

## NHS South East London Integrated Care Board Engagement Assurance Committee

### Terms of Reference

FINAL - 23 May 2022

#### 1. Introduction

- 1.1. The Integrated Care Board (ICB) Engagement Assurance Committee [the “committee”] is established as a committee of the ICB, reporting to the Clinical and Care Professional Leadership Board.
- 1.2. These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee.
- 1.3. All members of staff and members of the ICB are directed to co-operate with any requests made by the committee.

#### 2. Purpose

- 2.1 The Integrated Care System has set out an ambition of working in genuine partnership with the people and communities of south east London to support better strategic decision making, better allocation of resource and to better plan services.
- 2.2 The purpose of the committee is to receive reports to monitor and provide assurance to the ICB, via the Clinical and Care Professional Leadership Board (CCPLB), that system wide projects and programmes are working with people and communities to make decisions, set direction and priorities ensuring best practice and legal duties are met as set out in the Working in Partnership with People and Communities statutory guidance and section 14Z51 of the Health and Care Act 2022 for ICBs (section 14Z45 of the National Service Act 2006 as amended).
- 2.3 The committee will monitor and provide assurance that people from communities experiencing health inequalities and people with protected characteristics are

engaged in ICS engagement activities, paying due regard to the [Equality Act 2010](#) and the public sector equality duty, the statutory guidance for Working with People and Communities and working closely with the Equality Diversity and Inclusion Committee and the Population Health Management Group.

### 3. Scope

- 3.1. The committee's responsibilities relate to system level engagement activity which informs decision making of the Integrated Care Board and Integrated Care Partnership. The committee provides assurance on engagement in projects and programmes which are carried out on behalf of the system. It does not duplicate processes and engagement assurance governance that exists elsewhere in the system.
- 3.2. The committee will not be delivering engagement activity but aims to promote good engagement practice by providing influence within and across the system.

### 4. Duties

- 4.1. The role of the committee includes responsibility for advising, providing constructive challenge, monitoring and providing assurance on engagement and consultation activity on behalf of the system as appropriate.
- 4.2. The committee will review engagement activities through receiving relevant reports, to ensure that engagement activity has:
  - 4.2.1. been timely and commenced at its earliest opportunity
  - 4.2.2. been meaningful and appropriate for each project
  - 4.2.3. listened to views from diverse communities including those experiencing health inequalities and people with relevant lived experience
  - 4.2.4. considered insight and views and demonstrated how these have influenced decision making
  - 4.2.5. provided feedback to those who have given their views.
- 4.3. The committee will work closely with the Equality Diversity and Inclusion Committee to ensure that Equality Analyses inform engagement work and the

committee will review engagement activities to ensure engagement includes people from the diverse communities of south east London, including communities who experience health inequalities and people who are seldom heard, people with poor health outcomes and who experience health inequalities and people who have protected characteristics including people who are Black, Asian or from a minority ethnic community, people whose first language is not English, people with physical, sensory or learning disability and people who are lesbian, gay, bi-sexual, transgender or questioning (LGBTQ+).

- 4.4. The committee will develop links with the System Quality Group to ensure that insight from engagement work informs the quality agenda.
- 4.5. The committee will review, monitor, advise, provide assurance and make recommendations on:
  - 4.5.1. the development and implementation of the ICS working with people and communities strategy ensuring on-going engagement using appropriate methods and recommend principles and standards
  - 4.5.2. the quality and effectiveness of the work to involve local people and communities, in relation to best practice, guidance and relevant duties
  - 4.5.3. the engagement activities undertaken, or make recommendations on further steps which are considered to be required including where engagement has not taken place
  - 4.5.4. all working with people and communities assurance submissions that the ICB is required to make to NHS England and Improvement
  - 4.5.5. engagement activities arising from the ICS strategy development process, as it relates to proposed changes to local health and care services and arrangements in south east London
- 4.6. The committee shall contribute to and reflect upon consultation and engagement methods and outcomes, ensuring the dissemination of good and innovative practice across south east London.

### **5. Accountabilities, authority and delegation**

- 5.1. The committee reports to the Care Professional and Leadership Board and will provide reports and minutes of meetings and relevant supplementary reports as necessary to make recommendations, provide advice, and obtain assurance on ICS engagement activity.
- 5.2. Where the committee is unable to provide assurance to the Care Professional and Leadership Board on engagement activity, the committee will provide a series of recommendations for the Board to consider.
- 5.3. Individual members and advisory/task and finish group leads are responsible for reporting back on activities.
- 5.4. Key points from meetings will be formally recorded and made available to the Care Professional and Leadership Board.
- 5.5. The chair shall draw to the attention of the ICB any issues that require its consideration or executive action.
- 5.6. The committee may establish a working group or task and finish group to lead work under a defined term of reference / engagement. The committee must agree by majority on the establishment of any of the groups and formally agree their terms of reference.

### **6. Membership and attendance**

- 6.1. The voting membership shall include:
  - 6.1.1. The Clinical and Care Professional Lead for patient and public engagement (Chair)
  - 6.1.2. An ICB non executive director (Deputy chair)
  - 6.1.3. A South East London Healthwatch representative
  - 6.1.4. Two local people from each borough
  - 6.1.5. Representation from the following system partners (specific postholders to be identified and agreed)
    - 6.1.5.1. Local authorities
    - 6.1.5.2. Trusts
    - 6.1.5.3. Voluntary, community and social enterprise sector
- 6.2. The non-voting members shall include:

#### 6.2.1. The ICB Assistant Director of Engagement

- 6.3. The committee is permitted with agreement of the chair and a majority of members, to formally co-opt additional members and/or other subject matter specialists including local people with lived experience to broaden the range of input should this be deemed necessary. The committee may additionally request subject matter experts attend on a one-off or *ad hoc* basis as required.

### **7. Chair of meeting**

- 7.1. The meeting will be chaired by the Clinical and Care Professional Lead with responsibility for public engagement, and the deputy chair will be the ICB NED for engagement.
- 7.2. At any meeting of the committee the Chair or Deputy Chair if present shall preside.
- 7.3. If the presiding Chair is temporarily absent on the grounds of conflict of interest, then a person chosen by the committee members shall preside.

### **8. Quorum and conflict of interest**

- 8.1. To be quorate, membership shall be one member of the public from each borough, one Healthwatch member and one ICB member.
- 8.2. In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.
- 8.3. The committee will operate with reference to NHS England guidance and national policy requirements and will abide by the ICS's standards of business conduct. Compliance will be overseen by the chair.
- 8.4. The committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles) (see appendix).
- 8.5. Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and

procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

## **9. Decision-making**

- 9.1. Where a decision is required, it is expected that this will be reached by consensus. Where a vote is required to decide a matter, each member may cast a single vote. In the event of equal votes, the chair will have a casting vote.
- 9.2. The committee does not have formal decision-making authority relating to budgets or other organisational resources.
- 9.3. Any proposals arising from the committee (e.g. for use of resources) should be requested via the usual ICS governance process.

## **10. Frequency**

- 10.1. The committee will meet at least bi-monthly, subject to annual review.
- 10.2. All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.
- 10.3. Members and staff members from ICS partner organisations are expected to contribute to reasonable requests for information and input to the work undertaken by the committee.

**11. Reporting**

- 11.1. Papers will be made available five working days in advance to allow members to discuss issues with their networks and colleagues ahead of the meeting. Members are responsible for seeking appropriate feedback.
- 11.2. The Committee will report on its activities to ICB Clinical and Care Professional Leadership Board. In addition, an accompanying report will summarise key points of discussion; items recommended for decisions; the key assurance and improvement activities undertaken or coordinated by the committee and any actions agreed to be implemented.
- 11.3. The minutes of meetings shall be formally recorded and reported to the CCPLB and made publicly available.

**12. Committee support**

- 12.1. The ICB governance team will provide business support to the committee. The meeting secretariat will ensure that draft minutes are shared with the Chair for approval within five working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within seven working days of the meeting.

**13. Review of Arrangements**

- 13.1. The committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the committee considers this appropriate or necessary.
- 13.2. These terms of reference shall be reviewed by the committee chair and chair of the Clinical and Care Professional Leadership Board on an annual basis, with changes proposed for approval to the Clinical and Care Professional Leadership Board.

**Appendix\): The Nolan principles of public life****1. 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 material benefits for themselves, their family, or their friends.

**2. 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.

**3. 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.

**4. 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.

**5. Openness**

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

**6. 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.

**7. Leadership**

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

*These principles apply to all aspects of public life. The Committee on Standards in Public Life has set them out here for the benefit of all who serve the public in any way.*