South East London Integrated Care System

NHS South East London

Engagement Assurance Committee
Cover Sheet

Item 4
Enclosure D

Title:	**Review of the Engagement Assurance Committee**
Meeting Date:	**18 July 2023**
Author:	Rosemary Watts, Assistant Director of Engagement
Executive Lead:	Ranjeet Kaile, Director of Communications and Engagement

<table>
<tr><td rowspan="3">Purpose of paper:</td><td rowspan="3" colspan="2">The paper outlines the key themes and possible actions that came out of discussions with individual public members of the committee as part of a mini review of the committee after being in place for six months.

A reviews of the terms of reference has also taken place and some small amendments are proposed highlighted in yellow for ease of reference.</td><td>Update / Information</td><td></td></tr>
<tr><td>Discussion</td><td>x</td></tr>
<tr><td>Decision</td><td></td></tr>
<tr><td>Summary of main points:</td><td colspan="4">Key themes are highlighted in the paper and include complexity of the Integrated Care System and the programmes of work, role of the committee in providing accountability and role of individual members in this. Members also put forward some suggestions to address these issues which are highlighted in the paper for discussion.</td></tr>
<tr><td>Potential Conflicts of Interest</td><td colspan="4">None</td></tr>
<tr><td rowspan="3">Relevant to the following Boroughs</td><td>Bexley</td><td>x</td><td>Bromley</td><td>x</td></tr>
<tr><td>Greenwich</td><td>x</td><td>Lambeth</td><td>x</td></tr>
<tr><td>Lewisham</td><td>x</td><td>Southwark</td><td>x</td></tr>
<tr><td rowspan="2"></td><td>Equality Impact</td><td colspan="3"></td></tr>
<tr><td>Financial Impact</td><td colspan="3">NA</td></tr>
<tr><td rowspan="2">Other Engagement</td><td>Public Engagement</td><td colspan="3">The paper is for discussion with public members of the Engagement Assurance Committee and is based on individual discussion with public members of the committee.</td></tr>
<tr><td>Other Committee Discussion/ Engagement</td><td colspan="3">None</td></tr>
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Recommendation:	The Committee note the themes that have arises as part of the review, discussions and agrees actions to put in place. The Committee agrees the amended terms of reference to be formally approved by the Clinical and Care Professional Committee.

Background

The Integrated Care Board's Engagement Assurance Committee's main purpose is to receive reports and provide assurance that projects and programmes are working with people and communities to make decisions, set direction and priorities, as set out in paragraph 2.1 of the terms of reference. It reports to the Clinical and Care Professional Committee which Toby Garrood, Joint Chief Medical Officer co-chairs with the other joint Chief Medical Officer and the Chief Nurse.

The majority membership is public members with approximately half of the public members newly recruited in autumn 2022 with the remaining half having been members of the former South East London Clinical Commissioning Group's (CCG) EAC. Public members were recruited through an open and transport process and an introductory meeting was held in December 2022 with formal committee meetings taking place in January, March and May 2023.

A mini review was, therefore, carried out as the committee has been in place for six months. This involved individual conversations with the public members in May / June.

Key themes and suggestions put forward in these conversations are outlined in the table below and for discussion at the meeting to decide which ones to take forward.

Themes	Suggestions / proposals / actions for discussion
Members appreciated the induction meeting to help set context and understanding	• A number of members suggested having a possible workshop, or induction meeting outside a formal committee meeting, or informal meetings in-between the formal meetings, or working groups in between meetings, to help with understanding of how the NHS works in south east London. Some members thought it would be good to have this as a face to face meeting as this would help with building up rapport amongst members.
The meetings feel formal meeting with 'meaty' agenda items with documents that can be quite complex such as the strategy development process and development of the Joint Forward Plan and it can be unclear how members do provide assurance on engagement at a system level and what the role of individual members is in this. Some members felt that the papers were not too complex. One member suggested having a summary for each paper. Some members discussed other ways of presenting information using visuals, stories and films.	• Some members thought it would be helpful to have agenda items on on-going engagement projects to gain better understanding of how the ICS works. • It was noted that it would be helpful to report on actions from meetings and how suggestions were actioned and to help understand the influence of the committee. • Some members thought it would help if presenters of agenda items were to ask questions of the committee regarding their engagement such as outlining what they have struggled and ask for suggestions from committee members to inform future work and learning. • It was also suggested that the chair should clarify and ask questions at the end of agenda items to ask clear questions such as whether the committee can provide assurance based on what they have heard or whether they agree with the recommendation etc and then to summarise. The chair should also remind members to stay on the subject matter. • One member thought it would be useful to see initial engagement plans and to understand the progress against these plans and this would help committee members to be

	able to provide assurance on the engagement that has taken place • Access to training about being able to influence, being an effective committee member was highlighted as areas to explore. • All papers to have a summary report / cover sheet
One member suggested a mid-meeting short break. Some members felt the meetings were hurried and too short to get through agenda items.	To have less items on the agenda to allow time for full discussions.
Some members have taken part in engagement projects such as attending the ICS engagement in strategy development webinars and found these helpful in developing their understanding of how the ICS works.	All EAC public members receive the engagement newsletter and have the option of getting involved in different projects.
Some members feel that they are bedding down and understanding how the system works across south east London and listening to more experienced members and they may be less confident in coming forward to give their views and ask questions as they may feel that they do not understand when everyone else does. Presenters need to understand that committee members are not the subject matter experts and should not assume detailed knowledge.	• One member suggested that members could submit questions and comments before the meeting which are then addressed in the meeting and are reminded of this when the papers are sent out. • Some members discussed shadowing more experienced members or having a 'buddy' system in place and / or being linked to particular projects. Some members thought it would be useful to link in with the other public members from their boroughs as well as Healthwatch and the borough based ICB communications and engagement teams. One member suggested an 'ice breaker' at the beginning of the meeting so everyone has the opportunity to share information about what has been happening in their borough since the last meeting.
Some members are particularly interested in the role of the voluntary, community and social enterprise sector (VCSE) in the ICS and how this develops.	Ensure regular updates from the VCSE Strategic Alliance are on the agenda.

The need to develop more coproduction with people with lived experience in our projects and need to evaluate the outputs of engagement was raised by one member. Another member noted that we need to have a focus on disability in our work. It may be helpful to have a better understanding of which communities each programme is targeting with data and also use patient stories to bring issues alive.	As programmes develop their maturity around working with people and communities these issues should be better reflected in future presentations and discussions with the committee nad these specific questions can be asked of future presenters
One member noted that members areas of interest or expertise are not being utilised or shared.	All members bios are published on the website. If the committee decides to have informal workshops or meetings outside of formal meetings we can explore
Some members are members of their local Healthwatch organisations and receive newsletters which helps their understanding of what is happening locally and what key issues are.	

Other suggestions

It was noted that not all members have granted permission to share their email addresses so may not have the meeting links in their calendars so it was suggested that we should send out reminders two weeks before the meetings.

Terms of reference

Minor amendments are proposed in the terms of reference which are highlighted in yellow for ease of reference over the following pages. These are not to do with the role of the committee but are around membership, chairing arrangements and quoracy. If the committee accepts the proposed changes these will be put before the Clinical and Care Professional Committee for formal approval.

The purpose and duties of the committee and roles of individuals can be further explored in a workshop if the committee decides to have further workshops.

South East London Integrated Care System

NHS

NHS South East London Integrated Care Board Engagement Assurance Committee

Amended Terms of Reference

13 July 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 Committee.

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 Committee (CCPC), 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 Equalities Sub Committee and the Population Health and Equity Executive.

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 Equalities Sub 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 Clinical and Care Professional Committee 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 Clinical and Care Professional Committee on engagement activity, the committee will provide a series of recommendations for the Committee 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 Clinical and Care Professional Committee.

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. Chief of Staff, ICB

6.1.4. Joint Chief Medical Officer, ICB (Deputy Chair)

6.1.5. A South East London Healthwatch representative

6.1.6. A representative of the South East London Voluntary, Community, Social Enterprise (VCSE) Alliance

6.1.7. Two local people from each borough

6.1.8. Two local people from across south east London

~~6.1.9. Representation from the following system partners (specific postholders to be identified and agreed)~~

~~6.1.9.1. Local authorities~~

~~6.1.9.2. Trusts~~

South East London Integrated Care System

NHS

~~6.1.9.3. Voluntary, community and social enterprise sector~~

6.2. The non-voting members shall include:
  6.2.1. The ICB Assistant Director of Engagement
  6.2.2. The ICB Senior Equality, Diversity and Inclusion Manager

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, and the deputy chair will be the Joint Chief Medical Officer.

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 at least six public members, one Healthwatch member or one VCSE 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.

South East London Integrated Care System

NHS

11.2. The Committee will report on its activities to ICB Clinical and Care Professional Leadership Board. In addition, ~~an~~ accompanying reports can be provided which 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.

South East London Integrated Care System

NHS

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.