NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	**Friday, 1 July 2022**
Title of paper	**ICB Governance Handbook and Associated Documents**
Presented by	**Kevin Lavery, Chief Executive Officer**
Author	**Debra Atkinson, Interim Head of Corporate Business**
Agenda item	**7**
Confidential	**No**

Purpose of the paper

The purpose of this report is to present the ICB Governance Handbook and the associated documents for approval and publication.

Executive summary

The ICB's constitution is supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.

The Governance Handbook brings together all the ICB's governance documents, so it is easy for interested people to navigate.

Recommendations

The Board is asked to:

- Approve the ICB' Governance Handbook and the associated Governance documents and arrangements in particular:
  - The Functions and Decisions Map
  - The Overarching Scheme of Delegation and Operational Scheme of Delegation
  - Standing Financial Instructions (SFIs) and Losses and special Payment Guidance
  - Conflicts of Interest Policy and Procedures (incorporating Gifts and Hospitality)
  - Standards of Business Conduct Policy
  - Public Involvement and Engagement Policy
- Note the requirement for the ICB to publish its Governance Handbook and the associated documents within it
- Note that the Governance Handbook and the documents within it may be amended at any time (with approval from the Board) to reflect any changes to the content to any section or document within it.

Governance and reporting (list other forums that have discussed this paper)

Meeting	Date	Outcomes
N/A		

Conflicts of interest identified

None

Implications				
If yes, please provide a brief risk description	**Yes**	**No**	**N/A**	**Comments**
Quality impact assessment completed		X		
Equality impact assessment completed		X		
Privacy impact assessment completed		X		
Financial impact assessment completed		X		
Associated risks		X		
Are associated risks detailed on the ICS Risk Register?				

Report authorised by:	**David Flory, Chair**

ICB Governance Handbook and Associated Documents

1. Introduction

The ICB's constitution is supported by a number of documents which provide further details on how governance arrangements in the ICB will operate.

The Governance Handbook brings together all the ICB's governance documents, so it is easy for interested people to navigate.

The following do not form part of the Constitution but are required to be published.

a) The Scheme of Reservation and Delegation (SoRD).
b) Functions and Decision map
c) Standing Financial Instructions
d) **The ICB Governance Handbook**. It includes:
    - the above documents a) – c)
    - Terms of reference for all committees and sub-committees of the board that exercise ICB functions or any joint committee of the ICB and another ICB, NHSE, Trust or Local Authority
    - Scheme of Delegation and Reservation and Operational Scheme of Delegation
    - Standing Financial Instructions
    - Functions and Decisions Map
    - The up-to-date list of eligible providers of primary medical services
    - Roles and responsibilities of board members
    - Delegation arrangements where ICB functions are delegated to another body, or to a joint committee of the ICB and one of those organisations
    - Key Policy Documents including:
        - Standards of Business Conduct Policy
        - Conflicts of Interest Policy and Procedures
        - Policy for Public Involvement and Engagement

The Governance Handbook is attached as **Appendix A**.

2. Publication and Amendments

The Governance Handbook and all the documents referred to within it will be published on the ICB website for transparency and ease of access.

The Governance Handbook and the documents within it may be amended at any time (with approval from the Board) to reflect any changes to the content to any section or document within it.

3. The Functions and Decisions Map

The functions and decisions map is a high level structural chart that sets out which key decisions are delegated and taken by which part or parts of the system. It also includes any decision-making responsibilities that are delegated to the ICB.
The Lancashire and South Cumbria ICB functions and decisions map is provided as **Appendix B**.

4. The Scheme of Reservation and Delegation (SoRD)

The SoRD has been drafted with reference to national guidance and the ICB's Constitution.

It reflects the ICB's operating model and committee structure at establishment and on the principle of no delegations outside of the ICB in 2022/23, or joint committees formed (other than formal arrangements already established i.e., Section 75s)

4.1 Operational/Financial Scheme of Delegation

The overarching SoRD is supported by an operational scheme of delegation that determines delegated financial limits for the Committees of the ICB, the Executive Leadership Team, Finance Officers and Other Officers.

The aim is to have a financial scheme of delegation that is fit for purpose and allows the business of the ICB to be conducted in an effective and timely way. In addition, it allows the ICB to fulfil its duties in managing the public purse in a transparent and accountable manner.

There will need to be a strong grip on the ICB's finances, especially in the early months as systems and processes are being developed and embedded. The ICB is a statutory body therefore there is a need to demonstrate Value for Money on an annual basis through the external audit assurance process.

In designing the FSD these factors and obligations have been taken on board in order to mitigate any risks and ensure there is full accountability.

4.2 Interim Operational Scheme of Delegation / Delegated Financial Limits

To ensure a smooth transition into the new organisation and effective continuation of 'business as usual' activity, an Interim SoD has been developed:

- CCG Scheme of Delegation

  Legacy CCG delegation limits remain in place for all CCG employees transferring into the ICB as of 1 July 2022 and an interim Finance ledger has been set up on this basis. CCG Legacy Accountable Officer limits will be aligned to ICB Executive Directors.

- CSU Delegation

  The CSU legacy delegation limits will remain in place as at 1 July 2022 to ensure smooth continuation of current practices, especially in relation to approval of packages of care on behalf of the ICB

- Integrated Care System (ICS) Scheme of Delegation

  This was established to provide appropriate management of ICS income and expenditure budgets, and this remains in place in the interim to ensure that programme funding remains appropriately manage.

These arrangements are on an interim phased basis pending full appointment to the ICB structure which is anticipated by end September 2022.

The overarching SoRD and Operational Scheme of Delegation will be reviewed in this financial year to reflect any changes necessary as the ICB begins to operate in a statutory form.

The Scheme of Delegation is attached as **Appendix C.**

The Operational Scheme of Delegation/Delegated Financial Limits is attached as **Appendix C1**.

5. Standing Financial Instructions (SFIs) and Losses and special Payment Guidance

The Standing Financial Instructions (SFIs) are part of the ICB's control environment for managing the organisation's financial affairs and they are designed to ensure regularity and propriety of financial transactions.

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.

The Lancashire and South Cumbria ICB Standing Financial Instructions (SFIs) are provided as **Appendix D** and the Losses and Special Payments Guidance are provided as **Appendix D1**.

6. Terms of Reference for committees of the board

These will be incorporate following approval of the Establishment of the ICB's committees as considered in item 6 on today's agenda and the Handbook will be amended to reflect any changes prior to publication if necessary.

7. Other Sections within the Governance Handbook

The Governance Handbook also includes:

- a summary of arrangements for decisions in relation to the Better Care Fund which is a pooled fund hosted by the unitary or upper tier local authority and transacted through section 75 pooled funding arrangements between the ICB and each of the unitary or upper tier local authorities in Lancashire and South Cumbria.
- the roles and responsibilities of Board Members
- Regular Participants at Board Meetings
- Key Policy Documents:
    - Conflicts of Interest Policy and Procedures (incorporating Gifts and Hospitality)
      This has been prepared in line with NHSE Model CoI Policy and the ICB's constitution and in recognition that CCG CoI policy and requirements for mandatory training and assurance reporting to NHSE fall away from 1 July. Attached as **Appendix E**
    - Standards of Business Conduct Policy
      The main contents have been drawn from CCG existing policies and reviewed to include additional requirements for ICBs i.e. Fit and Proper Persons Regulations. Attached as **Appendix F**.
    - Public Involvement and Engagement Policy
      This policy includes the ICB principles for working with people and communities and describes how the ICB will involve and engage people and communities and ensure it meets the public sector equality duty. Attached as **Appendix G**.
- The list of providers of primary medical services who are eligible to jointly nominate the Partner Member – Provider of Primary Medical Services.

8. Recommendations

The Board is asked to:

- Approve the ICB' Governance Handbook and the associated Governance documents and arrangements in particular:
    - The Functions and Decisions Map
    - The Overarching Scheme of Delegation and Operational Scheme of Delegation
    - Standing Financial Instructions (SFIs) and Losses and special Payment Guidance
    - Conflicts of Interest Policy and Procedures (incorporating Gifts and Hospitality)
    - Standards of Business Conduct Policy
    - Public Involvement and Engagement Policy
- Note the requirement for the ICB to publish its Governance Handbook and the associated documents within it
- Note that the Governance Handbook and the documents within it may be amended at any time (with approval from the Board) to reflect any changes to the content to any section or document within it.

Appendix A

Lancashire and South Cumbria Integrated Care Board

NHS Lancashire and South Cumbria Integrated Care Board

Governance Handbook

Version Control

Title:	NHS Lancashire and South Cumbria Integrated Care Board Governance Handbook
Supersedes:	N/A
Description of Amendment(s):	N/A
Policy Area:	Corporate Governance
Version No:	Version 1.0
Author:	Debra Atkinson, Head of Corporate Business Victoria Ellarby, Programme Director – System Reform
Approved by:	Lancashire and South Cumbria Integrated Care Board
Effective Date:	1 July 2022
Review Date:	1 April 2023

NHS
Lancashire and South Cumbria
Integrated Care Board

Table of Contents

1. Introduction

1.1. NHS England (NHSE) has set out the following as the four core purposes of Integrated Care Systems (ICSs):

- 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.

1.2. The Integrated Care Board (ICB) will use its resources and powers to achieve demonstrable progress on these aims, collaborating to 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.

1.3. The arrangements described in the Lancashire and South Cumbria Integrated Care Board Constitution (the Constitution) describe how we organise ourselves together to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

1.4. The Constitution is underpinned by the duty that requires NHS bodies to consider the effects of their decisions on the health and wellbeing of the people of England, the quality of services and the sustainable and efficient use of resources.

1.5. The NHS Lancashire and South Cumbria Integrated Care Board will establish a mutual accountability with partners around the triple aims for systems:

- Improving the health and wellbeing of the people of Lancashire and South Cumbria
- Improving the quality of healthcare provided or arranged by both ourselves and other relevant bodies
- Achieving sustainable and efficient use of resources by both ourselves and other relevant bodies

1.6. The Constitution is supported by the Lancashire and South Cumbria Integrated Care Board Governance Handbook (the ICB Governance Handbook) which provides further details on how governance arrangements in the ICB will operate by bringing together a number of governance documents, so it is easy for interested people to navigate.

2. Contents of the ICB Governance Handbook

2.1. The ICB Governance handbook includes the following requirements described in the Constitution:

2.1.1. The Functions and Decisions Map

2.1.2. The Scheme of Reservation and Delegation (SoRD)

2.1.3. The Standing Financial Instructions (SFIs)

2.1.4. The Terms of Reference for committees of the board

2.1.5. Other Decision-making Groups

2.1.6. The Roles and Responsibilities of Board Members

2.1.7. Regular Participants at Board Meetings

2.1.8. Eligible Providers of Primary Medical Services

2.1.9. Key Policy Documents

3. Access to the Governance Handbook

3.1. The ICB Governance Handbook will be published on the ICB website for transparency and ease of access (www.lancashireandsouthcumbria.icb.nhs.uk)

3.2. The ICB Governance Handbook will be updated regularly as a routine reference guide to how governance arrangements in the ICB will operate.

4. The Functions and Decisions Map

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

4.2. The Lancashire and South Cumbria ICB functions and decisions map is provided as Appendix A.

5. The Scheme of Reservation and Delegation (SoRD)

5.1. The Scheme of Reservation and Delegation (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 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.

5.2. The SoRD is supported by an operational/Financial scheme of delegation that determines delegated financial limits for to the Committee's of the ICB, the Executive Leadership Team, Finance Officers and Other Officers.

5.3. The Lancashire and South Cumbria ICB Scheme of Reservation and Delegation (SoRD) is provided as Appendix B and the SoD is provided as Appendix B1.

6. The Standing Financial Instructions (SFIs) and Losses and special Payment Guidance

6.1. The Standing Financial Instructions (SFIs) are part of the ICB's control environment for managing the organisation's financial affairs and they are designed to ensure regularity and propriety of financial transactions.

6.2. 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.

6.3. The Lancashire and South Cumbria ICB Standing Financial Instructions (SFIs) are provided as Appendix C and the Losses and Special Payments Guidance are provided as Appendix C1.

7. The Terms of Reference for committees of the board

7.1. The board has established the following committees:

- Audit Committee
- Remuneration Committee
- The Remuneration Committee
- Quality Committee
- People Board
- Public Involvement and Engagement Advisory Committee

7.2. The Terms of Reference for each of these Committees are provided as Appendices D to H.

8. Other Decision-making Groups

The Primary Care Contracting Group

8.1. The Primary Care Contracting Group is established as an expert panel to ensure consistent decision making across the ICB with regards to NHS England delegation agreement for delegated primary care services.

8.2. The Group's remit covers the contracting and financial oversight of:

- All delegated primary care commissioning functions as defined by the Delegation Agreement
- All enhanced/locally commissioned primary care services

8.3. The Group takes accountability for ensuring delegated primary care commissioning decisions are made in line with national policy and legislation. The group, and associated contracting groups, shall carry out the functions to the commissioning of primary care services under The NHS Act 2006, namely:

- Primary Medical Services, under part 4
- Pharmaceutical Services, under part 7
- Dental Services, under part 5*
- Ophthalmic Services, under part 6*
- As defined by the Delegation Agreement

**responsibility for these services will not transfer until 1 April 2023*

8.4. The Group does not hold responsibilities for functions retained by NHS England.

8.5. The Terms of Reference for this Group are provided as Appendix I.

Health and Wellbeing Boards

8.6. A number of decisions and functions are delegated to be exercised jointly by the ICB and each of the unitary or upper tier local authorities in Lancashire and South Cumbria.

8.7. These are set out in the ICB Scheme of Delegation and Reservation and relate to the Better Care Fund, which is a pooled fund hosted by the unitary or upper tier local authority and transacted through section 75 pooled funding arrangements between the ICB and each of the unitary or upper tier local authorities in Lancashire and South Cumbria. Section 75 of the NHS Act 2006 allows partners (NHS bodies and councils) to contribute to a common fund which can be used to commission health or social care related services.

8.8. In each unitary or upper tier local authority, the following groups exercise the decision-making:

- Blackburn with Darwen Health and Wellbeing Board
- Blackpool Health and Wellbeing Board
- Cumbria Health and Wellbeing Board
- Lancashire Health and Wellbeing Board

8.9. The decisions and functions delegated to these Health and Wellbeing Boards are:

- Agree priorities and Investment plans for the Better Care Fund created jointly by the ICB and each relevant unitary or upper tier local authority
- Agree the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners
- Approve arrangements for risk sharing and/or risk pooling
- Approve quarterly and year-end report against plan for submission
- Agree pooled fund payments schedules
- Approve annual statement of accounts
- Oversight of Regional and National Assurance process

9. The Roles and Responsibilities of Board Members

9.1. The board is composed of the following members:

- Chair
- Chief Executive
- 2 Partner Members - NHS Trusts and Foundation Trusts
- 1 Partner Member - Primary Medical Services
- 1 Partner Member - Local Authorities
- 5 Non-Executive Members
- Chief Finance Officer
- Medical Director
- Chief Nurse

9.2. All members of the unitary board, including partner members, are collectively and corporately accountable for organisational performance. The purpose of the board is to govern effectively and in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands. The board will be responsible for:

- formulating a plan for the organisation
- holding the organisation to account for the delivery of the plan; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- shaping a healthy culture for the organisation and the system through its interaction with system partners.

9.3. As members of the board, each individual will:

- Work collaboratively to shape the long-term, viable plan for the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money.
- Ensure that the board is effective in all aspects of its role and appropriately focused on the four core purposes, 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.
- Be champions of new governance arrangements (including with the Integrated Care Partnership), collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.
- Support the Chair and the wider board on issues that impact organisations and workforce across the Integrated Care System, such as integration, the People agenda, Digital transformation, Emergency Preparedness, Resilience and Response (EPRR) and Covid-19 challenges.
- Play a key role in establishing new statutory arrangements for the Integrated Care System to ensure that the ICB meets its statutory duties, building strong partnerships and governance arrangements with system partners, including the ability to take on commissioning functions from CCGs and NHS England.
- Actively contribute and participate in Board Development activities and relevant Leadership development programmes

9.4. The specific roles and responsibilities of each of the board members are:

The Chair

9.5. The independent, non-executive Chair of the ICB is accountable to the NHS England Regional Director for the development and delivery of the plan of the ICB.

9.6. 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 ICB and for the stewardship of public money. The Chair champions action to help meet the four core purposes of Integrated Care Systems: 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.

9.7. The Chair ensures that the ICB is properly constituted and focused on improving outcomes in population health and healthcare, and encouraging greater partnership, integration and collaboration, both within the NHS and between the NHS and local government. The Chair has a responsibility to establish and lead the unitary board of the ICB, which has joint collective and corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and for NHS resources deployed to other organisations.

9.8. The Chair provides strong leadership on issues that impact upon organisations and workforce across the system, including integration, the People agenda, Digital transformation, Emergency Preparedness, Resilience and Response (EPRR) and Covid-19 challenges.

Non-Executive Members

9.9. The non-executive members:

- Are accountable to the ICB Chair.
- Have designated areas of responsibilities as agreed with the ICB Chair.
- Have a collective responsibility with the other members of the ICB to ensure corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and its financial obligations are met.

9.10. Non-Executive Members are responsible for specific areas relating to board governance and oversight by

- Bringing independent and respectful challenge to the plans, aims and priorities of the ICB
- Promoting open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population

9.11. One of the Non-Executive Members will be the Deputy Chair.

9.12. One of the Non-Executive Members will be the Chair of the Audit Committee, who will also act as the Conflicts of Interest Guardian

9.13. One of the Non-Executive Members will be the Chair of the Remuneration Committee.

9.14. One of the Non-Executive Members will take the role of a senior non-executive member and take a lead role in the appraisal of the Chair.

The Chief Executive

9.15. The Chief Executive is accountable to the ICB Chair and Board for the delivery of the ICB plan. Performance oversight will be provided by the NHS England and Improvement Regional Director.

9.16. The Chief Executive is accountable for the devising and delivering a 5-year plan for the ICB in conjunction with boards, partners across the ICS and local community, delivering related NHS commissioning and performance arrangements for the entire system and, through this, securing the provision of a comprehensive health service for people in the ICS area.

9.17. The Chief Executive will allocate and manage the NHS budget across the system in line with the plan agreed by the Board, the system's Integrated Care Strategy, the NHS Long Term Plan and NHS People Plan. This includes accountability for ensuring financial balance for the NHS, good value for money for taxpayers and long-term financial health in your system.

9.18. Innovation in the delivery of patient care and particularly in improved access, better patient experiences, increased patient safety - and reduced inequalities in these regards - will be a key priority. The Chief Executive will lead this transformation and encourage activity to accelerate this across their system.

9.19. The role is dependent on strong relationships with local patient communities, their representatives and system-wide partners. The Chief Executive will invest in an engagement and communication plan which builds confidence through routine listening events and involvement in the design of care improvements.

Chief Finance Officer

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

9.21. As the strategic financial lead, the Chief Finance Officer is accountable for all matters relating to the financial leadership and financial performance of the ICB.

9.22. The Chief Finance Officer, along with other executive members of the ICB, will also be responsible for ensuring that the ICB implements a robust financial strategy; ensuring that the ICB meets the financial targets set for it by NHS England and NHS Improvement, including living within the overall revenue and capital allocation, and the administration costs limit; and ensuring that system resources are effectively deployed and used to provide the best possible care for the population.

9.23. The Chief Finance Officer will provide financial leadership and influence across the ICS to ensure that opportunities to drive improvements in population outcomes which includes collaborating and providing financial leadership with key partners (across health, care and wider) to break down barriers, drive innovation and achieve agreed deliverables

Medical Director

9.24. The Medical Director reports directly to the ICB Chief Executive and is professionally accountable to the regional medical director.

9.25. The Medical Director, along with the Chief Nurse is accountable for all matters relating to the relevant professional colleagues across the clinical and care workforce employed by the ICB. They will also be designated accountable for statutory and non-statutory functions that the ICB will need to perform.

9.26. The Medical Director will have an influential executive role and shared accountability for the development and delivery of the long-term clinical strategy of the ICB, ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

9.27. With the Chief Nurse, the Medical Director will lead on overseeing quality of health services within the ICS including sharing intelligence and working with other key partners and regulators across and outside their system to improve quality of care and outcomes.

9.28. With the Chief Nurse, the Medical Director will be accountable for securing multi-professional clinical and care leadership in delivery of the ICB's objectives and form part of the wider network of clinical and care leaders in the region and nationally. With the ICB board they will ensure that population health management, innovation and research support continuous improvements in health and well-being including digitally enabled clinical transformation and the clinical and care elements of a sustainable People Plan for the ICS workforce.

Chief Nurse

9.29. The Chief Nurse reports directly to the ICB Chief Executive and is professionally accountable to the regional chief nurse.

9.30. The Chief Nurse will support the development and delivery of the long-term plan of the integrated care board (ICB). They will ensure this reflects and integrates the strategies of all relevant partner organisations of the ICB, with a particular focus on developing a shared clinical strategy.

9.31. The Chief Nurse, along with the Medical Director, is accountable for all matters relating to the relevant professional colleagues across the clinical and care workforce employed

by the ICB. They will also be designated accountable for statutory and non- statutory functions that the ICB will need to perform.

9.32. The Chief Nurse will have an influential executive role and shared accountability for the development and delivery of the long-term clinical strategy of the ICB, ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

9.33. The Chief Nurse, along with the Medical Director, will be accountable for providing high quality clinical and professional leadership of the ICB's activities. This includes ensuring that clinical and care professional leadership is embedded at all levels of the ICS as set out in the Clinical and Care Professional Leadership Guidance. With the ICB board they will ensure that population health management, innovation and research support continuous improvements in health and well-being including digitally enabled clinical transformation and the clinical and care elements of a sustainable People Plan for the ICS workforce

The Partner Members

9.34. Each Partner Member:

- Is accountable to the ICB Chair.
- Has a collective responsibility with the other members of the ICB Board to ensure corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and its financial obligations are met.
- Will work alongside the Chair, non-executives, executive directors and other partner members as an equal member of a unitary board.
- Will bring a range of knowledge and professional expertise as well as a high level of understanding and experience from their sector to the work of the board.

9.35. Each Partner Member brings knowledge and a perspective from their sector, but they do not act as a delegate of their sector and are not appointed as representatives of the interests of any particular organisation or sector.

The Partner Members – NHS Trusts and Foundation Trusts

9.36. One of these roles will fulfil the requirement of **Partner Member for Mental Health** by having specific knowledge and experience in connection with services relating to the prevention, diagnosis and treatment of mental illness of the provision of mental health services.

9.37. One of these roles will fulfil the requirement of **Partner Member for Acute and Community Services** by having specific knowledge and experience of the provision of acute and community services.

9.38. Together the two Partner Members must be able to bring the full range of perspectives across emergency, acute, mental health and community provision; and must be able to engage and maintain dialogue with the social enterprise sector as key partners within the ICS to understand their perspective.

Partner Member – Providers of Primary Medical Services

9.39. Key responsibilities will include engaging with providers of other primary care services to bring wider primary care perspectives, multi-disciplinary ways of working and a breadth of clinical practice; and chairing or attending (as appropriate) multi-stakeholder forums and committees, such as the Integrated Care Partnership and any Clinical and Care Professional fora.

Partner Member – Local Authorities

9.40. Key responsibilities will include bringing a local authority perspective of delivery within the Lancashire and South Cumbria system, with the ability to draw upon consistent and sustained experience from across the sector including the care agenda, public and population health, and policy areas related to wider health determinants and prevention. In addition, this Partner Member will bring a local authority perspective and knowledge of geographical diversity, perspectives and a variety of views relevant to the system's urban or rural contexts.

10. Regular Participants at Board Meetings

10.1. The 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.

10.2. Participants will receive advance copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the board 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.

10.3. The following may be invited as participants:

- Other Very Senior Officers of the ICB and its place-based partnerships
- A Director of Adult Social Care
- A Director of Public Health
- Voluntary, community, faith and social enterprise sector
- Healthwatch
- Any other person that the Chair considers can contribute to the matter under discussion

11. The list of eligible providers of primary medical services

11.1. The Partner Member – Providers of Primary Medical Services 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.

11.2. The list of relevant providers of primary medical services for this purpose is provided in Appendix J.

12. Key policy documents

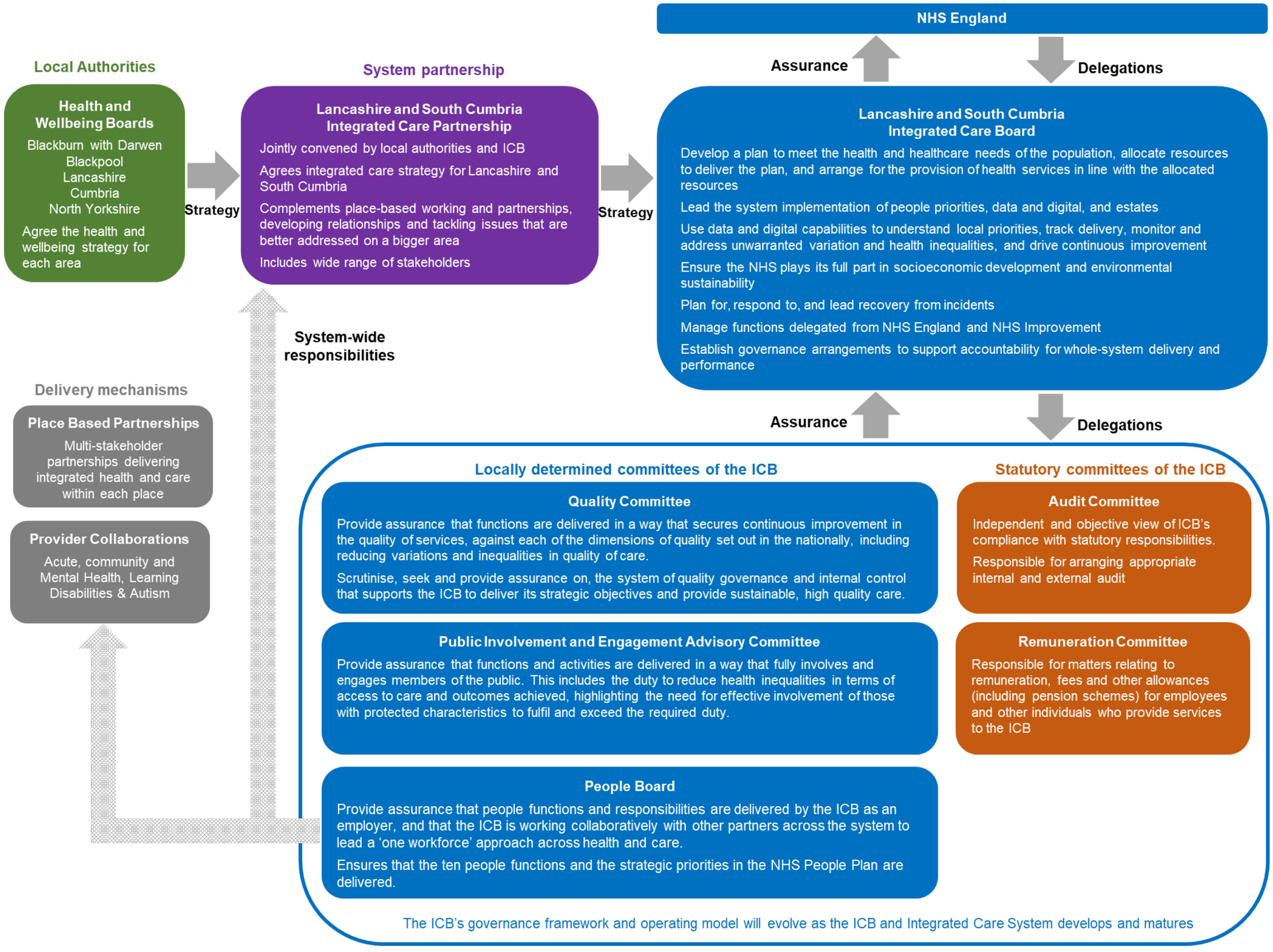
12.1. A number of key policy documents are referenced in the Constitution and/or in the Terms of Reference for the committees of the board:

- Conflicts of Interest Policy and Procedures
- Standards of Business Conduct Policy
- Public Involvement and Engagement Policy

12.2. These policies are provided as Appendices K to M.

Lancashire and South Cumbria Integrated Care Board

Appendix A: The Functions and Decisions Map



Appendix C

NHS Lancashire and South Cumbria Integrated care Board

Scheme of Reservation and Delegation (SoRD)

- The SoRD reflects the ICB's operating model and committee structure at establishment and on the principle of no delegations outside of the ICB in 2022/23, or joint committees formed (other than formal arrangements already established i.e., Section 75s)
- The SoRD will be reviewed in the 2022/23 financial year to reflect any necessary changes.

Contents

Overarching Scheme of Reservation and Delegation

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
Regulation and Control				
Constitution 1.6	Consideration and approval of applications to the NHS England on any matter concerning changes to the board's Constitution and standing orders	✓		Variations may be proposed by the Chief Executive or the Chair
Constitution SOs 5	Suspension of any part of standing orders		Reported to the next Audit committee	The Chair in discussion with at least 2 other members
Constitution 2.2.4	Approve the appointment of Board members (other than the Chair)			Chair[1]
Constitution 4.6.4(a	Establish and approve terms of reference and membership for the ICB committees and sub-committees and consider and approve any changes	✓		
Constitution 4.6.6	Approve members, or any changes to members of committees and sub-committees that exercise commissioning functions			Chair
FoICB 4[2]	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.	✓		Prepared by the Chief Executive
FoICB 4	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.			
Constitution 4.7	Agree any functions delegated to other relevant bodies or exercised jointly with the ICB and another relevant bodies	✓		
Constitution 4.7 (g	Approve the arrangements for discharging the ICB's statutory financial duties	✓	Assured by the Audit Committee	

[1] The Chief Executive appointment is subject to approval of NHS England in accordance with any procedure published by NHS England (c 3.4.2)
[2] functions of the integrated care board

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
Constitution 4.4.2	Approve the ICB scheme of reservation and delegation (SoRD) which sets out those decisions reserved to the Board, committees and sub-committees, individuals, or specified persons	✓		Amendments may be proposed by the Chief Executive or the Chair
Constitution 4.4.2	Approve the ICB operational scheme of delegation, which sets out those key operational decisions delegated to individuals or specified persons	✓		Amendments may be proposed by the Chief Executive or Chief Finance Officer
Constitution 5.2	Approve the ICB standing financial instructions.	✓		Prepared by the Chief Finance Officer
Constitution 1.7.3	Approve the ICB Governance Handbook and Functions and Decisions map	✓		Prepared by Chief Finance Officer
Constitution SOs 4.9.5 4.9.6	taking of urgent decisions and extraordinary circumstances on behalf of the Board.			Chair and Chief Executive (or relevant lead director in the case of committees
Constitution SOs 6	Use of the seal or execution of a document for signature.	✓		Chair Chief Executive or Chief Finance Officer
Constitution 1.4.5	Approve the arrangements for discharging the ICB's statutory functions and general statutory duties which include but are 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) e) equality, including the public-sector equality duty f) Information law (including data protection Act 2018, and Freedom of Information Act 2000) g) provisions of the Civil Contingencies Act 2004. h) improvement in quality of services. i) reducing inequalities.	✓		

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
	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 of its performance			
Constitution section 4	Determine the arrangements to ensure that the ICB exercises its functions effectively, efficiently and economically and in accordance with the board's principles of good governance, including but not limited to: a) comply with all relevant laws including but not limited to the 2006 Act and the duties prescribed within it and any relevant regulations b) comply with directions issued by the Secretary of State for Health and Social Care c) comply with directions issued by NHS England d) have regard to statutory guidance including that issued by NHS England; and e) take account, as appropriate, of other documents, advice and guidance issued by relevant authorities, including that issued by NHS England. f) respond to reports and recommendations made by local Healthwatch organisations within the ICB area	✓		
	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
Constitution 5.2 and 7.3.8	Approve the arrangements for discharging the ICB's statutory financial duties.	✓		Prepared by the Chief Finance Officer
Constitution 7.3.8 b)	Approve the ICB corporate budgets and financial plan that meet the ICB financial duties.	✓		Prepared by the Chief Finance Officer
Annual Report and Accounts				
Constitution 7.5 SFIs 3.3	Approve and Publish the ICB Annual Report and Annual Accounts	✓	Audit Committee review prior to submission for audit.	Prepared by the Chief Finance Officer

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
Constitution 7.5	Approve the timetable for the preparation and approval of the ICB's annual report and annual accounts		Audit Committee	
TOR	Approve the appointment of the ICB's external auditor		Audit Committee	
Strategic Planning				
Constitution 7.3.8 a) b) Reg s.14Z52	Agree and publish a **System Joint Forward Plan** at the start of each financial year that sets out how the ICB proposes to exercise its functions during the next five years (covering all functions). The system joint forward plan will be agreed with partner NHS trusts and foundation trusts (those partners included under section 3.5.1 of the constitution)	✓		Prepared by the Chief Executive
Reg s.14Z53 clause 19	Agree revisions to the System Joint Forward Plan in agreement with partner NHS trusts and foundation trusts.	✓		
Reg s. 14Z54	Approve the arrangement for consultation of the joint forward plan or when making a change that is deemed significant, conducted jointly with partner NHS trusts and foundation trusts.	✓		
Reg s.14Z56	Agree and publish a **Joint Capital Resource Use Plan** with partner NHS trusts and foundation trusts (those partners included under section 3.5.1 of the constitution) before the start of each financial year.	✓		Prepared by the Chief Finance Officer
Reg s.14Z57	Agree revisions to the Joint Capital Resource Use Plan that are deemed significant in agreement with partner NHS trusts and foundation trusts.	✓		
Reg s.116 clause 20(3)	Prepare a JSNA with each partner local authority (those partners included under section 3.7.1 of the constitution)	✓		exercised by Health and Wellbeing Boards[3]
Reg s.116A clause 20(5)	Prepare a Joint Health and Wellbeing Strategy based on the JSNAs, with each responsible local authority.	✓		exercised by Health and Wellbeing Boards

[3] Refer to section 'Decisions and functions delegated to be exercised jointly'

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
7.3.8 c) FoICB 1	Agree a plan to meet the health and healthcare needs of the population (all ages) within Lancashire and South Cumbria, having regard to the Integrated Care Partnership's Strategy.	✓		Prepared by the Chief Executive
FoICB 2	Allocate resources to deliver the plan across the system and 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)	✓		Prepared by Chief Finance Officer
FoICB 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. c) support the development of primary care networks (PCNs) as the foundations of out-of-hospital care and building blocks of place-based partnerships. including through investment in PCN management support, data and digital capabilities, workforce development and estates. 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	✓		Chief Executive
FoICB 12	Approve the arrangements for the review, planning and procurement of primary medical care services and appropriate specialised services (to reflect the terms of the delegation agreement with NHS England).	✓		Recommended by the Medical Director
	Approve the ICB operating structure	✓		Prepared by the Chief Executive
FoICB 6 PB ToR	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	✓	People Board make recommendations and oversee implementation.	Strategy prepared by Chief People Officer

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
	collaboration across the health and care sector, with local government, the voluntary and community sector and volunteers.			
FoICB 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.	✓		Prepared by Chief Digital Officer
FoICB 10	Agree joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system and support wider goals of development and sustainability.	✓		Prepared by Chief Finance Officer
FoICB 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.	✓		Prepared by Planning, Performance and Strategy Director
Partnership Working				
FoICB 3	Agree joint working arrangements with partners across Lancashire and South Cumbria that embed collaboration as the basis for delivery within the ICB plan.	✓		
Constitution 4.3.2	Approve arrangements for coordinating the commissioning of services with other ICBs or with local authorities, where appropriate.	✓		
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)[4]	✓ Joint Committee for S75 arrangements)		
Employment and Remuneration				
Constitution Section 8	Have oversight of the ICB's responsibilities as an employer including adopting a Standards of Business Conduct for staff	✓		

[4] Awaiting national guidance for approval of s75 arrangements

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
Constitution section 8.1.6	Approve the terms and conditions, remuneration and travelling or other allowances for Board members, including pensions and gratuities.		Remuneration Committee Remuneration Panel where it relates to a non-executive member of the board[5]	
Constitution 8.1.6	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	
	Approve human resources policies for ICB employees and for other persons working on behalf of the ICB		Remuneration Committee	
Constitution 8.1.1 SFI 8.1	Approve arrangements for staff appointments		Remuneration Committee	
Constitution 3.1.1 TOR	Provide assurance of ICB statutory duties relating to people such as compliance with employment legislation including such as Fit and proper person regulation (FPPR)		Remuneration Committee	
Operational Business and Risk Management				
SFIs	Approve a comprehensive system of internal control that underpins the effective, efficient and economic operation of the ICB.	✓		Prepared by Chief Executive and Chief Finance Officer
	Approve arrangements for oversight of strategic risks held on the Board Assurance Framework.	✓	Ensured by Audit Committee	
1.4.5	Approve arrangements to meet the public sector equality duty	✓		Prepared by the Chief People Officer
Constitution 4.4.2	Approve ICB Financial Policies	✓	Recommended by Chief Finance Officer	
Constitution 4.4.2	Approve Safeguarding, Clinical and Medicines Polices		Quality Committee	

[5] The remuneration of the chair will be determined by NHS England

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
Constitution 4.4.2	Approve HR Policies		Remuneration Committee	
Constitution 1.4.5 1.4.7	Approve system-level arrangements, including polices, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes	✓	Quality Committee to recommend to the Board and implement	
1.4.5	Approve ICB risk management arrangements	✓		
Constitution 6	Approve arrangements for managing conflicts of interest, including gifts and hospitality and for standards of business conduct.	✓		
7.3.4	Approve arrangements for handling complaints	✓		Prepared by Chief Nurse
7.3.5	Approve arrangements for handling freedom of information requests	✓		
Constitution 7.4.3	Approve arrangements for complying with existing procurement rules until the NHS Provider Selection Regime comes into effect. The ICB will comply with the requirements of the NHS Provider Selection Regime once it is introduced.	✓		Prepared by Chief Finance Officer
Schedule 1, Part 1, para 4B of the Civil Contingencies Act 2004	Approve arrangements for assessing the risk of an emergency occurring and maintaining plans for the purposes of responding to an emergency as a Category 1 Responder.	✓		Prepared by Chief Planning, Performance and Strategy Officer
Audit				
Constitution 4.6.8	Report and provide assurance to the Board on the effectiveness of ICB governance arrangements.		Audit Committee	
TOR	Ensure that financial systems and governance are established which facilitate compliance with DHSC's Group Accounting Manual		Audit Committee	
Constitution 4.6.8	Receive the annual governance letter from the External Auditor and advise the Board of proposed action		Audit Committee	
Constitution 4.6.8	Approve the internal audit, external audit and counter-fraud plans and any changes to the provision or delivery of related services		Audit Committee	

Reference	Decision/responsibilities	Reserved to the Board	Delegated to Committee or Group	Delegated to Chair or officer
Constitution 4.6.8	Approve the appointment (and where necessary change or removal) of the internal audit provider.		Audit Committee	

Decisions and functions delegated to the board by other organisations

Body making the delegation	Decisions and functions delegated to the ICB (2022/23)	Reference	Delegated to Committee or Group
NHS England	Delegation of commissioning functions as agreed in the delegation agreement between NHS England and the ICB in relation to: • Primary Medical Services • Pharmacy Services	Delegation Agreement	Primary Care Contracting Group

Decisions and functions delegated to be exercised jointly

Committee/entity that will exercise the function/ decision	Decisions and functions delegated to the committee/entity	Legal power	Governing arrangements
Lancashire Health and Wellbeing Board	• Agree priorities and Investment plans for the Better Care Fund created jointly by the ICB and Lancashire County Council. • Agree the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners. • Approve arrangements for risk sharing and/or risk pooling. • Approve quarterly and year-end report against plan for submission. • Agree pooled fund payments schedules. • Approve annual statement of accounts. • Oversight of Regional and National Assurance process	Section 75	Section 75 Partnership agreement. Lancashire County Council as host of s75 pooled fund.
Blackburn with Darwen Health and Wellbeing Board	• Agree priorities and Investment plans for the Better Care Fund created jointly by the ICB and Blackburn with Darwen Borough Council. • Agree the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of the statutory duty to encourage integrated working between commissioners.	Section 75	Section 75 Partnership agreement.

	• Approve arrangements for risk sharing and/or risk pooling. • Approve quarterly and year-end report against plan for submission. • Agree pooled fund payments schedules. • Approve annual statement of accounts. • Oversight of Regional and National Assurance process		Blackburn with Darwen Council as host of s75 pooled fund.
Blackpool Health and Wellbeing Board	• Agree priorities and Investment plans for the Better Care Fund created jointly by the ICB and Blackpool Borough Council. • Agree the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners. • Approve arrangements for risk sharing and/or risk pooling. • Approve quarterly and year-end report against plan for submission. • Agree pooled fund payments schedules. • Approve annual statement of accounts. • Oversight of Regional and National Assurance process	Section 75	Section 75 Partnership agreement. Blackpool Council as host of s75 pooled fund.
Cumbria Health and Wellbeing Board	• Agree priorities and Investment plans for the Better Care Fund created jointly by the ICB and Cumbria County Council. • Agree the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of their statutory duty to encourage integrated working between commissioners. • Approve arrangements for risk sharing and/or risk pooling. • Approve quarterly and year-end report against plan for submission. • Agree pooled fund payments schedules. • Approve annual statement of accounts. • Oversight of Regional and National Assurance process	Section 75	Section 75 Partnership agreement. Council as host of s75 pooled fund.

Decisions and functions delegated by the board to other statutory bodies

The ICB will not make use of its powers to delegate its functions to NHS trusts/FT, local authorities, or combined authorities during 2022/23. This is to allow sufficient time to consider the secondary legislation and NHSE statutory guidance relating to these new powers as these are published.

The ICB will continue working with providers on system plans and collaboration arrangements and consider any plans and aspirations for how delegation can support the delivery of system objectives in future years and begin to put to plans in place.

(does not apply to delegation to committees of the ICB board or existing section 75 arrangements with local authorities or any current lead provider arrangements in which NHS providers have responsibility for re-designing services, such as the NHS-led Mental Health, Learning Disability and Autism Provider Collaborative arrangements)

Body	Decisions and functions delegated from the ICB to the body	Legal power	Governing arrangements
	N/A for 2022/23		

Appendix A: Operational scheme of delegation including delegated financial limits

This describes the detailed delegated financial limits that individuals are authorised to approve and who has what authority to commit resources in the delivery of ICB objectives.

The document is in Excel form and is held as a separate document.

Appendix D

NHS
Lancashire and
South Cumbria
Integrated Care Board

NHS Lancashire and South Cumbria Integrated care board

Standing Financial Instructions

VERSION CONTROL

Version	Date	Edited by	Changes
V0.1	11 May 2022	K Hollis	Draft L&SC SFIs created from national template
V1	1 June 2022	K Hollis	Amended in line with revision to national model SFIs published 31 May 2022

Contents

1. Purpose and statutory framework

1.1 These Standing Financial Instructions (SFIs) shall have effect as if incorporated into the I1.9ntegrated Care Board's (ICB) constitution. In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022, the ICB must publish its constitution.

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

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

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

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

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

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

1.8 Should any difficulties arise regarding the interpretation or application of any of these SFIs, the advice of the chief executive or the chief financial officer must be sought before acting.

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

2. Scope

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

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

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

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

3. Roles and Responsibilities

3.1 Staff

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

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

3.2 Accountable Officer

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

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

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

preparation and audit of annual report and 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;
ensuring planned budgets are approved by the relevant Board; developing the funding strategy for the ICB to support the board in achieving ICB objectives, including consideration of place-based budgets;
making use of benchmarking to make sure that funds are deployed as effectively as possible;
executive members (partner members and non-executive members) and other officers are notified of and understand their responsibilities within the SFIs;
specific responsibilities and delegation of authority to specific job titles are confirmed;
financial leadership and financial performance of the ICB;
identification of key financial risks and issues relating to robust financial performance and leadership and working with relevant providers and partners to enable solutions; and
the chief financial officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk.

3.3 Audit committee

3.3.1 The board and accountable officer should be supported by an audit 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 chief financial officer is responsible for maintaining policies and processes relating to the control, management and use of resources across the ICB.

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

4.1.3 The chief financial officer will ensure:

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

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

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

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

5. Income, banking arrangements and debt recovery

5.1 Income

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

5.1.2 The chief financial officer is responsible for:

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

- ensuring the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks;

5.2 Banking

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

5.2.2 The chief financial officer will ensure that:

- the ICB holds the minimum number of bank accounts required to run the organisation effectively. These should be raised through the government banking services contract; and

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

5.3 Debt management

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

5.3.2 This includes:

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

- ensuring the debt management strategy covers a minimum period of 3 years and must be reviewed and endorsed by the ICB board every 12 months to ensure relevance and provide assurance;

- accountability to the ICB board that debt is being managed effectively;
- accountabilities and responsibilities are defined with regards to debt management to budget holders; and
- responsibility to appoint a senior officer responsible for day to day management of debt.

6. Financial systems and processes

6.1 Provision of finance systems

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

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

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

6.1.4 The Chief Financial officer will, in relation to financial systems:

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

- ensure that contracts for computer services for financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage. The contract should also ensure rights of access for audit purposes; and

- where another health organisation or any other agency provides a computer service for financial applications, the chief finance officer shall periodically seek assurances that adequate controls are in operation.

7. Procurement and purchasing

7.1 Principles

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

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

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

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

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

7.1.6 All officers must ensure that any conflicts of interest are identified, declared and appropriately mitigated or resolved in accordance with the ICB standards of business conduct policy.

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

7.1.8 Undertake any contract variations or extensions in accordance with PCR 2015 and the ICB procurement policy.

7.1.9 Retrospective expenditure approval should not be permitted. Any such retrospective breaches require approval from any committee responsible for approvals before the liability is settled. Such breaches must be reported to the audit committee.

8. Staff costs and staff related non pay expenditure

8.1 Chief People Officer

8.1.1 The chief people officer [CPO] (or equivalent people role in the ICB) will lead the development and delivery of the long-term people strategy of the ICB ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.

8.1.2 Operationally the CPO will be responsible for;

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

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

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

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

9. Annual reporting and Accounts

9.1 Principles

9.1.1 The chief financial officer will ensure, on behalf of the Accountable Officer and ICB board, that:

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

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

- discharged its duties in relating to improving quality of services, reducing inequalities, the triple aim and public involvement;
- review the extent to which the board has exercised its functions in accordance with its published 5 year forward plan and capital resource use plan; and
- review any steps that the board has taken to implement any joint local health and wellbeing strategy.

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

9.1.3 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.

9.2 Internal audit

9.2.1 The chief executive, as the accountable officer, is responsible for ensuring there is appropriate internal audit provision in the ICB. For operational purposes, this responsibility is delegated to the chief financial officer to ensure that:

- all internal audit services provided under arrangements proposed by the chief financial officer are approved by the Audit 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 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 committee meetings and have a right of access to all audit committee members, the Chair and chief executive of the ICB.

- the appropriate and effective financial control arrangements are in place for the ICB and that accepted internal and external audit recommendations are actioned in a timely manner.

9.3 External Audit

9.3.1 The chief financial officer is responsible for:

- liaising with external audit colleagues to ensure timely delivery of financial statements for audit and publication in accordance with statutory, regulatory requirements.

- ensuring that the ICB appoints an auditor in accordance with the Local Audit and Accountability Act 2014; in particular, the ICB must appoint a local auditor to audit its accounts for a financial year not later than 31 December in the preceding financial year; the ICB must appoint a local auditor at least once every 5 years and

- ensuring that the appropriate and effective financial control arrangements are in place for the ICB and that accepted external audit recommendations are actioned in a timely manner.

10. Losses and special payments

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

10.1.2 The chief financial officer will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risks from losses and special payments.

10.1.3 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.

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

10.1.5 All losses and special payments (including special severance payments) must be reported to the ICB Audit Committee

10.1.6 For detailed operational guidance on losses and special payments, please refer to the ICB losses and special guide which includes delegated limits.

11. Fraud, bribery and corruption (Economic crime)

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

11.2 The ICB chief financial officer is responsible for ensuring appropriate arrangements are in place to provide adequate counter fraud provision which should include reporting requirements to the board and Audit committee, and defined roles and accountabilities for those involved as part of the process of providing assurance to the board.

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

12. Capital Investments & security of assets and Grants

12.1 Assets

12.1.1 The chief financial officer is responsible for:

- ensuring that at the commencement of each financial year, the ICB and its partner NHS Trusts and NHS foundation trusts prepare a plan setting out their planned capital resource use;
- ensuring that the ICB and its partner NHS trusts and NHS foundation trusts exercise their functions with a view to ensuring that, in respect of each financial year local capital resource use does not exceed the limit specified in a direction by NHS England;
- ensuring the ICB has a documented property transfer scheme for the transfer of property, rights or liabilities from ICB's predecessor clinical commissioning group(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 chief financial officer is responsible for ensuring there are processes in place to ensure that a business case is produced.

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

- authority to spend capital or make a capital grant; and
- authority to enter into leasing arrangements.

12.1.3 Advice should be sought from the chief financial officer or nominated officer if there is any doubt as to whether any proposal is a capital commitment requiring formal approval.

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

12.1.5 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

12.1.6 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.

12.2 Grants

12.2.1 The chief financial officer is responsible for providing robust management, governance and assurance to the ICB with regards to the use of specific powers under which it can make capital or revenue grants available to;

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

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

13. Legal and insurance

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

- engagement of solicitors / legal advisors;
- approval and signing of documents which will be necessary in legal proceedings; and
- Officers who can commit or spend ICB revenue resources in relation to settling legal matters.

13.1.2 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.

Appendix D1

ICB Losses and Special Payment Guidance

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Losses and Special Payments Guidance

Version number: 1.0

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Prepared by Brian Siyolwe

Document Owner; David Procter

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1 Contents

1 Introduction and guidance statement

1.1.1 The Losses and Special Payments guidance is prepared as procedural guidance for Integrated Care Boards (ICBs).

1.1.2 The purpose of this document is to establish best practice that can be incorporated into the ICBs Standing Financial Instructions.

1.1.3 It should be noted that the user of this procedural guidance should be compliant with the respective ICB SFIs. If there is a need to interpret or difficulty in application of this guidance, please send an email to the NHS England, head of assurance and counter fraud: england.assurance@nhs.net.

1.1.4 HM Treasury retains the authority to approve losses and special payments which are classified as being either:

- novel or contentious;
- contains lesson that could be of interest to the wider community;
- involves important questions of principle;
- might create a precedent; and/or
- highlights the ineffectiveness of the existing control systems.

1.1.5 Therefore, HMT 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.

1.1.6 Losses and special payments are therefore subject to special control procedures compared to the generality of payments, and, special notation in the accounts to bring them to the attention of parliament. The annual accounts reporting requirements are detailed herein.

1.1.7 For the avoidance of doubt, all cases relating to ICB losses and special payments must be submitted to NHS England for approval if the proposed transaction values exceed the delegated limits that are detailed below or satisfy the conditions in section 1.1.4:

Expenditure type	Delegated limit
All losses	up to £300k
Special Payments including Extra-Contractual/ Statutory/ regulatory/ compensation & Ex gratia	up to £95k
Special severance & Retention payments	£0
Consolatory payments	£500

1.1.8 Losses and/or special payments that indicate or give rise to suspicion of fraud or corruption, please follow the guidance as provided by your local counter fraud specialist.

1.1.9 In dealing with individual cases, ICBs must consider the soundness of their internal control systems, the efficiency with which they have been operated, and take any necessary steps to put failings right.

1.1.10 The outcome of the review of the case under consideration (1.1.9) must be clearly indicated when submitting cases to NHS England as part of the account's consolidation process at yearend or as part of the approval process.

2 Scope

2.1.1 This procedural document is applicable to the following NHS bodies;

- Integrated Care Boards

3 Definitions

3.1.1 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 HMT managing public money.

3.2 Losses

3.2.1 A loss refers to any case where full value has not been obtained for money spent or committed.

3.2.2 Examples of types of losses which cannot be treated as business as usual are cash losses, bookkeeping losses, fruitless payments and claims waived or abandoned.

3.3 Special Payment

3.3.1 Special Payments relate to the following;

- any compensation payments;
- extra-contractual or ex-gratia payments; and
- any payment made without specific identifiable legal power In accordance with the National Health Service Act 2006, as amended by the Health and Care Act 2022.

3.4 Special Severance and retention payments

3.4.1 ICBs have not been delegated a limit to approve the special severance or retention payments. For detailed guidance, please refer to the special severance payments document as published on the NHSEI SharePoint finance library.

3.4.2 For clarity, any non-contractual special severance payments that are being considered for approval must be submitted to NHS England HR regional advisory teams prior to settlement.

3.4.3 The table below lists all the various expenditure classifications for losses and special payments and the applicable approvals if the final settlement sum exceeds the ICB delegated limit:

Category	Classification	Approval required from	Further approvals	Description of category
Fruitless Payment	Loss	Payment Type	Classification	value exceeds delegated limit
Bookkeeping Losses	Loss	Assurance team	NHSE/ DHSC/ HMT	Bookkeeping losses (un-vouched or incompletely vouched payments) including missing items or inexplicable or erroneous debit balances
Constructive loss	Loss	Assurance team	NHSE/ DHSC/ HMT	A constructive loss is a similar form of payment to stores losses and fruitless payments, but one where procurement action itself caused the loss. For example, stores or services might be correctly ordered, delivered or provided, then paid for as correct; but later, perhaps because of a change of policy, they might prove not to be needed or to be less useful than when the order was placed
Administrative costs	Loss	Assurance team	NHSE/ DHSC/ HMT	An expense incurred in controlling and directing an organisation,
Claims Waived or Abandoned	Loss	Assurance team	NHSE/ DHSC/ HMT	Losses may arise if claims are waived or abandoned because, though properly made, it is decided not to present or pursue them
Extra-contractual payments	Special Payment	Assurance team	NHSE/ DHSC/ HMT	Payments which, though not legally due under contract, appear to place an obligation on a public sector organisation which the courts might uphold. Typically, these arise from the organisation's action or inaction in relation to a contract. Payments may be extra-contractual even where there is some doubt about the organisation's liability to pay, e.g. where the contract provides for arbitration, but a settlement is reached without it. A payment made as a result of an arbitration award is contractual
Extra-statutory	Special Payment	Assurance team	NHSE/ DHSC/ HMT	Payments which are within the broad intention of the statute or regulation but go beyond a strict interpretation of its terms.
Extra-regulatory payments	Special Payment	Assurance team	NHSE/ DHSC/ HMT	Payments which are within the broad intention of the statute or regulation but go beyond a strict interpretation of its terms.
Compensation payments	Special Payment	Assurance team	NHSE/ DHSC/ HMT	Payments made to provide redress for personal injuries, traffic accidents, and damage to property They include other payments to those in the public service outside statutory schemes or outside contracts
Special severance payments	Special Payment	NHSE Regional Director of Workforce and OD	EHRSG DHSC GAC HMT	Payments made to employees, contractors and others beyond above normal statutory or contractual requirements when leaving employment in public service whether they resign, are dismissed or reach an agreed termination of contract

				Regional and further Approval is required regardless of the value of the non contractual pay package.
Ex gratia payments	Special Payment	Assurance team	NHSE/ DHSC/ HMT	Go beyond statutory cover, legal liability, or administrative rules, including payments; • made to meet hardship caused by official failure or delay; • out of court settlements to avoid legal action on grounds of official inadequacy; and, • payments to contractors outside a binding contract, e.g. on grounds of hardship
Retention payments	Special Payment	Regional Director of Workforce and OD		Payments, designed to encourage staff to delay their departures, particularly where transformations of ALBs are being negotiated, are also classified as novel and contentious. Such payments always require explicit Treasury approval, whether proposed in individual cases or in groups. Treasury approval must be obtained before any commitment, whether oral or in writing, is made.

3.5 Annual assurance statements

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

- details of all[1] exit packages (including special severance payments) that have been agreed and/or made during the year;
- that NHS England and HMT [2]approvals have been obtained (in relation to non-contractual pay elements or amounts that exceed the ICB delegated limits) before any offers, whether verbally or in writing, are made; and
- adherence to the special severance payments guidance as published by NHS England.

3.5.2 Further guidance will be provided to ICBs on this process.

3.6 Interpretation

3.6.1 Should any difficulties arise regarding the interpretation or application of any part of this losses and special payment guidance, the advice of the NHS England Head of assurance and counter fraud (england.assurance@nhs.net) must be sought before acting.

3.7 Delegation of Function, Duties and Powers

3.7.1 The ICB Constitution must have a governing body that makes provision for the appointment of the Audit Committee.

3.7.2 The ICB standing financial instructions should clearly indicate the role that the audit committee has in reviewing and approving losses and special payments.

3.7.3 The ICB standing financial instructions should indicate the delegated limits that have been agreed by the governing body for operational purposes.

[1] The assurance statement must include all exit packages, thus, contractual and non contractual.
[2] This is only applicable to elements of the exit packages that are classified as non contractual

4 Integrated care board reporting requirements

4.1 Capturing of losses and special payments

4.1.1 The ICB chief financial officer is responsible for ensuring that processes and procedures that facilitate the capturing and reporting of losses and special payments are in place and ensure that a losses and special payments register is maintained.

4.1.2 All losses and special payments for ICBs must be recorded in the register and reviewed as part of the internal controls process.

4.2 Parliamentary accountability and audit report

4.2.1 The ICB must maintain a losses and special payments register that provides the requested information to complete the NHS England group accounts.

4.2.2 It should be noted that ICBs do not have a mandatory requirement to produce a Parliamentary accountability and audit report as other entities that report directly to Parliament. However, it is a mandatory requirement that ICBs produce an audit certificate and report.

There will be a need to collect data for the NHS England consolidated account. NHS England will also use this information to complete the DHSC summarisation schedule for the DHSC consolidated account. Therefore, regardless of applicability of this report, all ICBs must ensure the summarisation schedule is completed.

4.2.3 If there are any individual cases or a group of losses or special payments that exceed or the aggregate value of £100,000, the related payment should be noted separately on the ICB yearend template completed for the NHS England group account.

5 Roles and responsibilities

5.1 Financial Control

5.1.1 Chief Financial Officer

5.1.2 It is noted and acknowledged that the roles and responsibilities for the chief financial officer vary in all the ICBs. The chief financial officer should implement a system of internal control that details the process for reporting losses, recording losses, monitoring and reporting the losses and special payments to the ICB's audit committee based on existing reporting cycles.

5.1.3 The reporting cycle should also clarify the delegated sum that the chief financial officer can authorise as a loss or special payment. The delegated sum should be in line with the ICB escalation process for losses and special payments.

NHS Lancashire and South Cumbria Integrated Care Board

Managing Conflicts of Interest Policy and Procedures (Incorporating Gifts and Hospitality)

Ref:	**LSCICB_Corp01**
Version:	V1
Supersedes:	N/A
Author (inc Job Title):	NHS E Model Policy localised for LSC ICB
Ratified by: (Name of responsible Committee)	The Board
Date ratified:	1 July 2022
Review date:	12-month periods
Target audience:	• All Board, Committee and Sub Committee members and any groups formed to undertake work on behalf of the ICB; • ICB employees • Agency and other temporary staff engaged by the ICB; and • Secondees engaged by the ICB

CONTENTS

1. POLICY SUMMARY

1.1. Adhering to this policy will help to ensure that we use NHS money wisely, providing best value for taxpayers and accountability to our patients for the decisions we take.

As a member of staff you should…	As an organisation we will…

• Familiarise yourself with this policy and follow it. Refer to the guidance for the rationale behind this policy; https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf
 	
• Use your common sense and judgement to consider whether the interests you have could affect the way taxpayers' money is spent
 	
• Regularly consider what interests you have and declare these as they arise. If in doubt, declare.
 	
• **NOT** misuse your position to further your own interests or those close to you
 	
• **NOT** be influenced, or give the impression that you have been influenced by outside interests
 	
• **NOT** allow outside interests you have to inappropriately affect the decisions you make when using taxpayers' money
	• Ensure that this policy and supporting processes are clear and help staff understand what they need to do.
	
	• Identify a team or individual with responsibility for:
	  ○ Keeping this policy under review to ensure they are in line with the guidance.
	  ○ Providing advice, training and support for staff on how interests should be managed.
	  ○ Maintaining register(s) of interests.
	  ○ Auditing this policy and its associated processes and procedures annually.
	
	• **NOT** avoid managing conflicts of interest.
	
	• **NOT** interpret this policy in a way which stifles collaboration and innovation with our partners.

2. INTRODUCTION

2.1. This policy sets out the arrangements that NHS Lancashire and South Cumbria Integrated Care Board (the ICB) has made for the management of conflicts of interest.

2.2. The principles of collaboration, transparency and subsidiarity will be at the centre of any decision making, and this policy aims to support the ICB to function as intended (managing conflicts whilst taking into account the different perspectives individuals will bring from their respective sectors to help inform decision making and ensuring that the decisions of the ICB are well informed from a range of perspectives) and, to maintain the confidence of the public and other stakeholders that decisions are sound and made in the best interests of local people.

2.3. The ICB and the people who work with and for us, collaborate closely with other organisations, delivering high quality care for our patients. These partnerships have many benefits and should help ensure that public money is spent efficiently and wisely. Whilst there is a risk that conflicts of interest may arise, it should not be assumed that the board will always be conflicted; the composition of the Board and its committees has been composed to take into account the different perspectives individuals bring from their respective sectors to inform decision making.

2.4. Providing best value for taxpayers and ensuring that decisions are taken transparently and clearly, are both key principles in the NHS Constitution. We are committed to maximising our resources for the benefit of the whole community. As an organisation and as individuals, we have a duty to ensure that all our dealings are conducted to the highest standards of integrity and that NHS monies are used wisely so that we are using our finite resources in the best interests of patients.

3. PURPOSE

3.1. The purpose of this policy is to help our staff manage conflicts of interests risks effectively; it:

- Introduces consistent principles and rules;
- Provides simple advice about what to do in common situations;
- Supports good judgement about how to approach and manage interests.

This policy should be considered alongside these other organisational policies:

-
- Standards of Business Conduct Policy
- Standing Financial Instructions
- Policy for Relations with the Pharmaceutical Industry and other Commercial Organisations
- Local Anti-Fraud Bribery and Corruption Policy
- Freedom to Speak Up Policy

4. PRINCIPLES

4.1. In discharging its functions, the ICB will abide by the following principles:

- Decision-making will be focused towards meeting the statutory duties of the ICB at all times, including the triple aim. Any individual involved in decisions relating to ICB functions must be acting clearly in the interests of the ICB and of the public, rather than furthering direct or indirect financial, personal, professional or organisational interests.
- For all decisions, the ICB will carefully consider whether an individual's role in another organisation could result in actual or perceived conflicts of interest and whether or not that outweighs the value of the knowledge they bring to the process.
- The personal and professional interests of all ICB board members, ICB committee members and ICB staff who are involved in decision taking will be declared, recorded and managed appropriately in accordance with the ICB's Conflict of Interest Policy
- If a material interest is declared, then it will be considered to what extent this material interest affects the balance of the discussion and decision-making process. In doing so the ICB will ensure conflicts of interest (and potential conflicts of interest) do not, (and do not appear), to affect the integrity of the ICB's decision making processes.
- The ICB will consider the composition of decision-making forums and clearly distinguish between:
    - those individuals who should be involved in formal decision taking; and
    - those whose input informs decisions.
- Whilst considering the perspective the individual brings and the value they add to both discussions around particular decisions and in actually taking part in the decision including the ability to shape the ICB's understanding of how best to meet patients' needs and deliver care for their populations.
- Actions to mitigate CoIs will be proportionate, balanced and transparent to preserve the spirit of collective decision-making wherever possible and the management of such will contribute to a culture of transparency about how decisions are made.
- Where decisions are being taken as part of a formal competitive procurement of services, the ICB will ensure that any individual who is associated with an organisation that has a vested interest in the procurement recluses themselves from the process.
- The ICB's Conflict of Interest Policy will provide guidance on the declaration, consideration, management, and publication of any conflicts of interest

5. DEFINITIONS

5.1. A 'conflict of interest' is:

> "*A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.*"

5.2. A conflict of interest may be:

- Actual - there is a material conflict between one or more interests
- Potential – there is the possibility of a material conflict between one or more interests in the future

5.3. Staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently and perceived conflicts of interest can be damaging. All interests should be declared where there is a risk of perceived improper conduct.

6. ROLES AND RESPONSIBILITIES

6.1. Chief Executive

The Chief Executive is accountable for all corporate governance processes within the organisation including the management of conflicts of interest; this also includes all related issues including declarations, gifts, hospitality and corporate sponsorship, anti-fraud, bribery and corruption and Freedom to Speak Up.

6.2. Conflicts of Interest Guardian

The ICB has appointed the Audit Chair to be the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:

- Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
- Support the rigorous application of conflict of interest principles and policies;
- Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimising the risks of conflicts of interest.

6.3. All staff

All staff (as defined in section 8) are required to familiarise themselves with the contents of this policy. They must act in accordance with the principles set out, and the process for the identification and declaration of interests. Where training is identified as a necessary requirement, staff will be required to participate in this as directed.

7. INTERESTS

7.1. Interests fall into the following categories:

- **Financial interests:**
  Where an individual may get direct financial benefit[1] from the consequences of a decision they are involved in making.
- **Non-financial professional interests:**
  Where an individual may obtain a non-financial professional benefit from the consequences of a decision, they are involved in making, such as increasing their professional reputation or promoting their professional career.
- **Non-financial personal interests:**
  Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career.
- **Indirect interests:**
  Where an individual has a close association[2] with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest and could stand to benefit from a decision they are involved in making.

8. STAFF

8.1. NHS Lancashire and South Cumbria ICB use the skills of many different people, all of whom are vital to our work. This includes people on differing employment terms, who for the purposes of this policy we refer to as 'staff' and are listed below:

- All board, committee and sub-committee members, and employees of the ICB, in line with their terms of office and/ or employment.
- All delegation arrangements made by the ICB under the 2006 Act to ensure transparent identification and management of interests and any potential conflicts in accordance with suitable policies and procedures comparable with this policy.
- Individuals, including any individual directly involved with the business or decision-making of the ICB and not otherwise covered by one of the categories above, who has an interest, or becomes aware of an interest which could lead to a conflict of interest or potential conflict.

9. DECISION MAKING STAFF

9.1. Some staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. For the purposes of this guidance these people are referred to as 'decision making staff.'

9.2. The ICB has defined decision making staff as:

- All Board Members
- Members of all committees of the ICB

[1] This may be a financial gain, or avoidance of a loss.

[2] A common sense approach should be applied to the term 'close association'. Such an association might arise, depending on the circumstances, through relationships with close family members and relatives, close friends and associates, and business partners.

- Members of advisory groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services such as working groups involved in service redesign or stakeholder engagement that will affect future provision of services;
- Members of procurement (sub-) committees or panels;
- Those at Agenda for Change Band 8D and above;
- Individuals who have the power to enter into contracts on behalf of the ICB; and
- Individuals involved in decision making concerning the commissioning of services, purchasing of goods, medicines, medical devices or equipment and formulary decisions

10. IDENTIFICATION, DECLARATION AND REVIEW OF INTERESTS

10.1. Identification & declaration of interests (including gifts and hospitality)

10.1.1. All staff should identify and declare material interests at the earliest opportunity (and in any event within 28 days). If staff are in any doubt as to whether an interest is material then they should declare it, so that it can be considered. Declarations should be made:

- On appointment with the organisation.
- When staff move to a new role, or their responsibilities change significantly.
- At the beginning of a new project/piece of work.
- As soon as circumstances change and new interests arise (for instance, in a meeting when interests staff hold are relevant to the matters in discussion).

10.1.2. The ICB Senior Governance lead will be responsible for implementing this policy and ensuring arrangements are in place for:

- Reviewing current policies and bringing them in line with this guidance;
- Providing advice, training and support for staff on how interests should be managed;
- Maintaining register(s) of interests;
- Auditing policy, process and procedures relating to this guidance at least annually.

10.1.3. For advice or guidance on the materiality of an interest please contact the ICB Senior Governance lead.

10.1.4. After expiry, an interest will remain on register(s) for a minimum of 6 months and a private record of historic interests will be retained for a minimum of 6 years.

10.2. Proactive review of interests

10.2.1. The Conflicts of Interest Administrator will prompt decision making staff at least annually to review declarations they have made and, as appropriate, update them or make a nil return.

11. RECORDS AND PUBLICATION

11.1. Maintenance

11.1.1. The ICB will maintain separate registers of interests of:

- Members of the Board
- Members of the Board's Committees, sub-committees or decision making groups
- Its employees

11.1.2. All declared interests that are material will be promptly transferred to the registers by the Conflicts of Interest Administrator.

11.2. Publication

11.2.1. We will:

- Publish the interests declared by decision making staff held in the Registers of Interests and Registers of Gifts, Hospitality and Commercial Sponsorship;
- Refresh this information at least annually;
- Make this information available via the ICB's website: www.lancashireandsouthcumbria.icb.nhs.uk

11.2.2. Templates of the ICB's Declaration of Interest Forms, Registers of Interests and Registers of Gifts and Hospitality are attached as appendices to this policy.

11.2.3. In some cases, it might not be appropriate to publish information about the interests of some decision-making staff, or their personal information might need to be redacted.

11.2.4. If decision making staff have substantial grounds for believing that publication of their interests should not take place, then they should contact the ICB's Conflicts of Interest Guardian to explain why. In exceptional circumstances, for instance where publication of information might put a member of staff at risk of harm, information may be withheld or redacted on public registers. However, this would be the exception and information will not be withheld or redacted merely because of a personal preference.

11.3. Wider transparency initiatives

11.3.1. The ICB fully supports wider transparency initiatives in healthcare, and we encourage staff to engage actively with these.

11.3.2. Relevant staff are strongly encouraged to give their consent for payments they receive from the pharmaceutical industry to be disclosed as part of the Association of British Pharmaceutical Industry (ABPI) Disclosure UK initiative. These "transfers of value" include payments relating to:

- Speaking at and chairing meetings
- Training services
- Advisory board meetings
- Fees and expenses paid to healthcare professionals

- Sponsorship of attendance at meetings, which includes registration fees and the costs of accommodation and travel, both inside and outside the UK
- Donations, grants and benefits in kind provided to healthcare organisations

Further information about the scheme can be found on the ABPI website: http://www.abpi.org.uk/our-work/disclosure/about/Pages/default.aspx

12. MANAGEMENT OF INTERESTS – GENERAL

12.1. If an interest is declared but there is no risk of a conflict arising, then no action is warranted. However, if a material interest is declared then the general management actions that could be applied include:

- Restricting staff involvement in associated discussions and excluding them from decision making
- Removing staff from the whole decision-making process
- Removing staff responsibility for an entire area of work
- Removing staff from their role altogether if they are unable to operate effectively in it because the conflict is so significant

12.2. Each case will be different and context-specific, and the ICB will always clarify the circumstances and issues with the individuals involved. Staff should maintain a written audit trail of information considered and actions taken.

12.3. Staff who declare material interests should make their line manager or the person(s) they are working to aware of their existence.

12.4. Should there be a dispute on the potential management action to mitigate the interest, the ICB's Lead for Governance or Conflicts of Interest Guardian will be available to provide advice and guidance.

13. MANAGEMENT OF INTERESTS – COMMON SITUATIONS

13.1. This section sets out the principles and rules to be adopted by staff in common situations, and what information should be declared.

13.2. Gifts

- Staff should not accept gifts that may affect, or be seen to affect, their professional judgement.

13.3. Gifts from suppliers or contractors

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6[3] in total and need not be declared.

[3] The £6 value has been selected with reference to existing industry guidance issues by the ABPI http://www.pmcpa.org.uk/thecode/Pages/default.aspx

13.4. Gifts from other sources (e.g., patients, families, service users)

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of the ICB not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 do not need to be declared.
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
- Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.

13.4.1. What should be declared

- Staff name and their role with the organisation.
- A description of the nature and value of the gift, including its source.
- Date of receipt.
- Any other relevant information (e.g., circumstances surrounding the gift, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

13.5. Hospitality

- Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.
- Hospitality must only be accepted when there is a legitimate business reason, and it is proportionate to the nature and purpose of the event.
- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

13.6. Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £754 - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances)
- senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

13.7. Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in

[4] The £75 value has been selected with reference to existing industry guidance issued by the ABPI http://www.pmcpa.org.uk/thecode/Pages/default.aspx

exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept travel and accommodation of this type. A non- exhaustive list of examples includes:

- offers of business class or first-class travel and accommodation (including domestic travel)
- offers of foreign travel and accommodation.

13.7.1. What should be declared

- Staff name and their role with the organisation.
- The nature and value of the hospitality including the circumstances.
- Date of receipt.
- Any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

13.8. Outside Employment

- Staff should declare any existing outside employment on appointment and any new outside employment when it arises.
- Where a risk of conflict of interest arises, the general management actions outlined in this policy should be considered and applied to mitigate risks.
- Where contracts of employment or terms and conditions of engagement permit, staff may be required to seek prior approval from the organisation to engage in outside employment.

13.8.1. The organisation may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

13.8.1.1. What should be declared

- Staff name and their role with the organisation.
- The nature of the outside employment (e.g., who it is with, a description of duties, time commitment).
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

13.9. Shareholdings and other ownership issues

- Staff should declare, as a minimum, any shareholdings and other ownership interests in any publicly listed, private or not-for-profit company, business, partnership or consultancy which is doing, or might be reasonably expected to do, business with the organisation.
- Where shareholdings or other ownership interests are declared and give rise to risk of conflicts of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.
- There is no need to declare shares or securities held in collective investment or pension funds or units of authorised unit trusts.

13.9.1. What should be declared

- Staff name and their role with the organisation.
- Nature of the shareholdings/other ownership interest.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

13.10. Patents

- Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by the organisation.
- Staff should seek prior permission from the organisation before entering into any agreement with bodies regarding product development, research, work on pathways etc, where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this policy should be considered and applied to mitigate risks.

13.10.1. What should be declared

- Staff name and their role with the organisation.
- A description of the patent.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy)

13.11. Loyalty interests

13.11.1. Loyalty interests should be declared by staff involved in decision making where they:

- Hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or other body which could be seen to influence decisions they take in their NHS role.
- Sit on advisory groups or other paid or unpaid decision making forums that can influence how an organisation spends taxpayers' money.
- Are, or could be, involved in the recruitment or management of close family members and relatives, close friends and associates, and business partners.
- Are aware that their organisation does business with an organisation in which close family members and relatives, close friends and associates, and business partners have decision making responsibilities.

13.11.2. What should be declared

- Staff name and their role with the organisation.
- Nature of the loyalty interest.
- Relevant dates.
- Other relevant information (e.g., action taken to mitigate against a conflict,

details of any approvals given to depart from the terms of this policy).

13.12. Donations

- Donations made by suppliers or bodies seeking to do business with the organisation should be treated with caution and not routinely accepted. In exceptional circumstances they may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for the organisation or is being pursued on behalf of the organisation's own registered charity or other charitable body and is not for their own personal gain.
- Staff must obtain permission from the organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the organisation's own.
- Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.
- Staff wishing to make a donation to a charitable fund in lieu of receiving a professional fee may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

13.12.1.1. What should be declared

- The organisation will maintain records in line with the above principles and rules and relevant obligations under charity law.

13.13. Sponsored events

- Sponsorship of events by appropriate external bodies will only be approved if a reasonable person would conclude that the event will result in clear benefit the organisations and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from whom they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At the organisation's discretion, sponsors or their representatives may attend or take part in the event, but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified.
- Staff within the organisation involved in securing sponsorship of events should make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
- Staff arranging sponsored events must declare this to the organisation.

13.13.1.1. What should be declared

- The organisation will maintain records regarding sponsored events in line with the above principles and rules.

13.14. Sponsored research

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to the organisation.

13.14.1. What should be declared

- The organisation will retain written records of sponsorship of research, in line with the above principles and rules.
- Staff should declare:
  - their name and their role with the organisation.
  - Nature of their involvement in the sponsored research.
  - relevant dates.
  - Other relevant information (e.g., what, if any, benefit the sponsor derives from the sponsorship, action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

13.15. Sponsored posts

- External sponsorship of a post requires prior approval from the organisation.
- Rolling sponsorship of posts should be avoided unless appropriate checkpoints are put in place to review and withdraw if appropriate.
- Sponsorship of a post should only happen where there is written confirmation that the arrangements will have no effect on purchasing decisions or prescribing and dispensing habits. This should be audited for the duration of the sponsorship. Written agreements should detail the circumstances under which organisations have the ability to exit sponsorship arrangements if conflicts of interest which cannot be managed arise.
- Sponsored post holders must not promote or favour the sponsor's products, and information about alternative products and suppliers should be provided.
- Sponsors should not have any undue influence over the duties of the post or have any preferential access to services, materials or intellectual property relating to or developed in connection with the sponsored posts.

13.15.1. What should be declared

- The organisation will retain written records of sponsorship of posts, in line with the above principles and rules.
- Staff should declare any other interests arising as a result of their association with the sponsor, in line with the content in the rest of this policy.

13.16. Clinical private practice

13.16.1. Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises* including:

- Where they practise (name of private facility).
- What they practise (specialty, major procedures).
- When they practise (identified sessions/time commitment).

13.16.2. Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work. †
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines: https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/ Non-Divestment_Order_amended.pdf

13.16.2.1. What should be declared

- Staff name and their role with the organisation.
- A description of the nature of the private practice (e.g., what, where and when staff practise, sessional activity, etc).
- Relevant dates.
- Any other relevant information (e.g., action taken to mitigate against a conflict, details of any approvals given to depart from the terms of this policy).

* Hospital Consultants are already required to provide their employer with this information by virtue of Para.3 Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf

† These provisions already apply to Hospital Consultants by virtue of Paras.5 and 20, Sch. 9 of the Terms and Conditions – Consultants (England) 2003: https://www.bma.org.uk/-/media/files/pdfs/practical advice at work/contracts/consultanttermsandconditions.pdf)

14. MANAGEMENT OF INTERESTS – ADVICE IN SPECIFIC CONTEXTS

14.1.Strategic decision making groups

14.1.1. In common with other NHS bodies NHS Lancashire and Cumbria Integrated Care Board uses a variety of different groups to make key strategic decisions about things such as:

- Entering into (or renewing) large scale contracts.
- Awarding grants.
- Making procurement decisions.
- Selection of medicines, equipment, and devices.

14.1.2. The interests of those who are involved in these groups should be well known so that they can be managed effectively.

14.1.3. The Board has adopted the following principles:

- Chairs should consider any known interests of members in advance and begin each meeting by asking for declaration of relevant material interests.
- Members should take personal responsibility for declaring material interests at the beginning of each meeting and as they arise.
- Any new interests identified should be added to the ICB's register(s).
- The vice chair (or other non-conflicted member) should chair all or part of the meeting if the chair has an interest that may prejudice their judgement.

14.1.4. If a member has an actual or potential interest the chair should consider the following approaches and ensure that the reason for the chosen action is documented in minutes or records:

- Requiring the member to not attend the meeting.
- Excluding the member from receiving meeting papers relating to their interest.
- Excluding the member from all or part of the relevant discussion and decision.
- Noting the nature and extent of the interest but judging it appropriate to allow the member to remain and participate.
- Removing the member from the group or process altogether.

14.1.5. The default response should not always be to exclude members with interests, as this may have a detrimental effect on the quality of the decision being made. Good judgement is required to ensure proportionate management of risk.

14.2. Procurement

14.2.1. Procurement should be managed in an open and transparent manner, compliant with procurement and other relevant law, to ensure there is no discrimination against or in favour of any provider. Procurement processes should be conducted in a manner that does not constitute anti-competitive behaviour - which is against the interest of patients and the public.

14.2.2. Those involved in procurement exercises for and on behalf of the organisation should keep records that show a clear audit trail of how conflicts of interest have been identified and managed as part of procurement processes. At every stage

of procurement steps should be taken to identify and manage conflicts of

interest to ensure and to protect the integrity of the process. Staff should refer to the ICB Procurement Policy.

15. DEALING WITH BREACHES

15.1. There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or other organisations. For the purposes of this policy these situations are referred to as 'breaches'.

15.2. Identifying and reporting breaches

15.2.1. Staff who are aware about actual breaches of this policy, or who are concerned that there has been, or may be, a breach, should report these concerns to the ICB Governance Lead or Conflicts of Interest Guardian.

15.2.2. To ensure that interests are effectively managed staff are encouraged to speak up about actual or suspected breaches. Ever individual has a responsibility to do this. For further information about how concerns should be raised refer to the ICB's Freedom to Speak Up Policy or the Local Anti-Fraud, Bribery and Corruption Policy.

15.2.3. The organisation will investigate each reported breach according to its own specific facts and merits and give relevant parties the opportunity to explain and clarify any relevant circumstances.

15.2.4. Following investigation, the organisation will:

- Decide if there has been or is potential for a breach and if so what the severity of the breach is.
- Assess whether further action is required in response – this is likely to involve any staff member involved and their line manager, as a minimum.
- Consider who else inside and outside the organisation should be made aware
- Take appropriate action as set out in the next section.

15.3. Taking action in response to breaches

15.3.1. Action taken in response to breaches of this policy will be in accordance with the disciplinary procedures of the ICB and could involve organisational leads for staff support (e.g., Human Resources), fraud (e.g., Local Anti-Fraud Specialists), members of the management or executive teams and organisational auditors.

15.3.2. Breaches could require action in one or more of the following ways:

- Clarification or strengthening of existing policy, process and procedures.
- Consideration as to whether HR/employment law/contractual action should be taken against staff or others.
- Consideration being given to escalation to external parties. This might include referral of matters to auditors, NHS Protect, the Police, statutory health bodies (such as NHS England/NHS Improvement or the CQC), and/or health

professional regulatory bodies.

15.3.3. Inappropriate or ineffective management of interests can have serious implications for the organisation and staff. There will be occasions where it is necessary to consider the imposition of sanctions for breaches.

15.3.4. Sanctions should not be considered until the circumstances surrounding breaches have been properly investigated. However, if such investigations establish wrong- doing or fault then the organisation can and will consider the range of possible sanctions that are available, in a manner which is proportionate to the breach. This includes:

- Employment law action against staff, which might include:
  - Informal action (such as reprimand, or signposting to training and/or guidance).
  - Formal disciplinary action (such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion, or dismissal).
- Reporting incidents to the external parties described above for them to consider what further investigations or sanctions might be.
- Contractual action, such as exercise of remedies or sanctions against the body or staff which caused the breach.
- Legal action, such as investigation and prosecution under fraud, bribery and corruption legislation.

15.4. Learning and transparency concerning breaches

15.4.1. Reports on breaches, the impact of these, and action taken will be considered by the ICB's Audit Committee.

15.4.2. To ensure that lessons are learnt and management of interests can continually improve, anonymised information on breaches, the impact of these, and action taken will be prepared and published on the ICB's website: www.lancashireandsouthcumbria.icb.nhs.uk appropriate, or made available for inspection by the public upon request.

16. TRAINING

16.1. The ICB Senior Governance lead will ensure arrangements are in place as required to provide advice, training and support for staff on how interests should be managed. Staff will be required to undertake this as directed.

17. REVIEW

17.1. This policy will be reviewed annually unless an earlier review is required. This will be led by the ICB Lead for Governance.

18. REFERENCES

- Standards of Business Conduct Policy
- Anti-Fraud, Bribery and Corruption Policy
- Freedom to Speak Up Policy
- Relations with the Pharmaceutical Industry and other Commercial Organisations
- Conflicts of Interest in the NHS – Guidance for Staff and Organisations (NHS England » Managing conflicts of interest in the NHS)

Annex A: Template Declaration of interests for ICB's Committee Members and Employees

Name:	
Position within, or relationship with, the ICB (or NHS England, Trust's/FTs or Local Authorities in the event of joint committees):	

Detail of interests held (complete all that are applicable):

Type of Interest* *See reverse of form for details	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a senior ICB manager)

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

I **do / do not [delete as applicable]** give my consent for this information to published on registers that the ICB holds. If consent is NOT given please give reasons:

Signed: **Date**:

Signed: **Position:** **Date:**
(Line Manager or Senior ICB Manager)

NHS
Lancashire and South Cumbria
Integrated Care Board

Annex B: Template Register of interests

Name	Current position (s) held in the ICB ie: Board Member; Committee member;; Employee or other	Declared Interest (Name of the organisation and nature of business)	Type of Interest				Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interest	Non-Financial Professional	Non-Financial Personal	Indirect		From	To	

Annex C: Template Declarations of Gifts, Hospitality & Commercial Sponsorship

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality or Sponsorship	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted	Reason for Accepting or Declining	Other Comments

The information submitted will be held by the ICB for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the ICB holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.
I **do / do not (delete as applicable)** give my consent for this information to published on registers that the ICB holds. If consent is NOT given please give reasons:

Signed: **Date:**

Signed: **Position:** **Date:**
(Line Manager or a Senior ICB Manager)

Lancashire and South Cumbria Integrated Care Board

NHS Lancashire and South Cumbria Integrated Care Board

Standards of Business Conduct Policy

Ref:	**LSCICB_Corp02**
Version:	V1
Supersedes:	N/A
Ratified by:	Integrated Care Board
Date ratified:	
Review date:	At least every 12 months
Target audience:	• All Board, Committee and Sub Committee members and any working groups formed to undertake work on behalf of the ICB; • ICB employees • Third parties acting on behalf of the ICB under a contract (including commissioning support and shared services); • Students and trainees (including apprentices) engaged by the ICB; • Agency and other temporary staff engaged by the ICB; and • Secondees engaged by the ICB

CONTENTS

1. INTRODUCTION

1.1. The Standards of Business Conduct policy describes the standards and public service values which underpin the work of NHS Lancashire and South Cumbria Integrated Care Board (ICB) and reflects current guidance and best practice which all ICB staff must follow.

1.2. As a publicly funded organisation, we have a duty to maintain the highest standards of conduct and integrity. We expect the highest standards of corporate behaviour and responsibility from Board members and all staff in their work for, and on behalf of the ICB. This policy should be read in in conjunction with the ICB's Constitution (clauses 4-6): Scheme of Reservation and Delegation (SoRD), Standing Orders (SOs) and policy for the Management of Conflicts of Interest (incorporating Gifts and Hospitality).

1.3. The ICB will operate in accordance with the principles outlined in the Integrated Care System Design Framework (Governance and Management arrangements) focusing on standards of behaviour and conduct that support:

- Collaboration
- Whole system delivery and performance
- Agile and dynamic working
- Timely decision making
- Collective accountability

2. SCOPE OF POLICY

2.1. This policy applies to:

- All Board, Committee and Sub Committee members and any working groups formed to undertake work on behalf of the ICB;
- ICB employees
- Third parties acting on behalf of the ICB under a contract (including commissioning support and shared services);
- Students and trainees (including apprentices) engaged by the ICB;
- Agency and other temporary staff engaged by the ICB; and
- Secondees engaged by the ICB

These are collectively referred to as 'individuals' hereafter.

3. PRINCIPLES

3.1. The ICB has agreed a code of conduct and behaviours, which sets out the expected behaviours that members of the Board and its committees will uphold whilst

undertaking ICB business. Board members, employees, committee and sub-committee members of the ICB will at all times comply with the ICB Constitution and be aware of their responsibilities as outlined in it. Individuals should at all times:

- Act in good faith and the interests of the ICB;
- Follow the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles (Appendix 1);
- Comply with this Standards of Business Conduct Policy and any requirements set out in the policy for managing conflicts of interest.

3.2. Individuals contracted to work on behalf of the ICB or otherwise providing services or facilities to the ICB will be made aware of their obligation to declare conflicts or potential conflicts of interests. This requirement will be written into their contract for services and is outlined within this policy.

3.3. In addition, every board member must comply with the criteria of the "Fit and Proper Persons Regulations"[1].

4. STANDING ORDERS, SCHEME OF RESERVATION AND DELEGATION AND STANDING FINANCIAL INSTRUCTIONS

4.1. All individuals engaged by the ICB must carry out their duties in accordance with the ICB's SOs, SoRD and Standing Financial Instructions (SFIs). These set out the statutory and governance framework in which the ICB operates; where there is considerable overlap between the contents of this policy and the provisions made within these, then the ICB Constitution, SO, SoRD, and SFIs will prevail over requirements of this policy where conflicting advice is given.

5. ANTI-FRAUD BRIBERY AND CORRUPTION

5.1. The ICB is committed to playing its part in reducing the level of fraud, corruption and bribery within the NHS to an absolute minimum and keeping it at this level, freeing up public resources for better patient care. The ICB has adopted a Local Anti-Fraud, Bribery and Corruption Policy which is accessible to view on the ICB's website (www.lancashireandsouthcumbria.icb.nhs.uk) and individuals should refer and adhere to this policy in full.

5.1.1. The Bribery Act

5.1.1.1. The Bribery Act 2010 came into effect on 1st July 2011 and the ICB has a responsibility to ensure that all individuals engaged by the ICB are made aware of their duties and responsibilities arising from the Bribery Act 2010. The Bribery Act 2010 reformed the criminal law of bribery, making it a criminal offence to:

- Give, promise or offer a bribe (s.1), and/or

[1] Fit and proper person regulation (FPPR) | NHS Employers

- Request, agree to receive or accept a bribe (s.2).

5.1.2. Freedom to Speak Up/Raising Concerns

5.1.2.1. It is the duty of every member of staff to speak up about genuine concerns in relation to activities that contravene this policy including criminal activity, breach of a legal obligation (including negligence, breach of contract or breach of administrative law), miscarriage of justice, danger to health and safety or the environment, and the cover up of any of these in the workplace. The ICB has adopted a Freedom to Speak Up Policy which sets out the arrangements for raising and handling staff concerns. Any individuals with concerns should refer to that policy via the ICB's website.

5.1.3. Counter Fraud Measures

5.1.3.1. No individual must use their position to gain financial advantage. The ICB will encourage individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. Individuals should inform the nominated Anti-Fraud Specialist (AFS) and Chief Finance Officer immediately. Should the Chief Financial Officer be implicated, the individual should instead report to the Chair or Chief Executive Officer of the ICB who will liaise with the AFS on the appropriate action. Contact details for the AFS are included in the ICB's Local Anti-Fraud, Bribery and Corruption Policy.

5.1.3.2. Individuals can either call the NHS Fraud and Corruption Reporting line on free phone 0800 028 40 60 or contact via an online report tool www.cfa.nhs.uk/reportfraud . These provide easily accessible and confidential routes for the reporting of genuine suspicions of fraud within or affecting the NHS. All contacts are dealt with by experienced trained staff and anyone who wishes to remain anonymous may do so.

5.1.3.3. Anonymous letters, telephone calls etc. are occasionally received from individuals who wish to raise matters of concern other than through official channels. Whilst the suspicions may be erroneous or unsubstantiated, they may also reflect a genuine cause for concern and will always be taken seriously. The AFS will make sufficient enquiries to establish whether or not there is any foundation to the suspicion that has been raised.

5.1.3.4. Individuals should not ignore their suspicions, investigate themselves or tell colleagues or others about their suspicions.

6. GIFTS AND HOSPITALITY

6.1. The ICB recognises that hospitality, gifts and sponsorship may be offered as part of legitimate business relationships, but as a general principal individuals should discourage the offer of gifts. A gift is defined as any item of cash or goods or any service which is provided for personal benefit at less than its commercial value.

6.2. Where gifts from suppliers or contractors of a low value (up to £6) such as diaries, calendars and small tokens are made, they may be accepted and do not need to be declared, but all other gifts from suppliers or contractors must be declined and declared.

6.3. Gifts under £50 can be accepted from non-suppliers and non-contractors, and do not need to be declared. Gifts with a value over £50 can be accepted on behalf of an organisation, but not in a personal capacity and must be declared.

6.4. Any personal gifts of cash, or cash equivalent, e.g., vouchers, must be declared and declined, whatever the value.

6.5. Hospitality under £25 can be accepted and does not need to be declared. Hospitality between £25 and £75 can be accepted, but must be declared, and hospitality over £75 must be declared and should be refused unless senior approval is sought and given.

6.6. For further information please see the ICB's Conflicts of Interest Policy (Incorporating Gifts and Hospitality).

7. CONFLICTS OF INTEREST

7.1. The ICB needs to have in place principles and procedures for minimising, managing and registering conflicts of interest which could be deemed or assumed to affect the decisions made by those involved in the ICB. These decisions should include awarding contracts, procurement, policy, employment and other decisions.

7.2. The ICB has approved a Conflicts of Interest Policy (Incorporating Gifts and Hospitality) and adherence to the provisions set out in the policy is mandatory in order to identify and manage current or potential conflicts which may arise between the interests of the ICB and the personal interests, associations and relationships of individuals engaged by it or their family members. This policy is accessible to view on the ICB website and individuals should refer and adhere to this policy in full.

7.3. Failure to adhere to the provisions set out in the Conflicts of Interest Policy may constitute the criminal offence of fraud, as an individual could be gaining unfair advantages or financial rewards for themselves or a family member/friend or associate. Any suspicion that a relevant personal interest may not have declared shroud be reported to the ICB's Lead for Governance.

8. COMMERCIAL SPONSORSHIP

8.1. Individuals acting on behalf of the ICB may accept commercial sponsorship for courses, conferences, post/project funding, meetings and publications if they are reasonably justifiable and are in accordance with the principles set out in this policy and their professional codes of conduct. In cases of doubt, an individual should seek advice from their line manager or alternatively from the ICB Chief Finance Officer.

8.2. Permission, with details of the proposed sponsorship must be obtained from the responsible officer/senior manager, or the Chair in the case of the Chief Executive, in writing in advance. A copy of the permission must be retained by the ICB CoI Administration Manager who will record all permissions on a register and report them to the ICB at least annually.

8.3. As a general principle, sponsored events must always be under the control of the ICB. Acceptance of commercial sponsorship should:

- not in any way compromise commissioning decisions of the ICB, or be dependent on the purchase or supply of goods or services; ii) be open to scrutiny and be a matter of public record

8.4. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event

8.5. The ICB should not endorse individual companies or their products. It should be made clear that the fact of sponsorship does not mean that the ICB endorses a company's products or services.

8.6. During dealings with sponsors, there should be no breach of patient or individual confidentiality or data protection legislation.

8.7. No information should be supplied to a company for their commercial gain unless there is clear benefit to the ICB. As a general principle, information which is not in the public domain should not normally be supplied.

8.8. Formal meetings of the ICB should not be the subject of sponsorship agreements.

8.9. When working with the pharmaceutical industry then the ABPI's (Association of British Pharmaceutical Industries) code of conduct should be adhered to.

8.10. The ICB has adopted a Policy for Relations with the Pharmaceutical Industry and other Commercial Organisations and individuals should refer and adhere to this policy in full and any sponsorship / joint working agreement should be submitted to the Chief Finance Officer for approval. This policy and relevant forms are accessible to view on the ICB's website.

9. OUTSIDE EMPLOYMENT AND PRIVATE PRACTICE

9.1. Individuals acting on behalf of the ICB (depending on the details of their contract or arrangement with the ICB as regards outside employment and private practice) are required to inform their manager if they are engaged in or wish to engage in outside employment in addition to their work with the ICB.

9.2. The purpose of informing their manager is to ensure that the ICB is aware of any potential conflict of interest with an individual's work undertaken on behalf of the ICB. Examples of work which **may** conflict with the business of the ICB are:

- employment with another public sector body (excluding roles where this necessary/permissible);
- employment with another organisation, which might be in a position to supply goods and services to the group including paid advisory positions and paid honorariums which relate to bodies likely to do business with the ICB;
- self-employment, including private practice, charitable trustee roles, political roles and consultancy work, in a capacity which might conflict with the individual's work with the ICB, or which might be compromise a position to supply goods and services to the ICB.

9.3. Permission to engage in outside employment/private practice will be required in advance by the individual and the ICB reserves the right to refuse permission, and if necessary to terminate its arrangement with the individual, where it believes an unmanageable conflict will arise.

10. INTIATIVES

10.1. As a general principle any financial gain resulting from external work where use of the ICBs time or title is involved (e.g., speaking at events/conferences, writing articles) and/or which is connected with the ICB business will be forwarded to the group's Chief Finance Officer.

10.2. Any patent, designs, trademarks or copyright resulting from the work (e.g., research) of an individual in its contract for services/employment with the ICB shall be the intellectual property of the ICB (unless alternative arrangements have been negotiated contractually).

10.3. Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the ICB.

10.4. Where the undertaking of external work benefits or enhances the ICBs reputation or results in financial gain for the ICB, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

11. COMMERCIAL CONFIDENTIALITY

11.1. All individuals should guard against providing information on the operations of the ICB which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the ICB. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement. The requirements of the Freedom of Information Act 2000 must be taken into account when attempting to restrict the release of information.

12. CONFIDENTIALITY

12.1. During the course of their work with or for the ICB, many individuals will handle or be exposed to information which is deemed personal, sensitive or confidential. Further information regarding confidentiality is available in the NHS Code of Confidentiality.

12.2. It is ICB policy that no individual party to personal, sensitive or confidential material during the course of their work for or with the ICB will disclose this information or further process it outside the scope of their employment or the specific limitations imposed by the NHS Code of Confidentiality and/or the committee/manager providing the information.

12.3. The ICB has adopted an **Information Governance Handbook**, which includes a section on Data Protection and Confidentiality. This is accessible to view on the ICB's website and individuals should refer and adhere to this policy.

12.4. Failure to adhere to confidentiality requirements may result in disciplinary action. Those individuals party to confidential information will not be at liberty to disclose said information following the termination of their contract, employment or relationship with the ICB.

13. FAILURE TO COMPLY WITH THE STANDARDS OF BUSINESS CONDUCT POLICY

13.1. Individuals should be aware that a breach of this policy may render them liable to prosecution as well as leading to the termination of their employment or position within the ICB. Where failure to comply relates to an individual that is not directly employed by the ICB, this may result in action taken in accordance with the relevant engagement procedure (e.g., termination of a secondment agreement).

13.2. Individuals who fail to disclose relevant interests, outside employment or receipts of gifts or hospitality as required by this policy or the ICBs standing orders and standing financial instructions may be subject to disciplinary action which could ultimately result in the termination of their employment or position within the ICB.

13.3. The Chief Finance Officer will be responsible for maintaining the Register of Interests, holding the Hospitality Register and reviewing the implementation of this policy.

14. RAISING CONCERNS AND BREACHES

14.1. Individuals wishing to report suspected or known breaches of this policy should inform the Chief Finance Officer. All such notifications will be held in the strictest

confidence and the person notifying the Chief Finance Officer can expect a full explanation of any decisions taken as a result of any investigation.

15. EQUALITY & DIVERSITY

15.1. The ICB Equality, Diversity and Inclusion policy seeks to promote equality amongst all patients, service users and their representatives who wish to progress a formal complaint about health care services by placing the patient at the centre of the system.

15.2. The ICB aims to ensure that access to the complaints arrangements is designed to be inclusive to all groups and that specialist, high quality support is available, as necessary. The policy seeks to ensure equality of access, irrespective of age, disability, race, religion, belief, gender or sexual orientation and other protected characteristics.

16. IMPLEMENTATION AND TRAINING

16.1. This policy will be available electronically on the ICB website and it is the responsibility of individual staff to comply with this policy.

16.2. Relevant training will be included as a mandatory requirement for all ICB employees. This will be provided electronically via NHS ESR system. Managers and staff can seek advice from the Chief Finance Officer or the Lead for Governance

17. MONITORING AND REVIEW ARRANGEMENTS

17.1. The Chief Finance Officer will monitor the application and effectiveness of the policy and it will be reviewed annually to ensure that this policy takes into account:

- Legislative changes;
- Good practice guidance;
- Case law;
- Significant incidents reported;
- New vulnerabilities; and
- Changes to organisational infrastructure.

18. CONSULTATION

18.1. The Board of the ICB has approved the content of this policy.

19. FURTHER GUIDANCE AND REFERENCE DOCUMENTS

19.1. This policy is an interpretation of guidance and is based on examples of good practice. In addition to referring to the ICB Constitution, individuals should also refer to:

- The NHS Constitution
- Standards for Members of NHS Boards in England
- Integrated Care Systems Design Framework 2021
- Example Role Profiles for Integrated Care Board Executives 2021
- The Bribery Act 2010
- The Healthy NHS Board: Principles of Good Governance
- General Medical Council: Good Medical Practice 2013
- ICB Constitution, Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions
- ICB Conflicts of Interest Policy (Incorporating Gifts and Hospitality)
- ICB Local Anti-Fraud, Bribery and Corruption Policy
- ICB Policy for Relations with the Pharmaceutical Industry and other Commercial Organisations
- ICB Data Protection and Confidentiality Policy
- ICB Freedom to Speak Up Policy
- ICB Disciplinary (Managing Unacceptable Behaviour) Policy

Appendix 1

The Seven Principles of Public Life (the Nolan Principles)

- Selflessness – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

- Integrity – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

- Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

- Accountability – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

- Openness – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.

- Honesty – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

- Leadership – Holders of public office should promote and support these principles by leadership and example.

NHS Lancashire and South Cumbria Integrated Care Board

Public Involvement and Engagement Policy

Ref:	**LSCICB_Corp02**
Version:	V1
Supersedes:	N/A
Author (inc Job Title):	Neil Greaves, Head of Communications and Engagement
Ratified by:	Integrate Care Board
Date ratified:	1 July 2022
Review date:	July 2023
Target audience:	• All Board, Committee and Sub Committee members and any groups formed to undertake work on behalf of the ICB; • ICB employees; • Agency and other temporary staff engaged by the ICB; and • Secondees engaged by the ICB

This policy has been drafted in accordance with the LSC Constitution and NHSE Guidance on working with people and communities.

CONTENTS

1. POLICY SUMMARY

1.1. This policy embeds the principles from an agreed partnership approach to working with people and communities for Lancashire and South Cumbria Health and Care Partnership into a policy for public involvement and engagement for the Lancashire and South Cumbria Integrated Care Board (ICB) and describes how this will be implemented by the NHS in Lancashire and South Cumbria.

1.2. This policy sets-out how the ICB will ensure our citizens can expect meaningful involvement, engagement and participation in the development, implementation, review and transformation of healthcare and wellbeing services across the ICS area. It also sets out how we will ensure all information shared is accessible for all individuals and groups.

1.3. This policy is relevant for all ICB staff providing a framework for good involvement and engagement.

2. INTRODUCTION

2.1. Public involvement and engagement is an essential part of ensuring that effective and efficient health and care services are delivered; by reaching, listening to, involving and empowering our people and communities, we can ensure that they are at the heart of decision making. The NHS in Lancashire and South Cumbria is committed to putting our population's needs at the heart of all we do.

2.2. Our vision for Lancashire and South Cumbria is to put people at the centre of health and care. This is based on the understanding that engaged and involved residents make best use of services to support their health and wellbeing and this will help to improve population health and drive down health inequalities in Lancashire and South Cumbria.

2.3. We know that genuine engagement and involvement stems from good communications, openness and transparency. It is evidenced that engaged and involved residents make best use of services to support their health and wellbeing and this will help to drive down health inequalities and deliver better outcomes for health and care services.

2.4. Our commitment to working as a partnership is a real one. Involving local people, reaching diverse communities and empowering change will only be possible by working closely with our partners in the voluntary, community faith and social enterprise sector, local authorities and Healthwatch who already work closely with those who are most vulnerable in society.

2.5. This policy embeds the principles of our partnership approach to working with people and communities for Lancashire and South Cumbria Health and Care Partnership into a policy for public involvement and engagement for the ICB and describes how this will be implemented by the NHS in Lancashire and South Cumbria.

2.6. This policy sets-out how the ICB will ensure our citizens can expect meaningful involvement, engagement and participation in the development, implementation and review of healthcare and wellbeing policies and services across our ICS area. It will also set out how we will ensure all information shared is accessible for all individuals and groups.

3. PURPOSE

3.1. The purpose of this policy is to set out how the ICB will involve and engage people and communities in decision making; it:

- Sets out principles for working with people and communities;
- Sets out the legislation for involvement and engagement;
- Sets out the spectrum of engagement as a guide of the different levels of engagement which may be enacted to ensure a high standard of involvement and engagement is in place for different pieces of work
- Sets out how the ICB will support members of the public to participate in involvement opportunities.

4. PRINCIPLES

4.1. In Lancashire and South Cumbria, the ICB will align and embed 10 principles set out for our places and across our health and care partnership. These principles are aligned with the national NHS England guidance for working with people and communities which were developed with extensive engagement with a range of groups, stakeholders and partners including Healthwatch England and voluntary, community and social enterprise organisations.

4.2. These principles have been tested and extensive engagement with partners has taken place in Lancashire and South Cumbria to ensure their adoption is supported. Our principles for working with people and communities are:

- Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
- Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
- Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
- Build relationships with excluded groups, especially those affected by inequalities.
- Work with Healthwatch and the voluntary, community, faith and social enterprise (VCFSE) sector as key partners.
- Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
- Use community development approaches that empower people and communities, making connections to social action.
- Use co-production, insight and engagement to achieve accountable health and care services.
- Co-produce and redesign services and tackle system priorities in partnership with people and communities.
- Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.

5. LEGISLATION

5.1. The Health and Care Act 2022 sets out what ICBs must do to make arrangements to involve and consult patients and the public in:

- The planning of commissioning arrangements and provision of services.
- The development and consideration of proposals for changes in the way services are provided.
- Decisions to be made by ICB that impact or affect how services are run.

5.2. The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the ground of the following 'protected characteristics'

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex and sexual orientation

5.3. The public sector equality duty as outlined in section 149 of the Equality Act 2010 requires clinical commissioning groups to have 'due regard' to the need to:

- Eliminate discrimination that is unlawful under the Equality Act 2010
- Advance equality of opportunity between people who share a relevant protected characteristic and people who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it

5.4. The ambition for the ICB is to embed an approach and mechanisms to ensure the NHS in Lancashire and South Cumbria is not only compliant with legislation and guidance in relation to public involvement but exceeds the duty as it is the right thing to do.

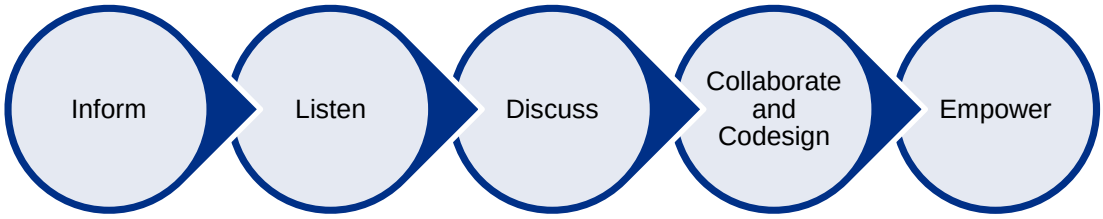
5.5. It is important to add that the NHS has a clear commitment to working with wider system partners intrinsically throughout its approach to public involvement – valuing the role of Healthwatch and voluntary, community, faith and social enterprise organisations in representing the public voice. Wider partners - such as local authorities and NHS Foundation Trusts – have similar obligations to involve the public as part of the national legislation.

6. PUBLIC INVOLVEMENT SPECTRUM

6.1. Public involvement is not about a single methodology; it is a spectrum of activity that involves different methods and approaches. It is important to recognise the need for diverse but complementary ways of reaching, hearing from and involving our people and communities.

6.2. This is often referred to the ladder of engagement and our ambition in Lancashire and South Cumbria is to move our involvement with people into communities, as much as possible, towards the empowerment end of the spectrum. This is not a linear process or a process of steps to be taken when involving people. At different times different types of involvement may be required.

6.3. The language used for the elements of the spectrum often vary between different organisations and this document has aimed to draw from this, along with national guidance, to set out consistent principles for the different types of involvement.



6.4. Inform

6.4.1. We will tell local people about developments in health and care services in a clear and transparent way, in a format that is appropriate to them. We will provide clear information on how people can be involved in our work – ranging from ways to feed in views and experiences, to working in partnership with us.

6.4.2. It is important to note that this spectrum shows the progression of levels of engagement and as a system we will listen and involve before we inform.

6.4.3. We will do this in a range of ways, including through our website, newsletters and briefings (written/online/face to face), cascade through key partners, and via our staff. Our intention is for a high standard of communications activity – targeted, creative and actively reaching audiences with the purpose of creating behaviour change.

6.4.4. We will make it clear how we are held to account, and to whom, how the public can be involved in our decision making, and what impact this involvement has had.

6.5. Listen

6.5.1. We will actively seek people's views in a range of ways; we will listen to what people want to talk to us about – as well as discuss areas that are important to us.

6.5.2. We will do this by providing ways for people to talk to us – face-to-face or online and through trusted partners such as the VCFSE partners and Healthwatch, and we will also collate views that come through enquiry routes and complaints. This will help us understand what is important to people, what is going well and where we need to improve.

6.5.3. We know it is particularly important to listen to the views of those who experience inequity of access to, and outcomes of, care and we will use a range of methods to ensure we hear from these groups and communities. We will also ensure that we tell people who have been involved, or who have shared their views and experiences, what impact this has had to ensure that they feel listened to.

6.6. Discuss

6.6.1. We will discuss how we plan, design and deliver the best possible services with people, and ensure that their experiences, feedback, views and suggestions help shape our work.

6.6.2. We will do this by ensuring that there are opportunities for meaningful dialogue, which may be with groups of people, by involving individuals with lived experience

or through representatives of a wider community in our programmes and projects and use tools including deliberative engagement to provide ongoing ways to discuss key issues for our health and care system.

6.6.3. We will make sure we build relationships with people and communities to have a continuing conversation, and so we know how changes we have made are making a difference and complete a feedback loop.

6.7. Collaborate and codesign

6.7.1. We will agree our collaboration and co-production principles and standards and embed these across our work and partners.

6.7.2. We will make sure that involvement, collaboration and co-production are centred around people and communities, not around our structures and ways of working.

6.7.3. We will also share examples of good co-production across our programmes and projects and embed people with lived experience into programmes and steering groups across the system to encourage more views and feedback to be considered as priority areas of work are developed by partners.

6.7.4. We will support our health and care workforce to work in a co-productive way, including providing awareness and training sessions. This includes supporting our workforce with skills for engaging, listening and involving local people in open and collaborative ways.

6.8. Empower

6.8.1. We will empower people and communities to take control of their own health and wellbeing, in ways that work for them. We will do this by working with people and communities to understand what they need in order to make informed choices about their health and wellbeing and responding to this insight, including co designing information with our people and communities.

6.8.2. We will promote asset-based community development as an approach, particularly in our neighbourhoods, and underpin this with support for Primary Care Networks to engage with communities, including providing opportunities to access resource and support.

6.8.3. Empowering local people at a very local level is an ambition from our partnership work around improving population health and reducing health inequalities. This will be a key area of priority for testing this approach and learning more about the impact we are able to make by empowering local people to make decisions in their communities and about their health and wellbeing.

6.8.4. An objective of working towards empowering individuals and communities involves a process of culture change – a shifting away from traditional approaches. We will agree our collaboration and co-production principles and standards and embed these across our work and partners.

7. DELIVERING EFFECTIVE PUBLIC INVOLVEMENT

7.1. The following commitments outline how partners will work together to ensure we deliver effective public involvement.

7.2. Embedding

7.2.1. As an ICB and working in partnership we will ensure that excellent public involvement is embedded throughout our programmes and projects, at system and at place level. This includes making sure our partners and colleagues see involving the population as "business as usual", that the value of involvement is understood, and that actively improving the experiences of our communities is integral to our ways of working.

7.3. Advising

7.3.1. As an ICB we will provide an expert advice function to our staff across the ICB, to programmes, projects and services, in order that the voices, experiences and views of our population are sought, heard and acted upon in a consistent way. We will do this through the networks of communications, engagement and involvement specialists at system and place level – bringing together partners from the range of partners across the system developing and aligning understanding and principles for involvement and engagement.

7.4. Enabling

7.4.1. Ensuring that partners are able to involve people effectively, whether that be through knowledge of existing methods, supporting to develop bespoke ways of engaging, or by providing agreed frameworks to support activity and process. Collating insight from our people and communities in a systematic way to ensure partners are able to understand people's needs and aspirations without over engaging.

7.4.2. We will do this by bringing patient experience and engagement leads together to share insights and a repository of public involvement insight in collaboration with all partners.

7.5. Aligning

7.5.1. Making sure that, across both System and Place, that public involvement is not in silos; working to share insight and best practice, to join up areas of work where appropriate to do so, and to support staff and partners to consider a journey across services and sectors, rather than an island of experience without interdependencies. This will be through strong networks at system and place.

7.6. Empowering

7.6.1. Public involvement will empower our communities, through showing that we have heard people's voices and taken action as a result, through involving people and communities and recognising the strengths and assets they bring to our system. Through working with people, and in particular those who experience the greatest inequity in access, experience and outcomes to facilitate their voices and experiences to be heard and to shape services, public involvement will support our overall aspiration to reduce health inequalities.

7.7. Demonstrating

7.7.1. We will work with people and communities to effectively demonstrate the impact of their involvement and by doing so, increase community confidence in health and care services. This will also illustrate to system and place partners the benefit of good involvement, and how this leads to improved outcomes for people,

increased health and wellbeing in general and more effective and responsive services and interventions.

7.8. Evaluating

7.8.1. We will consistently review how we involve people and assess how well this works for our system and for people and communities. This will form the basis of continually improving our public involvement work, and support ICB priorities.

8. GOVERNANCE AND ASSURANCE

8.1. A Public Involvement and Engagement Advisory Committee will assure the ICB about how the voice of local people and residents is actively embedded and valued in decision making of the ICB and at all levels of the system, particularly in relation to inequalities and those who are seldom heard.

8.2. The Committee will define best practice in terms of public engagement, involvement and communications and holding other committees and parts of system to account for how local voice is embedded and valued in all aspects of the ICB at different levels of the system including within place-based partnerships.

8.3. The Committee will take a responsibility for the mechanisms and approaches to making sure people in Lancashire and South Cumbria are informed about health services, health and care and how they can improve their health and wellbeing.

8.4. The Committee will ensure the principles for working with people and communities are intrinsically in place across all parts of the organisation and wider integrated care system and therefore exceeding the requirements of national legislation for involvement and engagement.

8.5. The Committee will take a clear role in ensuring the weight of public voice has significant value within the ICB Board, ICB leadership teams and staff. This includes ensuring the ICB is listening and in dialogue with local people and taking appropriate action to improve satisfaction and influence quality improvement of services.

8.6. The Committee will be responsible for the delivering against the ambitions of the ICB in relation to working with people and communities and how it deploys its function for involvement, engagement and communications to deliver best value and greatest level of impact for the population of Lancashire and South Cumbria.

9. REVIEW

9.1. This policy will be reviewed annually unless an earlier review is required.

10. REFERENCES

- Health and Care Act 2022
- Equality Act 2010