Norfolk and Suffolk
Integrated Care Board

NHS NORFOLK AND SUFFOLK INTEGRATED CARE BOARD

SCHEME OF DELEGATION

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1 Introduction

1.1 This document sets out the arrangements made by the NHS Norfolk and Suffolk Integrated Care Board for the exercise of its functions. In particular, the delegation of functions of the ICB to committees and to employees, and the matters which are reserved to the Board.

1.2 Any functions of the ICB not specifically delegated under this Scheme may be delegated by the Board by separate Board resolution.

1.3 In addition to this Scheme, the ICB Standing Financial Instructions provide for the reservation and delegation of various functions and decisions of the respective bodies relating to financial matters.

1.4 This Scheme will be kept under regular review and may be amended by the Board to ensure that the ICB is able to function effectively and efficiently.

1.5 Any expenditure limits in this Scheme refer to ICB controlled budgets. For joint projects, the expenditure limit applies to the ICB's contribution only, not the total budget of a project.

Ability to Delegate Delegated Functions

1.6 The sub-committees and employees to which a function has been delegated may not further delegate that function, unless specifically authorised to do so under this Scheme or as part of the delegation of that function.

1.7 The Chief Executive Officer and the Chair of the ICB Board (or their nominated deputies) may in so far as it is reasonable and appropriate in an emergency delegate the authority to make urgent decisions to alternative individuals or committees to those identified in this Scheme. Such alternative delegated authority shall continue for the period considered reasonable by the Chief Executive and Chair in the relevant emergency context. The making of such arrangements by the Chief Executive and the Chair will be reported to the next formal meeting of the Board for formal ratification.

2 Decisions and functions reserved to the Board

2.1 The ICB Board will be responsible for taking decisions relating to the following matters:

i. Applications to NHSE on any matter concerning changes to the ICB Constitution, name of the ICB, to merge, federate or amalgamate, or to re-organise boundaries or organisational structures of the ICB.

ii. The arrangements set out in the Governance Handbook including committees, membership of committees, the overarching scheme of delegations, arrangements for taking urgent decisions, standing orders, and standing financial instructions.

iii. The arrangements for identifying and appointing the ICB's proposed Executive Members, Non-Executive Members, and proposed Partner Board Members including ensuring that robust arrangements are in place to assess whether Members meet the Fit and Proper Person criteria.

iv. The arrangements for the reporting of conflicts of interest and the declaration process.

v. To approve the vision, values and overall strategic direction of the ICB in delivery of the ICP Integrated Care Strategy.

vi. To approve the ICB's operational structure, commissioning plans, and corporate budgets that meet the financial duties as set out in the Constitution.

    a. To approve variations to the approved budget where variation would have significant impact on the overall approved levels of income and expenditure or the ICB's ability to achieve its agreed strategic aims.

vii. Approval of the ICB's annual report and annual accounts.

viii. Approval of arrangements for discharging the ICB's statutory financial duties.

ix. Responsibility for agreeing the arrangements for the Auditor Panel in the selection and appointment of internal and external auditors.

x. Responsibility to secure quality and value for money services through procedures which are transparent, proportionate, fair and non-discriminatory.

xi. Approve the ICB's arrangements for business continuity and emergency planning.

xii. Approve the ICB's arrangements for handling complaints.

xiii. Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions, including but not limited to promoting the involvement of each patient, patient choice, reducing inequalities, improvement in the quality of services, obtaining appropriate advice, public engagement and consultation, and co-ordinating the commissioning of services with Alliances and/ or with local authority(ies), where appropriate.

xiv. Approval of the arrangements for discharging the ICB's statutory duties associated with its commissioning functions for non-clinical services, including but not limited to probity in the procurement process and assurance of value for money.

xv. Approve arrangements for risk sharing and or risk pooling with other organisations under section 75 of the NHS Act 2006.

xvi. Any other ICB decision or function not delegated in this Scheme or by Board resolution.

Decisions and functions delegated to the Chair of the Board

2.2 The following decisions and functions are delegated to the Chair of the ICB Board:

i. Approve arrangements for identifying and appointing the ICB's proposed Chief Executive Officer.

ii. Confirm the appointment of Executive Members, Non-Executive Board Members, Partner Board Members, and Other Board Members.

iii. To approve the remuneration of Non-Executive Board Members in consultation with the Executive Director of People, Governance, and Corporate Services.

3 Decisions and Functions delegated to Committees of the Board

3.1 The Board has established sub-committees which have been delegated authority to take decisions or receive assurance on behalf of the Board on matters that fall within their remit. All sub-committees have detailed terms of reference that are regularly reviewed and published as part of the Governance Handbook. In general, all Committees can:

i. Request the ICB Executive Directors produce reports and attend meetings to explain aspects of the ICB's functions that are within the Committee's remit.

ii. Receive assurance on behalf of the Board that the functions of the ICB and its partners are being performed in accordance with agreed strategies, policies, procedures, and are achieving agreed objectives.

iii. Escalate areas of concern or significant risk to the Board.

iv. Form sub-groups to focus on specific areas of work. These sub-groups may be time-limited and be made up of members from the Committee, other ICB staff, and partner organisations.

v. Approval of ICB policies that relate to their terms of reference.

3.2 The Board has delegated the following specific decisions and functions.

Audit Committee

3.3 The following decisions and functions are delegated to the Audit Committee:

i. Approve the ICB's counter fraud and security management arrangements.

ii. Approve the ICB's arrangements for ensuring adequate Internal and External Audit function that meets relevant standards. The Committee shall act as the Audit Panel to approve the appointment of the ICB's auditors.

iii. Ensuring appropriate mechanisms for year end financial reporting and preparation and approval of the ICB's Annual Report and Accounts.

iv. Approval of the ICB's risk management arrangements.

v. Approval of a comprehensive system of internal controls, including budgetary control that underpins the effective, efficient and economic operation of the ICB.

vi. Make recommendations to Board on the ICB's arrangements for business continuity and emergency planning.

vii. Responsibility for providing oversight and challenge to ensure procurement policy and process is delivered appropriately.

Executive Committee

3.4 The following decisions and functions are delegated to the Executive Committee:

i. Responsibility for day-to-day management of the ICB as the ICB's principal operational forum.

ii. Executive oversight of delivery of all ICB functions.

iii. Approval of expenditure within Board approved budgets of up to £30million.

iv. Approval expenditure outside of Board approved budgets of up to £5million.

Finance, Performance, and Workforce Committee

3.5 The following decisions and functions related to oversight and scrutiny of financial performance are delegated to the Finance, Performance, and Workforce Committee:

i. Oversight of performance across all ICB functions and commissioned services to provide insight by triangulating financial performance, activity level, and workforce metrics.

ii. The current and forecast in year financial position receiving detailed reports including progress towards meeting targets agreed within the ICB and system financial plan.

iii. Approval and oversight of in-year savings, investments and/or transformation schemes and receiving updates on both the financial and performance activity for each.

iv. Oversight of achievement of any ICB incentive schemes and receiving reports of the actual and forecast performance for each.

v. Reviewing the ICB and system medium term financial plans.

vi. Receiving and reviewing departmental financial delivery plans.

vii. Measuring and analysing workforce data supported by agreed metrics.

Quality Committee

3.6 The following decisions and functions are delegated to the Quality Committee:

i. Approve arrangements, including supporting policies, to minimise clinical risk, maximise patient safety and to secure continuous improvement in quality and patient outcomes.

ii. Gain assurance on behalf of the ICB that effective arrangements are in place for discharging the ICB's responsibilities in relation to assessment of the ICS by the CQC.

iii. Gain assurance on behalf of the ICB that it is delivering its functions in a way which secures continuous improvement in the quality of services against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2022.

iv. Gain assurance on behalf of the ICB regarding the implementation of all statutory duties in relation to the safeguarding of adults and children.

v. Monitoring and management of Safeguarding arrangements.

vi. Responsibility for monitoring the continuous improvement in the quality of primary care services.

Remuneration Committee

3.7 The following decisions and functions are delegated to the Remuneration and Human Resources Committee:

i. Approve the terms and conditions, remuneration and allowances for Board members, other than Non-Executive Members, and Very Senior Managers (VSM), including pensions.

ii. Oversight of terms and conditions of employment for all employees of the ICB including pensions, remuneration, fees and travelling or other allowances payable to the employees and to other persons providing services to the ICB.

iii. Approve disciplinary arrangements for employees, including the Chief Executive and for other persons working on behalf of the ICB.

iv. Recommend for approval the arrangements for discharging the ICB's statutory duties as an employer.

v. Approval of application of redundancy processes.

vi. Oversight of Freedom to Speak Up Arrangements.

Strategic Commissioning Committee

3.8 The following decisions and functions are delegated to the Strategic Commissioning Committee:

i. Development, implementation, and review of all ICB strategies to ensure that the ICB's approach to commissioning is aligned with the Integrated Care Strategy.

ii. Oversight of commissioning arrangements for all ICB services.

iii. Performing the ICB self-assessment against NHS England Improvement and Assessment Framework, the Strategic Commissioning Framework and reviewing the development of the ICB.

iv. Ensure that patient and public involvement has a meaningful influence over quality and commissioning processes, decision making, planning and prioritising.

v. Ensure effective estates utilisation through the development and maintenance of estates data set and monitor system wide estates metrics.

vi. Provide strategic leadership, including prioritisation for the ICB Digital Agenda.

vii. Approval of expenditure within Board approved budgets of up to £20million.

Suffolk Health and Wellbeing Board and Norfolk Health and Wellbeing Board

3.9 The two Health and Wellbeing Boards have delegated responsibility to take decisions on the use of the Better Care Fund as described in the Section 75

Better Care Fund agreements in place between NSICB and Suffolk County Council and Norfolk County Council respectively.

Norfolk and Suffolk Integrated Care Partnership Committee

3.10 The ICP Committee will approve the Norfolk and Suffolk Integrated Care Strategy ensuring that the Strategy complies with the criteria set out in the Health and Care Act 2022.

Place Based Partnerships – Suffolk Neighbourhood and Primary Care Committee & Norfolk and Waveney Neighbourhood and Primary Care Committee.

3.11 The Board has established two Committees to enable the development of neighbourhood working at 'Alliance' level: Great Yarmouth & Waveney, Ipswich and East Suffolk, Norfolk Central, West Norfolk, and West Suffolk. The following decisions and functions are delegated to the committees for the place they cover as set out in the terms of reference for the Committees:

i. To maintain overall responsibility and oversight and assurance of Community Services, Primary Care, End of Life Care, and the development of Neighbourhood working.

ii. To ratify any funding decisions taken by the relevant Alliances and to enable and support collaboration across Alliances.

iii. To monitor the performance of all commissioned community services, primary care, and end of life care providers.

iv. Approve expenditure within Board approved budgets of up to: £12million for the Norfolk & Waveney Committee; £7m for the Suffolk Committee, on matters within the Committee's terms of reference and which relate to services which will be delivered entirely within the identified committee area.

v. Review or extend arrangements for risk sharing and/or risk pooling with other organisations to services within the committees delegated area under section 75 of the NHS Act 2006.

Primary Care Commissioning Group

3.12 The Norfolk & Waveney Primary Care and Neighbourhood Committee and East & West Suffolk Primary Care and Neighbourhood Committee have jointly established a Primary Care Commissioning Structure through which the Committees will discharge delegated functions relating to primary medical care, primary, community and secondary dental care, pharmaceutical services, and optometry. The following decisions and functions are delegated to the Primary Care Commissioning Group for the whole of the ICB population:

i. Oversight of the Medium-Term Plan as it relates to primary care services.

ii. Development and oversight of primary care strategy.

iii. The review, planning and procurement of primary medical care services, primary, community and secondary dental care services, ophthalmic and community pharmacy services for the population of Norfolk and Suffolk.

iv. Management of and quality of primary ophthalmic services and review, planning and commissioning of local primary care ophthalmic services. Contract management of General Ophthalmic Services are hosted by East Central ICB on behalf of the ICB.

v. Approve proposals for primary medical care development, proposed GMS Local Development Schemes, locally commissioned services and local enhanced services, proposed practice incentive schemes, Suffolk PMS Development Framework and proposed new changes in existing GMS or PMS infrastructure.

vi. Decisions in relation to the commissioning, management and quality of dental services (primary and community) and oversight of secondary dental care services. Oversight and delivery of contract reform.

vii. Direct commissioning, management and quality of local enhanced pharmaceutical services and advanced services such as Pharmacy First services. Review of pharmaceutical needs assessments with local authorities. Management of Pharmaceutical Services matters are hosted by Central East ICB including management of the Pharmaceutical Services Regulations Committee (point 3.14 below refers).

viii. The review and planning of the seasonal COVID-19, flu vaccination programmes, and other vaccinations delivered by Community Pharmacy.

ix. Responsibility for monitoring the continuous improvement in the quality of primary care services.

x. Responsibility for monitoring and managing primary care risks.

xi. Oversight and delivery of workforce transformation strategy and plans and overview of training and education plans delivered by the Training Hub.

xii. Review of all primary care related expenditure including primary care estate and IT/digital investment.

xiii. Approval of expenditure relevant to the Group's terms of reference of up to £(this value will either be the same as the Committee's delegation if they have the same delegation or a separate specific Primary Care delegation (i.e. £10-12m) if the Committees have different delegations). The relevant financial delegations are set out in table 2.

xiv. Review of spend and budget relating to medicines management.

3.13 A Dentistry and Optometry Delivery Group is accountable to the Primary Care Commissioning Group and will manage day to day dental commissioning and contractual matters, and local ophthalmic services within agreed budgets and plans including the approval of expenditure of up to £1m.

3.14 A Primary Medical Care and Community Pharmacy Delivery Group is accountable to the Primary Care Commissioning Group and will manage day to day medical and community pharmacy commissioning and contractual matters within agreed budgets and plans including the approval of expenditure up to £1m.

3.15 A Pharmaceutical Services Regulations Committee hosted by Central East ICB is accountable to the ICB Primary Care Commissioning Group for decisions in relation to matters under the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

Place Leadership

3.16 The ICB has established five place partnerships known as Alliances; these are Great Yarmouth & Waveney Alliance, Ipswich & East Suffolk Alliance, Norfolk Central Alliance, West Norfolk Alliance, and West Suffolk Alliance. Each Alliance has delegated responsibility for its place (as defined in its terms of reference) for the following functions and decisions:

i. To lead an Alliance of Integrated Care System partners at Place, bringing together the ICB, NHS healthcare providers, primary care, local councils, blue light services, patient representatives, and Community, Voluntary, Social Enterprise, and Faith Organisations to work collectively together to deliver the shared ambition of the principles set out in the Population Health Improvement Plan.

ii. To work with teams across the organisation to enable delivery of ICB plans and commissioned services at place and to be accountable to the ICB for execution of such plans and services.

iii. To enable Integrated Neighbourhood Teams to deliver the three shifts in healthcare services as set out the NHS 10 Year Plan and the Population Health Improvement Plan.

Community Health Care Commissioning

iv. Commissioning and oversight of Adult Community Health Services*.

v. Commissioning and oversight of end of life care*.

Health Improvement and Wider Determinates of Health

vi. Commission those health improvement services which are delivered at place and relevant to the wider remit of the committee*.

*Functions delivered in partnership with the relevant Primary Care and Neighbourhood Committee.

4 Decisions and functions delegated to individual ICB staff.

Chief Executive Officer

4.1 The following decisions and functions are delegated to the Chief Executive Officer:

i. Exercise or delegation of those functions of the Board which have not been retained as reserved by the Board, delegated to the Board, delegated to a committee or sub-committee of the Board or to one of its Members or employees.

ii. Prepare the ICB's operational scheme of delegation, which sets out those key operational decisions delegated to individual employees of the ICB.

iii. Ensure that Registers of Interests are maintained and published on the ICB's website.

iv. Determining and approving arrangements for handling Freedom of Information requests.

v. Approve proposals for action on litigation against or on behalf of the ICB.

vi. The ability to execute a deed on behalf of the organisation.

vii. Approve expenditure within ICB approved budgets of up to £500,000.

viii. Approve expenditure outside of ICB approved budgets of up to £100,000.

ix. In conjunction with the Executive Director of Finance and Contracts, approve expenditure of £1m within ICB approved budgets.

x. In conjunction with the Executive Director of Finance and Contracts, approve expenditure of £1m outside of ICB approved budgets.

Delegation to all Executive Directors

4.2 All Executive Directors are authorised to make arrangements for the proper administration of the functions falling within their responsibility. An executive director may authorise a director or head of service, to act as their deputy with power to exercise any of the powers of the authorising executive director, for the avoidance of doubt this does not include financial delegation. Such departmental schemes of delegation must be kept in writing and up-to-date. An executive director may exercise any of the functions delegated to directors or heads of service within their directorate.

4.3 All Executive Directors have delegated financial responsibility to approve £200,000 within approved budgets.

4.4 All Executive Directors can approve expenditure of up to £300,000 in conjunction with the Chief Executive Officer or Executive Finance and Contracting Director.

Delegation to all Directors

4.5 All Directors (those on Band 9 and 8D) have delegated financial responsibility to approve £100,000 within approved budgets.

Deputy Chief Executive and Executive Director of Strategy, Digital and Commissioning.

4.6 The following decisions and functions are delegated to the deputy Chief Executive Director of Strategy, Digital and Commissioning:

i. To deputise for the Chief Executive.

ii. Represent the ICB on the Specialised Services Joint Commissioning Consortium to exercise commissioning responsibility for delegated specialised services as set out in the Specialised Services Delegation and Collaboration agreements.

iii. The Portfolio of the Executive Director of Strategy, Digital and Commissioning includes:

a. Healthcare Intelligence (including BI, PHM, Strategic Analytics and Evaluation)
b. PHM Delivery (Shared with Medical portfolio)
c. Strategy
d. Strategic Planning
e. Strategic Partnerships (local govt, provider collabs, ICP etc)
f. Health Overview and Scrutiny Committee (HOSC)
g. UEC commissioning
h. Planned Care (including long term conditions) commissioning
i. Mental health commissioning
j. Cancer commissioning
k. Specialised commissioning
l. Strategic Change/Transformation including PMO
m. System Resilience including winter planning and SOC
n. Digital and technology leadership and transformation
o. Digital Operations inc. system architecture (Shared Care Records), corporate IT, and IT services to Primary Care.
p. any other operational function delegated by the Chief Executive.

Executive Director of Finance and Contracts

4.7 The following decisions and functions are delegated to the Executive Director of Finance and Contracting:

i. Prepare standing financial instructions & detailed financial policies that underpin the ICBs prime financial priorities.

ii. Approve the form in which financial records are kept.

iii. To arrange for the preparation of the ICB's annual accounts on behalf of the Chief Executive and to ensure that there are effective financial systems and policies in place as detailed in the standing financial instructions.

iv. To ensure that the ICB, in each financial year, prepares a report on how it has discharged its functions in the previous financial year, in line with the DHSC Group Accounting Manual Requirements and statute.

v. To ensure the promotion of long term financial health for the NHS system.

vi. To ensure that budget holders have the appropriate level of financial training and expertise.

vii. To ensure that 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.

viii. To ensure that the debt management strategy reflects the debt management objectives of the ICB and the prevailing risks.

ix. To ensure that 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.

x. The ability to execute a deed on behalf of the organisation.

xi. In conjunction with the Chief Executive, approve expenditure of £1m within ICB approved budgets.

xii. In conjunction with the Chief Executive, approve expenditure of £1m outside of ICB approved budgets.

xiii. Executive Finance and Contracts Director portfolio includes:

a. Operational Finance (internal and system facing)

b. Internal audit

c. External audit

d. Capital planning

e. Productivity

f. Fulfilling legal requirements including counter fraud

g. Contracting (all sectors including VCSE, Acute, Community, Mental Health, Primary Care, Corporate and CSU)

h. Ambulance Services Contract (on behalf of East of England)

i. Payment mechanisms (linked to contracting and outcomes)

j. Resource allocation - linked to contract budgets & activity plans (working with finance)

k. Oversee Provider Performance particularly UEC and Elective

l. Procurement

m. Market Shaping & Management

n. Together with any other operational function delegated by the Chief Executive.

Executive Director of Nursing.

4.8 The following decisions and functions are delegated to the Executive Director of Nursing:

i. Approve arrangements for discharging the ICB's responsibilities in relation to inspection and review of the ICS by the CQC.

ii. Provide assurance to the ICB that it is delivering its functions in a way which secures continuous improvement in the quality of services against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Bill 2021.

iii. Provide assurance regarding the implementation of all statutory duties in relation to the safeguarding of adults and children.

iv. Monitoring and management of Safeguarding arrangements.

v. Approve arrangements for managing exceptional funding requests.

vi. Approve continuing health care expenditure.

vii. The Executive Director of Nursing portfolio includes:

a. Commissioning of clinical risk management and intervention programmes

b. Learning Disabilities & Autism commissioning

c. Children and Young People commissioning

d. Quality (and patient safety) Management and Assurance

e. Clinical Governance (shared with medical)

f. Infection Prevention & Control

g. Safeguarding (All Age including Looked After Children)

h. Special Educational Needs and Disabilities (SEND)

i. Down Syndrome (all age)

j. NHS Continuing Healthcare

k. Clinical leadership (working closely with medical)

l. Quality Assurance (working closely with medical)

m. Local Maternity & Neonatal System (LMNS)

n. Personalisation and health budgets

o. Complex Care including S117, IPT/IPP

p. together with any other operational function delegated by the Chief Executive.

Executive Medical Director

4.9 The following decisions and functions are delegated to the Executive Medical Director:

i. To act as the ICB's suitably qualified Clinical Safety Officer.

ii. To act as the ICB's Caldicott Guardian.

iii. The Executive Medical Director portfolio includes:

a. PHM Delivery (shared with strategy and commissioning portfolio)

b. Clinical Governance (shared with nursing)

c. Clinical policy and effectiveness

d. Clinical policy implementation

e. Research development and innovation

f. Medicines optimisation

g. Health Inequalities leadership (shared with Primary Care & Place on delivery)

h. Clinical leadership (working closely with nursing) and LMC / GP relationship management (working closely with Place & Neighbourhood functions)

i. Quality Assurance (supporting nursing)

j. Local funding decisions (IFR)

k. End of Life (supporting Place and Neighbourhood Directors)

l. together with any other operational function delegated by the Chief Executive.

Executive Director of People, Governance and Corporate Services

4.10 Executive Director of People, Governance and Corporate Services portfolio includes the:

a. Senior Information Risk Owner (SIRO)

b. Board governance

c. Corporate governance (including DPO, IG and legal)

d. Core organisational operations (complaints, PALS)

e. Estates & Infrastructure Strategy

f. Arrangements for responding to Freedom of Information Act Requests

g. Risk Management

h. Maintaining business continuity and emergency planning/EPRR

i. Strategic workforce development, planning and transformation

j. Local workforce development and education and training including recruitment and retention (Primary Care Training Hub)

k. Legal requirement to operate Freedom to Speak Up

l. Communications

m. User Involvement / Engagement / Patient Experience

n. Organisational HR

o. Organisational development

p. Equality, Diversity and Inclusion

q. Environmental sustainability / Green Plan

r. together with any other operational function delegated by the Chief Executive.

s. Accessible Information Standard (AIS)

4.11 The Executive Director of People, Governance and Corporate Services also has delegated responsibility for securing the provision of suitable estate to meet primary medical care need.

4.12 The Executive Director of People, Governance and Corporate Services is the Accountable Emergency Officer for the purposes of the NHS Act 2006 with responsibility for ensuring that the ICB complies with legal and policy requirements. The Accountable Emergency Officer will provide assurance to the board that strategies, systems, training, policies and procedures are in place to ensure that the ICB responds appropriately in the event of an incident.

Executive Primary Care and Neighbourhood Director (Norfolk) & Executive Primary Care and Neighbourhood Director (Suffolk)

4.13 Executive Primary Care and Neighbourhood Director portfolio includes:

a. Primary care commissioning

b. Community care commissioning including End of Life

c. Primary care operations and transformation including primary care, medicines optimisation, estates and workforce support

d. Commissioning and transformation of POD services

e. Vaccinations & Screening

f. Developing high performing Alliances

g. Developing neighbourhood health provision

h. Health Inequalities delivery (shared with medical)

i. Transfer of care / discharge to assess

j. together with any other operational function delegated by the Chief Executive.

Expenditure delegations relating to individual patient care.

4.14 The following delegated expenditure limits applies to Continuing Healthcare (CYP & Adult) and commissioning of healthcare related Spot Purchases undertaken by the ICB (e.g. Individual Funding Requests, Section 117 Placements):

Table 1: financial delegation limits relating to individual patient care.

Area / Threshold	Children's Commissioning (Incl. CHC)	Adults CHC	LD, Autism and S117 Placements	Non-Tariff Devices	Other Healthcare Spot Purchasing Commissioning
<£1,500/ Week	Children and Young Peoples Clinical Quality Lead	CHC Professional Lead	Professional Lead	High-Cost Drugs Pharmacist	Band 8A or above
<£2,500/ Week	Children and Young Peoples Clinical Quality Lead	Deputy Head of CHC or Clinical Lead, Safeguarding and Complex Cases	Director of Clinical Services	High-Cost Drugs Pharmacist	Band 8B or above
<£6,000/ Week	Deputy Director of Nursing	Head of CHC	Director of Clinical Services	Director of Meds Optimisation and Pharmacy	Band 8C or above
<£10,000/ Week	Deputy Director of Nursing	Deputy Director of Nursing Clinical Services CHC	Director of Clinical Services	Director of Meds Optimisation and Pharmacy	Band 8D or above
>£10,000/ Week	Executive Director of Nursing and Deputy Director of Nursing	Director of Clinical Services	Director of Clinical Services	Executive MD and Director of Meds Optimisation & Pharmacy	Executive Director and/or Band 9

4.15 The weekly thresholds used in the table also apply to one-off equipment purchases.

4.16 The Deputy Director of Nursing can only approve spend that falls within their portfolio.

4.17 Each placement or item of equipment will be screened and approved at a relevant panel/forum (or have an applicable process applied) with the relevant authority to approve in line with these delegations.

5 IFRs and Exceptions & Prior Approvals – The lay-chair of the ICB panel has the ability to approve up to £50,000 per case after approval from the panel. Anything in excess of this requires sign-off by the CEO or DOF following a recommendation from the panel for approval plus subsequent approval by the Executive Medical Director or their deputy.

6 The below situations when commissioned within Adult CHC are not required to follow the above procedures (see ToR for full details):

- Care home placements with providers who have a contract with the ICB at an agreed standard rate (Suffolk) or Tier 1 rate (Norfolk)
- Home care packages of up to 4 x a day double up, with a provider who has an agreed contracted rate with the ICB (locality framework for Suffolk or Tier 1 agreed rate for Norfolk)

Anything that would be considered an exception to the equity and choice policy must be approved in line with these limits regardless of cost or volume.

Table 2: Summary of Financial Delegations (Programme Revenue Resource Only)

Total Expenditure*	Within approved budgets
Above £30million	Decisions must be taken by the Board.
£30 million	Decisions can be taken by Executive Committee.
£20 million	Decisions can be taken by Strategic Commissioning Committee.
£12 million	Decisions can be taken by Norfolk & Waveney Primary Care and Neighbourhood Committee (for decisions relating to that sole place only). Expenditure relating to Primary Care Commissioning has been delegated to the Primary Care Commissioning Group as set out in paragraph 3.12 – 3.14.
£7 million	Decisions can be taken by Suffolk Primary Care and Neighbourhood Committee (for decisions relating to that sole place only). Expenditure relating to Primary Care Commissioning has been delegated to the Primary Care Commissioning Group as set out in paragraph 3.12 – 3.14.
£1million	Decisions can be taken by the CEO & DOF together.
£500,000	Decisions can be taken by the Strategic Commissioning Delivery Group.
£500,000	Decisions can be taken by either the CEO or DOF.
£300,000	Expenditure can be approved by an executive director and either the CEO or DOF
£200,000	Expenditure can be approved by the relevant Executive Director.

The relevant Executive Director is able to delegate expenditure sign-off rights (within approved budgets) to a nominated deputy based on the below:

Table 3: Band 8D or 9 financial delegation limit

Grade	Limit	Grade
Band 8D or 9	£100,000	8D or 9

Table 4: Financial delegations relating to expenditure outside of approved budgets

Total Expenditure*	Outside of approved budgets
Above £5million	Decisions must be taken by the Board
£5 million	Decisions can be taken by Executive Committee
£1 million	Decisions can be taken by the CEO & DOF together

£100,000	Decisions can be taken by either the CEO or DOF

The ICB is required to reimburse GP Practices for the rent of the buildings they occupy in respect of delivering healthcare services related to their GMS, PMS & APMS contracts. The below table outlines the delegations applicable:

Table 5: financial limits relating to primary care rental increases

Rental Increase (%)	**Within Approved Budgets and In line with the district valuer's assessment**
Up to 4.99%	Senior Estates Manager
Up to 14.99%	Director of Primary Care or Associate Director of Primary Care
Up to 29.99%	Executive Director of Suffolk / Norfolk Neighbourhood
Over 30%	PCCG

Please refer to the terms of reference of each Committee of the Board to find a complete list of relevant groups. If a group is not recognised in the terms of reference of a Committee of the Board, it cannot make recommendations on expenditure.

All new expenditure, expenditure outside of approved budgets or expenditure approved outside committees should be accompanied by a business case (either Short Form for less than £1m, or the Full form if greater than £1m). Finance should be informed of any expenditure undertaken to confirm affordability. Any expenditure proposals without affordability confirmation, whether inside or outside of approved budgets, will be rejected. All expenditure requests to the relevant committee, group or board must be accompanied by a completed summary front sheet.

Table 6: Delegated expenditure limits for non-pay running cost expenditure

Total Expenditure*	**Inside approved budgets**
Above £100,000	Decisions can be taken by Executive Committee
£100,000	Decisions can be taken by the CEO or DOF
£50,000	Decisions can be taken by Executive Director
£5,000	Decisions can be taken by a Delegated Deputy (Band 8D or 9)

Total Expenditure*	**Outside approved budgets**
Above £25,000	Decisions can be taken by Executive Committee

£25,000	Decisions can be taken by the DOF or CEO

*Total expenditure only includes funding from the ICB. When the ICB is contributing to a joint project, only the ICB's contribution should be considered, not the total project value. Total expenditure includes the full value of the contract, for example if the spend spans multiple years (including any extensions) or the service is recurrent. If the request is for recurrent investment, the minimum contract term should be assumed to be 3 years i.e. if the cost is £500,000 per annum this would equate to £1.5m over a 3-year term.

Engagement of solicitors must be notified to the corporate governance team in all instances, with spend levels going through the relevant delegations detailed above.

Credit Card expenditure requires initial authorisation from the cardholder prior to use. Expenditure will then be required to follow the above rules. All expenditure should be recorded on the credit card transaction log. The use of credit cards should be considered a last resort.

A financial system sign-off limit does not constitute an individual's ability to commit the ICB to expend. All approvals must be sought using the instructions as outlined in this document and only then should any invoice or payment be processed. It is the responsibility of the relevant executive director or budget holder to ensure that the necessary approvals have been confirmed.

Signing of contracts on behalf of the ICB

Contracts must be authorised by either the Chief Executive or Executive Finance and Contracts Director on behalf of the ICB.

Variations to contracts related to the ICB's management of delegated Primary Medical Care, Dental, Pharmacy and Optometry services where there are no material changes to terms or ICB liabilities (partner/ signatory changes for GMS/PMS contracts) may be authorised by the relevant Executive Director or Band 9/ 8D officer if authorised by the revenant Executive Director.

Special Payments & Losses

The ICB has set authorisation limits that apply to all Losses written off and Special Payments made by its officers. The power to write off Losses and make Special Payments is exercised by one or more nominated senior officer, acting solely or jointly, and working in line with the DDFL of the ICB.

Those senior officers are:

- Chief Executive
- Executive Finance and Contracts Director
- Director of Operational Finance (Personal Debt up to £200)
- ICB Chair

Please refer to the special payments and losses for full guidance.

Capital

The primary care capital plan requires approval at the Primary Care Commissioning Group at the outset of the financial year. Any variation to that plan requires subsequent approval. Final approval will be required by the Executive Director of Finance and Contracts.

All corporate capital requires approval at the Executive Committee.