



Scheme of Reservation and Delegation

July 2022

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POLICY AMENDMENTS

Amendments to the Policy will be issued from time to time. A new amendment history will be issued with each change.

New Version Number	Issued by	Nature of Amendment	Approving Body	Approval Date	Date Published on Website
1.0	Executive Director of Corporate Affairs	New Document	Integrated Care Board	1 st July 2022	1 st July 2022



Schedule of matters reserved to the Humber and North Yorkshire Integrated Care Board and Scheme of Delegation

INTRODUCTION

The arrangements made by NHS Humber and North Yorkshire Integrated Care Board for the reservation and delegation of decisions are set out in this scheme of reservation and delegation.

The ICB remains accountable for all its functions, including those that it has delegated.

Reference	Decision/Responsibilities	Reserved for the ICB Board	Delegated to a Committee or Sub-Committee	Delegated to an Individual (Subject to the Financial Delegations/ Financial Limits)	Delegated to Others (Subject to the Financial Delegations/ Financial Limits)	Supporting Notes
REGULATION AND CONTROL						
Constitution 1.6	Consider and approve applications to NHS England on changes to the Constitution	✓				
Constitution 4.6	Establish and approve terms of reference and membership for ICB Committees.	✓				
Constitution 3	Approve the appointment of Ordinary Board members.			✓ (Chair)		
Constitution 1.7.3	Approve the ICB scheme of reservation and detailed operational scheme of delegation	✓				
Constitution 4.0	Approve the arrangements for discharging the ICB's functions including but not limited to a) Having regard to and acting in a way that promotes the NHS Constitution b) Exercising its functions effectively, efficiently and economically. c) Duties in relation to children including safeguarding and promoting welfare. d) Adult safeguarding and carers (the Care Act 2014)	✓				

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	e) Equality, including the public-sector equality duty f) Information law g) Provisions of the Civil Contingencies Act 2004. h) Improvement in quality of services. i) Reducing inequalities. j) Obtaining appropriate advice. k) Duty to have regard to effect of decisions. l) Public involvement and consultation. m) Financial duties. n) Having regard to assessments and strategies					
Constitution	Exercise or delegate those functions of the ICB which have not been retained as reserved by the ICB Board or delegated to its Committees and sub-committees or delegated to named other individuals as set out in this document.			✓ (Chief Executive)		

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ICB 4	Establish governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.		✓ (Assured by the Finance, Performance and Delivery Committee)			
ICB 4 - Place	Establish governance arrangements to support collective accountability between partner organisations for place-based system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations.			✓ (NHS Place Directors discharged through the Place Committees)		
STRATEGY AND PLANNING						
ICB 1	Agree a plan to meet the health and healthcare needs of the population within Humber Coast & Vale, having regard to the Partnership integrated care strategy and place health and wellbeing strategies.	✓				
ICB 1 - Place	Agree a plan to meet the health and healthcare needs of the population within each place, having regard to the Partnership integrated			✓ (Developed by NHS)		

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	care strategy and place health and wellbeing strategies.			Place Director)		
ICB 2	Allocate resources to deliver the plan across the system, determining what resources should be available to meet population need in each place and setting principles for how they should be allocated across services and providers (both revenue and capital)	✓				
ICB 2 - Place	Allocate the delegated resources to deliver the plan in each place, determining what resources should be available to meet population need and setting principles for how they should be allocated across services and providers (both revenue and capital)			✓ (Developed by NHS Place Director)		
ICB 5	Arrange for the provision of health services in line with the allocated resources across the ICS through a range of activities including: a) putting contracts and agreements in place to secure delivery of its plan by providers. b) convening and supporting providers (working both at scale and at place) to lead major service transformation programmes to achieve agreed outcomes.			✓ (Developed by NHS Place Director)		

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	<p>c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships.</p> <p>including through investment in PCN management support, data and digital capabilities, workforce development and estates.</p> <p>d) working with local authority and voluntary, community and social enterprise (VCSE) sector partners to put in place personalised care for people, including assessment and provision of continuing healthcare and funded nursing care, and agreeing personal health budgets and direct payments for care</p>					
ICB 12	Approve decisions on the review, planning and procurement of primary medical care services (to reflect the terms of the delegation agreement with NHS England).			*see Operational SoD		
ICB	Approve the ICB operating structure	✓				

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Place	Approve the operating structure in each place			✓ (Developed by NHS Place Director)		
ICB 6	Agree system implementation of people priorities including delivery of the People Plan and People Promise by aligning partners across the ICS to develop and support 'one workforce', including through closer collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.	✓				
ICB 7	Agree system-wide action on data and digital: working with partners across the NHS and with local authorities to put in place smart digital and data foundations to connect health and care services to put the citizen at the centre of their care.	✓				
ICB 10	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system	✓				

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	and support wider goals of development and sustainability.					
ICB 11	Agree arrangements for planning responding to and leading recovery from incidents (EPRR), to ensure NHS and partner organisations are joined up at times of greatest need, including taking on incident coordination responsibilities as delegated by NHS England and NHS Improvement.	✓				
PARTNERSHIP WORKING						
ICB 3	Agree joint working arrangements with partners that embed collaboration as the basis for delivery within the ICB plan.	✓				
ICB 3 - Place	Agree joint working arrangements with partners that embed collaboration as the basis for delivery within the place plan.			✓ (Developed by NHS Place Director)		
Constitution 4.7.1	Approve arrangements for co-ordinating the commissioning of services with other ICBs or with local authorities, where appropriate.	✓				

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Constitution 4.3.2	Approve arrangements for risk sharing and /or risk pooling with other organisations (for example arrangements for pooled funds with other ICBs or pooled budget arrangements under section 75 of the NHS Act 2006).	✓				
Constitution	Develop arrangements for risk sharing and /or risk pooling with other organisations (for example pooled budget arrangements under section 75 of the NHS Act 2006).			✓ (Developed by NHS Place Director)		Pooled budgets will require Joint Committee to enable s75 pooled budget
EMPLOYMENT AND REMUNERATION						
Constitution Section 8	Have oversight of the ICB's responsibilities as an employer including adopting a Code of Conduct for staff	✓				
Rem and Nom ToR	Approve the terms and conditions, remuneration and travelling or other		✓ (Remuneration Committee)			

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	allowances for Board members, including pensions and gratuities.					
Rem and Nom ToR	Approve the terms and conditions, remuneration and travelling or other allowances for employees of the ICB and to other persons providing services to the ICB.		✓ (Remuneration Committee)			
Rem and Nom ToR	Approve human resources policies for ICB employees and for other persons working on behalf of the ICB.		✓ (Remuneration Committee)			
OPERATIONAL BUSINESS AND RISK MANAGEMENT						
ICB	Approve ICB operational policies (i.e. excluding those defined as clinical or finance)	✓				
Finance ToR	Approve ICB financial policies		✓ (Finance, Performance and Delivery Committee)			
ICB	Approval of accounts	✓				

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QC ToR	Approve ICB clinical policies and clinical pathways		✓ (Quality Committee)			
QC ToR	Approve system-level arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.		✓ (Quality Committee)			
ICB	Approve place-based arrangements to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.	✓				
Constitution Section 6	Approve arrangements for managing conflicts of interest.	✓				
ICB	Approve ICB risk management arrangements	✓				
ICB	Agree implementation in place of the ICB risk management arrangements.	✓				
Constitution 7.4.3	Approve arrangements for complying with the NHS Provider Selection Regime.	✓				

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Constitution 7	Agree implementation in place of the arrangements for complying with the NHS Provider Selection Regime	✓				
Audit ToR	Report and provide assurance to the Board on the effectiveness of ICB governance arrangements.		✓ (Audit Committee)			
Audit ToR	Receive the annual governance letter from the External Auditor and advise the Board of proposed action.		✓ (Audit Committee)			
Audit ToR	Approve the internal audit, external audit and counter-fraud plans and any changes to the provision or delivery of related services (other than the appointment or removal of the external auditor where authority is reserved to the Board).		✓ (Audit Committee)			
	Functions Delegated to other statutory bodies		✓ (Audit Committee)			
OTHER						

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Misc	Approval of individual funding requests, in accordance with the ICB policy				✓ Individual Funding Request (IFR) Panels	

Primary Medical Services Contract - Scheme of Reservation and Delegation (SoRD)

In accordance with the delegation agreement between NHS England and the ICB, the following table sets out the internal delegations within the ICB for Primary Medical Service-related decisions.

Contractor Group	Theme	Decision	Where decision to be taken			Notes (also see general notes at the bottom of the table)
			Decision by Place Officer (see notes)	Place Director / Place Executive Group (see notes)	ICB Heads of Primary Care / ICB Primary Care Team /	

					Integrated Care Board	
GP Contracts	Contract	Contract Novation (usually GMS/PMS to a Ltd Company)	✓			
GP Contracts	Contract	Contract Type Change (PMS to GMS)	✓			
GP Contracts	Contract	Extension to aPMS contract where contract allows	✓			
GP Contracts	Contract	Notice of Termination of Contract received from Contract Holder		✓		
GP Contracts	Premises	Rent Review - increase within regulations	✓			
GP Contracts	Premises	Rent Review - increase in rental costs outside of regulations within budget	✓			
GP Contracts	Premises	Rent Review - increase in rental costs outside of regulations outside of budget		✓		
GP Contracts	Premises	Closure of branch surgery		✓		
GP Contracts	Premises	Request to extend or vary a lease	✓			
GP Contracts	Premises	Estates development with a revenue consequence within budget		✓		
GP Contracts	Premises	Estates development with a revenue consequence outside of budget			✓	
GP Contracts	Practice/PCN Change	Partnership Change	✓			

						Where a merger may result in a contractor with a majority market share this will need to be escalated to the ICB Executive Team for consideration.
GP Contracts	Practice/PCN Change	Practice Merger		✓		
GP Contracts	Practice/PCN Change	Application to close practice list / extend practice list closure		✓		
GP Contracts	Practice/PCN Change	Change in Practice Boundary		✓		
GP Contracts	Practice/PCN Change	PCN Practice Changes	✓			
GP Contracts	Practice/PCN Change	PCN Clinical Director Changes	✓			
GP Contracts	Procurement	Procurement of APMS contract			✓	Escalation to Integrated Care Board may be required in line with the Scheme of Reservation and

						Delegation and would be advised by the ICB Heads of Primary Care / ICB Primary Care Team
GP Contracts	Sanctions	Issuing of breach / remedial notice	✓			
GP Contracts	Quality	CQC rating following practice inspection - Requires Improvement	✓			
GP Contracts	Quality	CQC rating following practice inspection - Inadequate			✓	Will result in contract termination and interim provider being put in place Escalation to Integrated Care Board may be required in line with the Scheme of Reservation and Delegation and would be

						advised by the ICB Heads of Primary Care / ICB Primary Care Team
GP Contracts	Quality	CQC rating following practice inspection - Outstanding	✓			
GP Contracts	Quality	CQC rating following practice inspection - Good	✓			
GP Contracts	Service Redesign	Access Specification - October 22			✓	
GP Contracts	Service Redesign	National Enhanced Services	✓			
GP Contracts	Service Redesign	Local Incentive Schemes		✓		
GP Contracts	Support services	Interpretation Services	✓			
GP Contracts	Support services	Clinical Waste	✓			
System	Investment	SDF			✓	Approval of Funding Delivery Plans will be required in line with the Scheme of Reservation and Delegation and would be

							advised by the ICB Heads of Primary Care / ICB Primary Care Team
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General

Notes:

1. Any decisions that have a financial impact outside of budget need to be escalated up to the Heads of Primary Care / ICB Primary Care Team
2. Any decisions that impact on competition law and market share need to be escalated up to the Heads of Primary Care / ICB Primary Care Team
3. Any service redesign that has a material cost or significant impact on patient services must be discussed through the Place Committee and may require escalation to other Committees and / or the Integrated Care Board, as required in the Scheme of Reservation and Delegation

FOOT NOTES

1. Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund. Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the board must authorise the arrangement, which must be described as appropriate in the SoRD.
2. The Health and Care Act sets out that new regulations will make provisions in relation to the arrangement of healthcare services in England. This is known as the Provider Selection Regime. The Provider Selection Regime will be a new set of rules for arranging healthcare services, which is intended to give decision makers a flexible, proportionate decision-making process for selecting providers to deliver healthcare services to the public. Due to timing constraints, the Provider Selection Regime will not be established at the same time as Integrated Care Boards (ICBs). The Provider Selection Regime is established as soon as possible after the establishment of ICBs, subject to Parliamentary approvals and scheduling.

The Provider Selection Regime would replace the existing procurement rules for healthcare services.