Functions and Decisions Map

NHS



NHS Nottingham and Nottinghamshire Integrated Care Board (ICB)

The ICB's Scheme of Reservation and Delegation provides detailed information on the functions and decisions that are reserved to the ICB's Board and those that are delegated to the Board's committees, subcommittees and to ICB employees. It also sets out any ICB functions delegated to other organisations or to joint committees with other organisations, and how functions delegated to the ICB will be exercised.

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Nottingham and Nottinghamshire ICS Provider Collaborative at Scale

The Nottingham and Nottinghamshire area has four **Place-based Partnerships:**

- Bassetlaw
- **Mid-Nottinghamshire**
- Nottingham City
- South Nottinghamshire

The ICB is a statutory NHS organisation that is responsible for the following functions:

- Prepares a **five-year forward plan** with partner NHS Trusts and Foundation Trusts to set out how the ICB's functions will be delivered to meet the health needs of people living in Nottingham and Nottinghamshire, having due regard to the Integrated Care Strategy and the Joint Local Health and Wellbeing Strategies.
- Allocates resources across the system to deliver the five-year forward plan.
- Arranges for the provision of hospital and other health services in line with the allocated resources
 across the ICS. This includes putting contracts and agreements in place to secure delivery of the five-year
 forward plan by providers and supporting providers (working both at scale and at place) to lead major
 service transformation programmes.
- Arranges for the provision continuing healthcare, funded nursing care, personal health budgets and direct payments for healthcare.
- · Arranges for the provision of primary medical services (as delegated to the ICB by NHS England).
- Manages Individual Funding Requests.
- Establishes **joint working arrangements** with partners that embed collaboration as the basis for delivery of joint priorities within the five-year forward plan.
- Establishes **governance arrangements** to support collective accountability between partner organisations for whole-system delivery and performance and to ensure statutory duties are met. This includes preparing a constitution and other related documents that describe how the ICB's governance arrangements operate.
- Leads system implementation of the People Plan.
- Leads system-wide action on data and digital.
- Understands local priorities, tracks delivery of plans, monitors and addresses variation and drives continuous improvement in performance and outcomes, using joined-up data and digital capabilities.
- Ensures NHS plays a full part in social and economic development and environmental sustainability.
- Drives joint work on estates, procurement, supply chain and commercial strategies.
- Prepares a joint capital resource use plan with partner NHS Trusts and NHS Foundation Trusts.
- Plans for, responds to, and leads recovery from incidents (EPRR).
- Works with partners to safeguarding vulnerable children, young people and adults.
- Determines the **terms and conditions** of employees, and the **remuneration and allowances** for Board and committee members.
- Prepares an Annual Report and Accounts.
- · Maintains a Register of Interests and manages conflicts of interest.

Decisions associated with the above functions are made by the ICB's Board and its Committees. More information on the following Committees can be found in the ICB's Governance Handbook:

Quality and People Committee	Audit and Risk Committee
Finance and Performance Committee	Remuneration Committee
Strategic Planning and Integration Committee	Primary Medical Services Contracting Sub-Committee

The **Integrated Care Partnership (ICP)** is a statutory joint committee between the ICB and the Nottingham City and Nottinghamshire County Councils.

The ICP:

Prepares an **Integrated Care Strategy** setting out how the assessed health, social care and public health needs of people living in Nottingham and Nottinghamshire (i.e. as per the JSNAs) are to be met by the ICB, the Nottingham City and Nottinghamshire County Councils, and NHS England.

The **Health and Wellbeing Boards** are statutory committees of the relevant Local Authorities, with statutory ICB membership.

The Boards discharge the ICB and Local Authorities' joint duties to:

- Prepare Joint Strategic Needs Assessments (JSNAs) for the Local Authority areas.
- Prepare Joint Local Health and Wellbeing Strategies that set out how the Local Authority, ICB and NHS England will meet the assessed needs in the Local Authority areas.

The **Provider Collaborative at Scale** is a collaborative of five statutory NHS organisations: Sherwood Forest Hospitals NHS Foundation Trust; Nottingham University Hospitals NHS Trust; Nottinghamshire Healthcare NHS Foundation Trust; East Midlands Ambulance Services NHS Trust; and Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

The Provider Collaborative maximises the collective impact of the five organisations to:

- Deliver care improvements for patients using urgent and emergency care services.
- Develop workforce passporting, a shared bank, and a leadership programme for staff.

Two East Midlands Joint Commissioning Committees have been established to make 'at scale' commissioning decisions:

- A joint committee of the five ICBs in the East Midlands and NHS England arranges for the provision of specialised services across the East Midlands – acute and pharmacy services, and specialised mental health, learning disabilities, and autism services.
- A joint committee of the five ICBs in the East Midlands arranges for the provision of pharmaceutical, ophthalmic and dental services across the East Midlands (as delegated to the ICBs by NHS England).

The **Place-based Partnerships (PBPs)** bring together the NHS, local councils, community and voluntary organisations, and citizens within specific localities, incorporating several neighbourhoods.

The PBPs:

- Use Population Health Management tools to drive health improvements with targeted support for communities to address health inequalities.
- Develop Social Prescribing models across communities to support health, care and social needs.
- Support General Practice and Primary Care Network (PCN) development and resilience.
- Create integrated PCN/neighbourhood teams aligning community and voluntary sector resources alongside communities and patients.
- Understand, maximise and grow community assets to enable transformative service developments.
- Maximise community and citizen engagement intelligence across partners enabling co-design/coproduction/personalisation/self-care across local services.
- Galvanise communication mechanisms across partners to enable consistent and reliable messaging for communities.