500m	Up to £500m	Up to £25m	Up to £50m	Up to £5m	Up to £25m	-	-

Decision	Further context	Finance, Planning and Payer Function Committee	Neighbour-hood Health Delivery Committee	Management Committee	CEO	Executive Director of Finance, Resources and Contracts (CFO)	Other Board level Executive Director	Director of Contracts & Procure-ment	Other Director	Deputy Director of Contracts / Deputy Directors of Finance	Band 8d and above	Band 8a and above
Contract signatures – **Corporate & Non-Healthcare Related Expenditure**	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 £2.5m	Up to £2.5m	Up to £250k	Up to £250k	Up to £50k	Up to £50k	-	-
Invoice / Purchase Order approvals – **Healthcare Related Expenditure**	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 within financial plans Relating to commissioning healthcare expenditure under service level agreements, contracts or partnership agreements. This may include non-commissioning expenditure included within NHS contracts - where this is the case, ensure appropriate approval from the relevant Budget Holder as well as the below. In line with budget management responsibilities (i.e. delegated budgets) and subject to quoting and tendering requirements.	-	-	-	Over £100m	Up to £100m	Up to £25m	Up to £75m	Up to £10m	Up to £50m	Up to £5m	Up to £25k

Decision	Further context	Finance, Planning and Payer Function Committee	Neighbour-hood Health Delivery Committee	Management Committee	CEO	Executive Director of Finance, Resources and Contracts (CFO)	Other Board level Executive Director	Director of Contracts & Procure-ment	Other Director	Deputy Director of Contracts / Deputy Directors of Finance	Band 8d and above	Band 8a and above
Invoice / Purchase Order approvals – **Corporate & Non-Healthcare Related Expenditure**	All invoices and purchase orders in line with specific approval requirements as needed and within financial plans Limits for invoice approvals, includes professional services e.g. legal advice, specialist advice, specific projects (all values are inclusive of VAT irrespective of whether this is reclaimable or not):				Over £1m	Up to £1m	Up to £250k	Up to £250k	Up to £100k	Up to £100k	Up to £25k	-
Payment authorisations	For payment of previously approved invoices in line with governance and financial plans	-	-	-		Over £100m	-	-		Up to £100m (Director of Finance & / or Deputy Directors 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 £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 £75k	-	Up to £50k	-
Grants	The delegated limits apply to the aggregate value over the life of the grant, including extensions, uplifts or variations. Grants are a form of non-contractual financial assistance provided without the purchase of goods, works or services and must be awarded in accordance with the ICB's Grants Policy	-	-	Up to £4m	Up to £500k	Up to £250k	Up to £50k	Up to £100k	-	-	-	-

Decision	Further context	Finance, Planning and Payer Function Committee	Neighbour-hood Health Delivery Committee	Management Committee	CEO	Executive Director of Finance, Resources and Contracts (CFO)	Other Board level Executive Director	Director of Contracts & Procure-ment	Other Director	Deputy Director of Contracts / Deputy Directors of Finance	Band 8d and above	Band 8a and above
	and Managing Public Money principles. All grants must be within an approved budget, supported by proportionate due diligence, and documented through an appropriate grant agreement or funding letter setting out purpose, conditions, monitoring and clawback arrangements. Grants that are novel, contentious, repercussive, outside agreed strategies, or that create ongoing financial commitments beyond the approved term must be escalated for approval at Board level. *Where funding is provided in return for specified deliverables for the organisation, the arrangement will be treated as procurement rather than a Grant*											
Consultancy Expenditure	Consultancy is subject to NHS England controls. Anything above £49,999 required NHS England approval through Consultancy Controls Business Case			To £49,999 Inclusive of irrecoverable VAT								
Emergency Response	The Department of Health and Social Care defines a major incident as “an event or a situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or war or											

Decision	Further context	Finance, Planning and Payer Function Committee	Neighbour-hood Health Delivery Committee	Management Committee	CEO	Executive Director of Finance, Resources and Contracts (CFO)	Other Board level Executive Director	Director of Contracts & Procure-ment	Other Director	Deputy Director of Contracts / Deputy Directors of Finance	Band 8d and above	Band 8a and above
	terrorism which threatens serious damage to the security of the UK The On-call Manager and the Second On-call Manager have delegated authority to make urgent financial decisions relating to the ICB within the ICB unit of planning and other NHS organisations within the health community as appropriate during a major incident.											

Procurement of Clinical / Healthcare Services

The Provider Selection Regime (PSR) applies to the procurement of relevant healthcare services by NHS relevant authorities and does not operate by reference to financial thresholds.

All decisions under PSR must follow the applicable PSR procurement route (Direct Award, Most Suitable Provider, or Competitive Process), regardless of contract value.

Delegated financial limits do not determine whether PSR applies; instead, they govern who may approve the chosen PSR route, contract award, variation, or extension, based on the total value over the life of the contract, including any modifications. High-value, novel, contentious or repercussive PSR decisions must be escalated in accordance with the Scheme of Delegation, and no contract may be awarded, varied or extended without documented justification and approval at the appropriate delegated level.

Please refer to the ICB Procurement Policy for more information.

Non-Clinical Services & Estates Only

<table>
<tr><th colspan="3">Quotations and tenders</th><th></th></tr>
<tr><td colspan="4">▪ The entries below are subject to the Procurement Act, The ICB Procurement Policy and other relevant guidance. Please refer to ICB policy alongside the contracts and procurement team.
▪ Managers are required to hold evidence of quotations for audit.</td></tr>
<tr><td rowspan="3"></td><td rowspan="3">All:
▪ building and engineering works,
▪ goods,
▪ equipment, and
▪ Non-healthcare services</td><td>Up to £24,999
(inc. VAT)</td><td>2 written quotes supporting request for approval

Managers are required to hold evidence of quotations for audit
While no formal process is required although best value for money should be sought at all times and purchases should be from a reputable source.</td></tr>
<tr><td>£25,000 to £207,720
(inc. VAT)</td><td>3 written quotes supporting request for approval

Managers are required to hold evidence of quotations for audit
While no formal process is required although best value for money should be sought at all times and purchases should be from a reputable source.</td></tr>
<tr><td>*£207,720 and above
(inc. VAT)</td><td>Formal procedure in line with the Procurement Act 2023 and subject to published annual threshold revisions.

If expenditure is likely to exceed this Threshold (as applicable at the time), a formal tendering process must be followed in accordance with the ICB Procurement Policy. If there is a valid reason for not following the formal process (see list of exemptions in the ICB Procurement Policy) a Single Tender Waiver request form must be completed.</td></tr>
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NHS
Central East
Integrated Care Board

Appendix 5

NHS Central East
Integrated Care Board

Standing Financial Instructions

ICS implementation guidance

Integrated care systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area.

They exist to achieve four aims:

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

Following several years of locally led development and based on the recommendations of NHS England and NHS Improvement, the government has set out plans to put ICSs on a statutory footing.

To support this transition, NHS England and NHS Improvement are publishing guidance and resources, drawing on learning from all over the country.

Our aim is to enable local health and care leaders to build strong and effective ICSs in every part of England.

Collaborating as ICSs will help health and care organisations tackle complex challenges, including:

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

Contents

1.Purpose and statutory framework

1.1.1 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.

1.1.2 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.

1.1.3 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.

1.1.4 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.

1.1.5 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.

1.1.6 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.

1.1.7 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.

1.1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the Chief Executive or the Executive Director for Finance, Resourcing and Contracting must be sought before acting.

1.1.9 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.

1.2.0 The Audit and Risk Committee is responsible for approving all detailed financial policies.

1.2.1 These SFIs will be published and maintained on the ICB's website at.

1.2.2 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Executive Director for Finance, Resourcing and Contracting must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the ICB's constitution, standing orders and scheme of reservation and delegation.

2. Scope

2.1.1 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.

2.1.2 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.

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

2.1.4 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. 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

The roles and responsibilities of the ICBs members, employees, members of the Governing Body, members of the Governing Body's Committees and Sub-Committees and persons working on behalf of the ICB are set out in paragraph 2.2 of the ICB constitution.

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 Executive Director for Finance, Resourcing and Contracting 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 Executive Director for Finance, Resourcing and Contracting 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.
- the Governance statement and annual accounts & reports are signed.
- 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 Executive Director for Finance, Resourcing and Contracting 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

4.1.1 The Executive Director for Finance, Resourcing and Contracting is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

4.1.2 The Executive Director for Finance, Resourcing and Contracting will delegate the budgetary control responsibilities to budget holders through a formal documented process.

4.1.3 The Executive Director for Finance, Resourcing and Contracting 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.
- advise the Governing Body on the setting of thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds should be incorporated in the scheme of reservation and delegation. (**Section 16 appendix 1**)
- set out the list of managers who are authorised to place requisitions for the supply of goods and services, the maximum level of each requisition and the system for authorisation above that level.

- be responsible for designing and maintaining a system of verification, recording and payment of all amounts payable.

- be responsible for the prompt payment of all properly authorised accounts and claims. Payment of contract invoices shall be in accordance with contract terms, or otherwise, in accordance with national guidance.

- Any requisitioner, in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the ICB. In so doing, the advice of the ICB's adviser on supply shall be sought. Where this advice is not acceptable to the requisitioner, the Executive Director for Finance, Resourcing and Contracting (and/or the Accountable Officer) shall be consulted.

- Prepayments are only permitted where exceptional circumstances apply. In such instances:

- Prepayments are only permitted where the financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to NPV using the National Loans Fund (NLF) rate plus 2%).

    - The appropriate officer member of the Senior Management Team must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the ICB if the supplier is at some time during the course of the prepayment agreement unable to meet his commitments.

    - The Executive Director for Finance, Resourcing and Contracting will need to be satisfied with the proposed arrangements before contractual arrangements proceed.

    - The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Accountable Officer if problems are encountered.

- No contract or other form of order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to directors, employees, or agents of the ICB, other than isolated gifts of a trivial character

or inexpensive seasonal gifts such as calendars or conventional hospitality such as lunches in the course of working visits.

- No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Executive Director for Finance, Resourcing and Contracting on behalf of the Accountable Officer.

- Orders must not be split or otherwise placed in a manner devised so as to avoid the financial thresholds set out in these SFIs.

- Goods are not to be taken on trial or loan in circumstances that could commit the ICB to a future uncompetitive purchase.

4.1.4 In addition, the Executive Director for Finance, Resourcing and Contracting should have financial leadership responsibility for the following statutory duties:

- the of the ICB, in conjunction with its partner NHS trusts and NHS foundation trusts, to exercise its 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.

    - local revenue resource use does not exceed the limit specified in a direction by NHS England.

- the duty of the ICB to perform its functions 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. The Executive Director for Finance, Resourcing and Contracting 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 Executive Director for Finance, Resourcing and Contracting 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 Executive Director for Finance, Resourcing and Contracting 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 Executive Director for Finance, Resourcing and Contracting 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.

- ensuring payments made from bank or (GBS) accounts do not exceed the amount credited to the account except where arrangements have been made.

- reporting to the Governance and Audit Committee all arrangements made with the ICB's bankers for accounts to be overdrawn.
- monitoring compliance with any NHS England guidance on the level of cleared funds.

5.3 Debt management

5.3.1 The Executive Director for Finance, Resourcing and Contracting 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 as follows:
    - the appropriate recovery action on all outstanding debts, with income not received dealt with in accordance with losses procedures. Overpayments should be detected (or preferably prevented) and recovery initiated.
    - establishing and maintaining systems and procedures for the secure handling and prompt banking of cash and other negotiable instruments.
    - designing, maintaining, and ensuring compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.
    - developing effective arrangements for making grants or loans.

6. Financial systems and processes

6.1 Provision of finance systems

6.1.1 The Executive Director for Finance, Resourcing and Contracting 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 Executive Director for Finance, Resourcing and Contracting 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 Executive Director for Finance, Resourcing and Contracting shall periodically seek assurances that adequate controls are in operation.

7. Procurement, purchasing, tendering & Contracting

7.1 Principles

7.1.1 The Executive Director for Finance, Resourcing and Contracting 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.

7.1 Tendering and Contracting Procedure

This procedure will ensure that all procurement activities are legally compliant to ensure we incur only budgeted, approved, and necessary spending. The ICB will seek value for money proposals for all goods and services ensuring that competitive tenders are invited for supplies, works and services (other than specialised services sought from or provided by the Department of Health); and for

the design, construction and maintenance of building and engineering works (including construction and maintenance of grounds and gardens) for disposals.

The Public Contract Regulations 2015 (as amended by The Public Procurement (Amendment etc.) (EU Exit) Regulations 2020) applies to all public authorities, including the NHS. Where the contracted services are captured by the Regulations and the expected value of a contract exceeds the relevant threshold, the procurement will be undertaken in accordance with the Regulations. This includes:

publicising their intention to seek offers in relation to the contract by publishing a call for competition notice in the governments Find a Tender website and the Contracts Finder website

the process and timescales for evaluating and selecting the successful bidder.

the process for contract award and notification of contract award.

Where The Public Contracts Regulations 2015 (as amended by The Public Procurement (Amendment etc.) (EU Exit) Regulations 2020) is not applicable, but the ICB elects to invite tenders for the supply of services, the ICBs Standing Orders and Standing Financial Instructions shall apply, and:

The Governing Body may only negotiate contracts on behalf of the ICB, and the ICB may only enter into contracts, within the statutory framework set up by the 2006 Act, as amended by the 2012 Act. Such contracts shall comply with:

- the ICB's Standing Orders.
- the Public Contracts Regulation 2015, any successor legislation and any other applicable law; and
- consider as appropriate any applicable NHS England or NHS Improvement guidance that does not conflict with (b) above.

When entering into contracts with providers or suppliers of healthcare services, the standard NHS contract or short form contract must be used unless the value of the contract is less than £100,000 when a locally agreed contract can be utilised. Locally agreed contract forms can also be agreed for non-healthcare services.

In all contracts entered into, the group shall endeavour to obtain best value for money. The Accountable Officer shall nominate an individual who shall oversee and manage each contract on behalf of the ICB.

Unless the exceptions set out in 7.2.13 or 7.2.14 apply, the ICB shall ensure that invitations to tender are sent to a sufficient number of firms/individuals to provide fair and adequate competition as appropriate, and in no case less than three

firms/individuals, having regard to their capacity to supply the goods or materials or to undertake the services or works required.

Formal tendering procedures need not be applied where the estimated expenditure or income does not, or is not reasonably expected to, exceed

- £213,477 (inclusive of VAT) for services which fall under the non-light touch regime

- £663,540 (inclusive of VAT) for services which fall under the light touch regime; or

- Where the supply is proposed under special arrangements negotiated by NHS England in which event the said special arrangements must be complied with.

Formal tendering procedures may be waived in the circumstances set out in (a) to (j) below. Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate ICB record signed by the Accountable Officer and Executive Director for Finance, Resourcing and Contracting and reported to the next Governance and Audit Committee meeting.

a) in very exceptional circumstances where the Accountable Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate ICB record.

b) where the requirement is covered by an existing contract and there is an agreed and signed record of a contestability and value for money assessment

c) where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of consortium members

d) where the timescale genuinely precludes competitive tendering (failure to plan the work properly would not be regarded as a justification for a single tender)

e) where specialist expertise is required and is available from only one source and this has been evidenced by market consultation

f) when the task is essential to complete the project, and arises as a consequence of a recently completed assignment and engaging different consultants for the new task would be inappropriate

g) there is a clear benefit from maintaining continuity with an earlier project. However, in such cases the benefits of such continuity must

outweigh any potential financial advantage to be gained by competitive tendering

h) for the provision of legal advice and services providing that any legal firm or partnership commissioned by the ICB is regulated by the Law Society for England and Wales for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned.

The Executive Director for Finance, Resourcing and Contracting will ensure that any fees paid are reasonable and within commonly accepted rates for the costing of such work, where allowed and provided for in the Capital Investment Manual. Written quotations should be obtained from at least three firms/individuals based on a written specification and detailed options appraisal following procurement best practice where the intended expenditure or income exceeds or is reasonably expected to exceed £25,000.

The Accountable Officer or his nominated officer should evaluate the quotation and select the quote which gives the best value for money. The reasons for this choice should be recorded in a permanent record.

No quotation shall be accepted which will commit expenditure in excess of that which has been allocated by the ICB and which is not in accordance with Standing Financial Instructions except with the authorisation of either the Accountable Officer or Executive Director for Finance, Resourcing and Contracting.

Items estimated to be below the limits set in these SFI for which formal tendering procedures are not used which subsequently prove to have a value above such limits shall be reported to the Accountable Officer and be recorded in an appropriate ICB record.

Where tenders have been invited:

An e-Procurement portal must be used to keep a formal record of all actions undertaken, when electronic "opening" of the tenders shall be by the authorised individual.

A record shall be kept showing for each set of competitive tender invitations dispatched:

a) the name of all firms' individuals invited.

b) the names of firm's individuals from which tenders have been received.

c) the date the tenders were received and opened.

d) the price shown on each tender.

e) a note where price alterations, if any, have been made on the tender and suitably initialled.

If for any reason the designated officers are of the opinion that the tenders received are not strictly competitive (for example, because their numbers are insufficient or any are amended, incomplete or qualified) no contract shall be awarded without the approval of the Accountable Officer.

Where only one tender is received and a contract is to be awarded, the Accountable Officer and Executive Director for Finance, Resourcing and Contracting shall, as far practicable, ensure that the price to be paid is fair and reasonable and will ensure value for money.

Tenders received after the due time and date, but prior to the opening of the other tenders, may be considered only if the Accountable Officer or his/her nominated officer decides that there are exceptional circumstances e.g., dispatched in good time but delayed through no fault of the tenderer. Only in the most exceptional circumstances will a tender be considered which is received after the opening of the other tenders and only then if the tenders that have been duly opened have not left the custody of the Accountable Officer or his/her nominated officer or if the process of evaluation and adjudication has not started. While decisions as to the admissibility of late, incomplete, or amended tenders are under consideration, the tender documents shall be kept strictly confidential, recorded, and held in safe custody by the Accountable Officer or his/her nominated officer. Accepted late tenders will be reported to the Governance and Audit Committee.

Contracts will be awarded based on the best value for money, inclusive of other factors affecting the success of a project should be considered. Where other factors are considered in selecting a tenderer, these must be clearly recorded and documented in the contract file, and the reason(s) clearly stated.

No tender shall be accepted which will commit expenditure in excess of that which has been allocated by the ICB and which is not in accordance with these Instructions except with the authorisation of the Accountable Officer.

All Tenders should be treated as confidential and should be retained for inspection.

Providing all the conditions and circumstances set out in these Standing Financial Instructions have been fully complied with, formal authorisation and awarding of a contract may be decided by the following staff to the value of the contract as follows: Section 16 **Appendix 1** For further guidance please see

Central East Integrated Care Board Procurement Policy

8. Commissioning

Working in partnership with relevant national and local stakeholders, the ICB will commission certain health services to meet the reasonable requirements of the persons for whom it has responsibility

The ICB will coordinate its work with NHS England, other ICB's, local providers of services, Local Authority(ies), including through the Integrated Care System, the Health and Wellbeing Board, patients and their careers, the voluntary sector and others as appropriate to develop robust operating plans.

In considering its approach to the commissioning of and contracting for healthcare services the ICB will comply with legislation and nationally published guidance by NHS England, NHS Improvement and other equivalent bodies. Where the ICB decides not to open a new service to the market by way of tender, the reason for this will be reported to the Governing Body. Where the ICB decides to tender services, section 7 of these SFI's will apply.

The Accountable Officer will establish arrangements to ensure that regular reports are provided to the Governing Body detailing actual and forecast expenditure and activity for each contract.

The Executive Director for Finance, Resourcing and Contracting will ensure there is a system of financial monitoring to ensure the effective accounting of expenditure under contracts. This should provide a suitable audit trail for all payments made under the contracts whilst maintaining patient confidentiality.

Agreements with providers of NHS commissioned healthcare services shall be drawn up in accordance with the relevant Health and Social Care Act and administered by the ICB. Agreements with NHS Trusts are not contracts in law and are not enforceable by the courts. However, a contract with a Foundation Trust is a legal document and is enforceable in law.

The Accountable Officer is responsible for ensuring the ICB enters into suitable contracts for healthcare services. The Accountable Officer shall nominate officers to commission standard contract agreements with providers of healthcare in line with a commissioning plan approved by the Governing Body. All funding should aim to implement the agreed priorities contained within the Operating Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Accountable Officer should take into account:

- the standards of service quality expected.

- the relevant national outcome frameworks.
- the provision of reliable information on cost and volume of services.
- that contracts build where appropriate on existing Joint Operating Commissioning Plans.

9. Staff costs and staff related non pay expenditure

9.1.1 the Director of People and Culture

9.1.2 The Director of People and Culture (DPC) (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.

9.1.3 Operationally the DPC 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.

9.1.4 The DPC will ensure that the payroll system has adequate internal controls and suitable arrangements for processing deductions and exceptional payments.

9.1.5 Where a third-party payroll provider is engaged, the DPC shall closely manage this supplier through effective contract management.

9.1.6 The DPC is responsible for management and governance frameworks that support the ICB employees' life cycle.

10. Annual reporting and Accounts

10.1.1 The Executive Director for Finance, Resourcing and Contracting 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.
- the ICB prepares the accounts in accordance with the accounting policies and guidance given by NHS England and HM Treasury, the ICBs accounting policies and generally accepted accounting practice
- the ICB considers the external auditor's management letter and fully address all issues within agreed timescales; and
- the ICB publishes the external auditor's management letter on the ICBs website.

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.

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

10.1.3 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.

10.2 Internal audit

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 Executive Director for Finance, Resourcing and Contracting to ensure that:

- all internal audit services provided under arrangements proposed by the Executive Director for Finance, Resourcing and Contracting 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.

10.3 External Audit

The Executive Director for Finance, Resourcing and Contracting 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.

11. Losses and special payments

11.1.1 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.

11.1.2 The Executive Director for Finance, Resourcing and Contracting 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.

11.1.3 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.

11.1.4 As part of the new compliance and control procedures, ICBs must submit an annual assurance statement confirming the following:

- details of all exit packages (including special severance payments) that have been agreed and/or made during the year.
- that NHS England and HMT approvals have been obtained before any offers, whether verbally or in writing, are made; and
- adherence to the special severance payments guidance as published by NHS England.

11.1.5 All losses and special payments (including special severance payments) must be reported to the ICB Audit and Risk Committee and NHS England noting that ICBs do not have a delegated limit to approve losses or special payments.

11.1.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special payment guide.

12. Fraud, bribery and corruption (Economic crime)

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

The ICB Executive Director for Finance, Resourcing and Contracting 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 committee, and defined roles and accountabilities for those involved as part of the process of providing assurance to the board. 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 and NHS Improvement.

13. Capital Investments & security of assets and Grants

13.1.1 The Executive Director for Finance, Resourcing and Contracting 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(s);

- 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 Executive Director for Finance, Resourcing and Contracting is responsible for ensuring there are processes in place to ensure that a business case is produced.

13.1.2 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.

13.1.3 Advice should be sought from the Executive Director for Finance, Resourcing and Contracting or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

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

13.1.5 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

13.1.6 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.

14. Grants

14.1.1 The Executive Director for Finance, Resourcing and Contracting 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.

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

15. Legal and insurance

15.1.1 This section applies to any legal cases threatened or instituted by or against the ICB. The Executive Director for Corporate Services is responsible for legal and insurance issues for 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.

15.1.2 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.

NHS
Central East
Integrated Care Board

Appendix 6

NHS Central Eastern ICB

Petitions Scheme

Approved by ICB Board – 1st April 2026

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Document Control

Document Owner	[Insert here]
Document Author(s)	[Insert here]
Directorate	Corporate Services
Approved By	ICB Board
Date of Approval	1st April 2026
Date of Next Review	1st April 2028
Effective Date	1st April 2026

Version Control

Version	Date	Reviewer(s)	Revision Description
1.0	1st April 2026	ICB Board	Approved by the ICB Board

Contents

1. Introduction

A petition represents the expression of the views of the people who sign it. For the NHS Central East Integrated Care Board ("the ICB"), petitions are an important mechanism for local people to have a voice on local health matters.

To ensure that voices are heard appropriately and in order to avoid the danger of listening only to active lobby groups, petitions will not be viewed in isolation but as one piece of evidence and information which contributes to an overall picture of public opinion. Petitions can be raised as a discrete statement by the signatories or as a response to a public consultation or proposal being made by the ICB.

This policy outlines how the ICB will handle petitions received from the local community.

2. Scope

This policy relates to the receipt and management of either hard copy or e- petitions:

- Petitions may be pro-active e.g. unsolicited; where there is public opinion that a new service may be required to fill a perceived gap in service provision or re-active i.e. in response to an ICB initiated proposal to change an existing service.
- The policy sets out how petitions will be received whether outside a formal consultation period or during a formal consultation period.
- For the purpose of this policy a petition is considered to be a written document signed by a number of people demanding some form of action from the ICB.
- There is currently no clear, legally binding guidance to the NHS on handling petitions.
- When considering the receipt and management of e-petitions, the ICB wishes to ensure that it follows best practice and has drawn on published terms and conditions for submitting e-petitions utilised by HM Government.

3. Criteria for the consideration of petitions

In order to be received for consideration, petitions should meet the criteria outlined below:

- A petition amounting to any number of signatures will be considered by the ICB in their commissioning decisions. The sentiment indicated in the petition will be forwarded to the most appropriate internal commissioning process. This will be determined by the subject of the petition e.g. the petition may be passed to the relevant commissioning manager to incorporate into a service specification and/or relevant subgroup or committee for consideration.
- Where a petition, with significant support (with a minimum of 1000 signatures) has been received by the ICB, the Chief Executive Officer shall consult with the Chair of the Board

as to whether the petition should be included as a specific item for the agenda and consideration of the next meeting of the Board to agree any appropriate actions.

- Petitions may be received in paper or electronic (e.g. email, web based or social media) format.

- Petitions should be addressed to NHS Central East ICB and include a statement of petition which should include:

  - the proposition which is being promoted by the petition
  - the timeframe over which the petition has been collected

- The following information about each petitioner should be included:

  - Name
  - Postcode
  - Signature (in the case of a written petition)
  - Email address (in the case of an electronic petition). If this data is not collected due to the data controller not sharing the data eg a social media (eg Facebook), the petition will only be acknowledged as an indicator of public sentiment.

- The name and address of the petition organiser, who must be resident within the NHS Central East ICB geographical area, should be provided on the first page of the petition.

4. Acceptance of Petitions

An acknowledgement of receipt of the petition will be provided to the lead petitioner within 5 clear working days of receipt with a clear explanation about what will happen next.

Petitions will not be considered if they are repeated, vexatious or if they concern issues which are outside the ICB's remit. Petitions will also not be considered if the information contained is confidential, libellous, false, defamatory or offensive.

A petition will be considered as a repeat petition if:

a) it covers the same or substantially similar subject matter to another petition received within the previous six months;
b) it is presented by the same or similar individuals or groups as another petition received within the previous six months.

A petition will be considered as a vexatious petition if:

c) it focuses on an individual grievances
d) it focuses on the actions or decisions of an individual and not the organisation

A petition will be considered as outside the ICBs' remit if:

e) it focuses on a matter relevant to another organisation
f) it requests information available via Freedom of Information legislation
g) its aim is to correspond on personal issue(s) with an individual(s)
h) signatories are not based in the UK

A petition will be considered as confidential, libellous, false or defamatory if:

i) it contains information which may be protected by an injunction or court order
j) j) it contains material which is potentially confidential, commercially sensitive, or which may cause personal distress or loss

A petition will be considered as offensive if:

k) it contains language that may cause offence, is provocative or extreme in its views

Where a petition does not meet the requirement set out in the criteria above then the ICB will respond in writing within **ten working days** to confirm that the petition has been received and that, as the petition does not meet the criteria. The reason for rejection will be given clearly and explicitly.

4.1 Petitions received outside formal consultation period

For petitions received outside a formal consultation period, the Chief Executive Officer may delegate responsibility for receiving a petition to a nominated representative. The Chief Executive Officer or nominated representative may arrange for a short private meeting with the petition organiser to formally receive the petition. All photographic opportunities may be politely declined by the ICB during this meeting.

Once received, the Chief Executive Officer or nominated representative will ensure that the petition receives appropriate and proportionate consideration and that a response is made in writing.

4.2 Petitions received during a formal consultation period

If a petition relates to a subject, proposal or matter about which the ICB is actively seeking public opinion, and if the petition is submitted before the publicised close date of the engagement or consultation process, the petition will be considered as an item of correspondence, in the same way that any other response would be considered. Petitions will be considered as valid for consideration as part of the consultation if they meet the requirements set out in the criteria outlined in this policy.

5. Management of Petitions

When a report on the outcome of consultation is prepared, the following issues will be taken into account when considering a petition:

- If a petition is raised about a perceived lack of or missing service, consultation is not a public referendum or public vote. Influence will be afforded to the most cogent ideas and arguments, based upon clinical effectiveness, quality, patient safety, clinical and cost effectiveness and not necessarily to the views of the most numerous stakeholders.

- The petition should be relevant to the subject of the consultation. It may not necessarily use the same words, but it should have a bearing on the proposal(s) that the ICB has put forward.

- The petition should reflect the latest proposals and policy statements being made by the ICB and not relate to issues that are no longer under consideration. This is particularly relevant when considering the timescale during which signatures have been collected.

- The petition should provide an accurate reflection of the proposals in the consultation, rather than including misleading information or statements.

- The petition should relate to the consultation and to the proposed action of the ICB (and/or its stakeholders), rather than to broader policy agenda beyond the scope of the consultation.

- The petition's concerns will be assessed in relation to the aims being put forward in the consultation, and the rationale and constraints behind it. For example, a petition that proposes a realistic alternative option will normally be given greater weight than a petition that simply opposes an option that has been put forward for valid reasons.

- The petition's concerns will also be assessed in relation to the impact on other populations if these demands were accepted. This assessment could take into account views expressed in other petitions (which may conflict) or in more direct responses to the consultation.

The organiser of the petition will receive correspondence from the ICB as the body that has initiated the consultation, in the same manner as other respondents (e.g. acknowledgement, an outcome letter describing how the issues raised during consultation have or will influence the decisions made following consultation) within 28 days of receipt of the petition.

Petitions will be formally acknowledged in the analysis of consultation responses, along with all the other responses. If what Petitioners call for is accepted or rejected, the reasons for this should be given.

Hard copy and electronic petitions will be stored in a secure place within the ICB for 3 years and will then be destroyed as Confidential Waste (in the case of hard copies) or deleted (e-petitions.).

6. Return of petitions

Hard copy petitions should be addressed to:

The Chief Executive Officer
C/o Head of Governance
NHS Central East Integrated Care Board
Gemini House
Ely
CB7 4EA

Electronic petitions should be addressed to:

blmkicb.corporatesec@nhs.net

7. Duties and responsibilities

Board	The Board has responsibility for establishing a scheme of governance for the formal review and approval of such documents.

Chief Executive Officer	The Chief Executive Officer has overall responsibility for the operational management, including ensuring that ICB process documents comply with all legal, statutory and good practice guidance requirements.
All Staff	All staff, including temporary and agency staff, are responsible for: • Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken. • Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities. • Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly. • Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager. • Attending training / awareness sessions when provided

8. Implementation

This policy will be available to all staff for use and be aware of.

All directors and managers are responsible for ensuring that relevant staff within their own directorates and departments have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

9. Training Implications

It has been determined that there are no specific training requirements associated with this policy/procedure.

10. Related Documents

Other related policy documents

ICB People and Communities Approach.

Legislation and statutory requirements

There is currently no clear, legally binding guidance to the NHS on handling petitions.

The ICB has drawn upon published terms and conditions for submitting e-petitions, utilised by HM Government.

11. Monitoring, review and archiving

Monitoring

The Executive Management Team will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

Review

The Transition Director and Executive Director of Corporate Services & ICB Development

will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Executive Director of Corporate Affairs and ICS Development will consider the need to review the policy or procedure outside of the agreed timescale for revision.

Archiving

The Transition Director and Executive Director of Corporate Services & ICB Development will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: Code of Practice for Health and Social Care 2016.

Appendix 1: Equality Impact Assessment

Please answer the questions against each of the protected characteristic and inclusion health groups. If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken. It is against the law to discriminate against someone because of these protected characteristics. For support and advice on undertaking EQIAs please contact: agcsu.equalities@nhs.net

Name of Policy:	
Date of assessment:	19.03.2026
Screening undertaken by:	Governance Team – with Executive Director

Protected characteristic and inclusion health groups. **Find out more about the Equality Act 2010, which provides the legal framework to tackle disadvantage and discrimination: https://www.equalityhumanrights.com/en/equality-act/protected-characteristics**	**Could the policy create a disadvantage for some groups in application or access?** **(Give brief summary)**	**If Yes - are there any mechanisms already in place to mitigate the potential adverse impacts identified? If not, please detail additional actions that could help. If this is not possible, please explain why**
Age A person belonging to a particular age (for example 32 year olds) or range of ages (for example 18 to 30 year olds).	No	
Disability A person has a disability if she or he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.	No	
Gender reassignment The process of transitioning from one gender to another.	No	
Marriage and civil partnership Marriage is a union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'.	No	
Pregnancy and maternity Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.	No	
Race Refers to the protected characteristic of race. It refers t a group of people defined by their race, colour and	No	

nationality (including citizenship) ethnic or national origins.	
Religion or belief Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it t be included in the definition.	No
Sex A man or a woman.	No
Sexual orientation Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes or none.	
Carers Individuals within the ICB which may have carer responsibilities.	No

Please summarise the improvements which this policy offers compared to the previous version or position.

Has potential disadvantage for some groups been identified which require mitigation?

No – (If there are significant impacts and issues identified a full Equality / Quality Impact Assessment (EQIA) must be undertaken.)