



**Lancashire and
South Cumbria**
Integrated Care Board

NHS Lancashire and South Cumbria Integrated Care Board

Governance Handbook

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Table of Contents

Section		Page
1	Introduction	4
2	Contents of the ICB Governance Handbook	5
3	Access to the Governance Handbook	5
4	The Functions and Decisions Map	5
5	The Scheme of Reservation and Delegation (SoRD)	6
6	The Standing Financial Instructions (SFIs)	6
7	The Terms of Reference for committees of the board	6
8	Other Decision-making Groups	7
9	The Roles and Responsibilities of Board Members	8
10	Regular Participants at Board Meetings	9
11	Eligible Providers of Primary Medical Services	9
12	Key Policy Documents	9
13	Memorandum of Understanding	10
The following appendices can be located via the following link on the ICB Website: Lancashire and South Cumbria Integrated Care Board :: Corporate Governance Handbook (icb.nhs.uk)		
Appendix A: The Functions and Decisions Map		
Appendix B: The Scheme of Reservation and Delegation (SoRD)		
Appendix C: The Standing Financial Instructions (SFIs)		
Appendix D: The Losses and Special Payment Guidance		
Appendix E: Terms of Reference		
<ul style="list-style-type: none"> • Audit Committee • Remuneration Committee and Remuneration Panel • Quality and Outcomes Committee • Transition and Change Committee • Finance and Contracting Committee • Executive Committee • Commissioning Committee • North West Specialised Services Joint Committee • Shaping Care Together Joint Committee 		
Appendix F: Eligible Providers of Primary Medical Services		
Appendix G: Conflicts of Interest Policy and Procedures		
Appendix H: Standards of Business Conduct Policy		

Appendix I: Public Involvement and Engagement Policy

Appendix J: Fit and Proper Persons Test: Policy and Framework

Appendix K: Memorandum of Understanding between NHS Lancashire and South Cumbria Integrated Care Board and NHS England (NW Region)

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. The constitution can be located on the ICB website ([Lancashire and South Cumbria Integrated Care Board :: How we work \(icb.nhs.uk\)](https://www.icb.nhs.uk/how-we-work))
- 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 this 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 or signposts to 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 at **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 incorporates an operational/Financial scheme of delegation (SOD) that determines delegated financial limits for the Committees 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 at **Appendix B**.

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 at **Appendix C** and the NHS England Losses and Special Payments Guidance is provided at **Appendix D**.

7. The Terms of Reference for committees of the board

- 7.1. The board has established the following committees:
 - Audit Committee
 - Remuneration Committee
 - Quality and Outcomes Committee
 - Transition and Change Committee
 - Finance and Contracting Committee
 - Executive Committee
 - Commissioning Committee
- 7.2. Under s65Z5 of the act the ICB is able to jointly exercise its functions with other relevant bodies and ICB board has established the following Joint Committees.
 - North West Specialised Services Joint Committee
 - Shaping Care Together Joint Committee

7.3. The Terms of Reference for each of these Committees are provided at **Appendix E**.

8. Other Decision-making Groups

Health and Wellbeing Boards

8.1. 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.

8.2. These are set out in the ICB SoRD 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.

8.3. 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
- Lancashire Health and Wellbeing Board
- Cumberland Health and Wellbeing Board
- Westmorland and Furness Health and Wellbeing Board
- North Yorkshire Health and Wellbeing Board

8.4. 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 payment 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
- 2 Partner Members - Local Authorities
- 1 Partner Member - VCFSE
- 6 Non-Executive Members (one of which, but not the Audit Committee Chair, will be appointed Deputy Chair, and one of which, who may be the Deputy Chair or the Audit Committee Chair, will be appointed the Senior Non-executive Member)
- Chief Finance Officer
- Medical Director
- Chief Nurse
- Chief Commissioning Officer
- Chief Strategy and Planning Officer

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 are 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 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 contained at section 3 of the constitution.

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.

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 at **Appendix F**.

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
- Fit and Proper Persons Test: Policy and Framework

12.2 These policies are provided at **Appendix G to J**.

13 Memorandum of Understanding

13.1 A Memorandum of Understanding (MOU) between NHS Lancashire and South Cumbria Integrated Care Board and NHS England (NW Region) is provided at **Appendix K**.

13.2 The MOU sets out the arrangements between NHS England (NHSE) and the system in respect of the System Oversight Framework. It provides clarity on the expected oversight arrangements, support offers and escalations processes in respect of the four segmentations of the framework. In addition, the MOU describes the relationships between the system and NHSE regional team. It is expected that this relationship will differ according to the System, levels of delegation and maturity. It is anticipated that whilst this document begins to set out these arrangements, a more detailed Operating Model will further develop these relationships and ways of working for the future.

13.3 The MOU is between the Lancashire and South Cumbria Integrated Board and NHS North West region, on behalf of NHS England. It is effective as of 1st July 2022.

- The MOU sets out the principles, describes the relationships and the key interfaces between the ICB and NHSE that underpin how the ICB and NHSE will work together to discharge their duties.
- Designing the MOU will be a collaborative exercise that will help facilitate a discussion and provide clarity on how duties will be discharged.
- It will help with outlining the key agreed ways of working together to ensure that people across the system have access to high quality, equitable health, and care services.
- The detailed arrangements will be kept under regular review and the Agreement will be updated periodically to show those developments.
- The MOU is intended to align and be supported by the NHSE System Oversight Framework, the Operating Model, the ICB Constitution and other published guidance (without duplicating content).

Appendices

All appendices as referenced in the contents on page 2 of this document, and as follows, can be found in the following location on the ICB website:

[Lancashire and South Cumbria Integrated Care Board :: Corporate Governance Handbook \(icb.nhs.uk\)](http://icb.nhs.uk)

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Appendix L: North West Specialised Services Joint Committee

