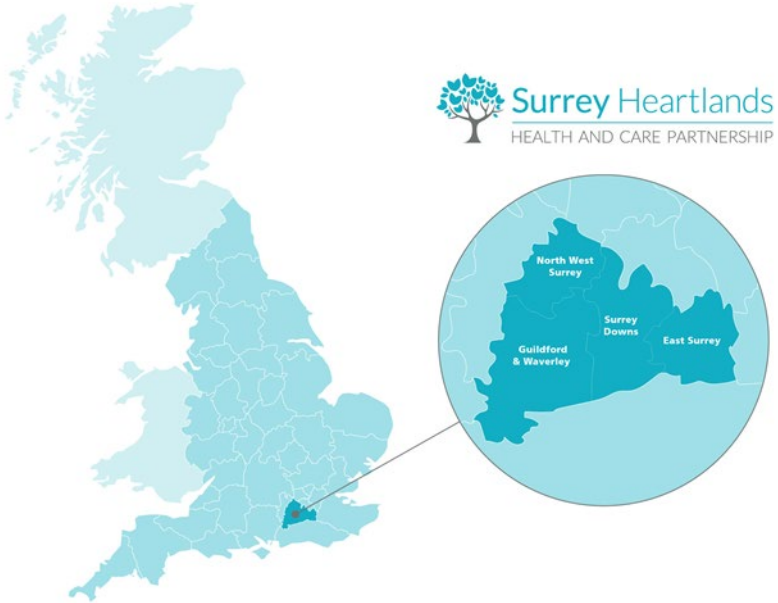
NHS Surrey Heartlands

Integrated Care Board Constitution Engagement Feedback Summary

15th December 2021



1. ICB Composition

ICB Board Composition

- As Stage 1 of our ICB consultation *(5th – 17th November 2021)* we consulted a range of local stakeholders on our proposed Board composition for the new NHS Surrey Heartlands Integrated Care Board

- Key themes that emerged and our responses are given below:

  - Ensuring appropriate representation on behalf of community and mental health services.

    Whilst keeping the overall Board size to a manageable level and within recommended numbers, we expect representation on all provider services to come through the Provider Collaborative partner member as well as via our four Places (see below). In addition, we are able to invite other participants to the ICB as appropriate.

  - Ensuring the patient and citizen voice were represented at Board level, including the Voluntary, Community and Faith sector.

    Specifically through the Non-Executive Member allocated to Quality & Performance, Patient & Citizen participation and engagement; it should also be noted that our Board will have five independent Non-Executive Members bringing a wider lay perspective.

  - How we would ensure representation from our place-based partnerships.

    Four of our five Non-Executive Members will be allocated to each of our Four Place-based Partnerships to act as their ICB representative; Place-based Leaders will also be invited as participants to the ICB.

- Our agreed ICB Board composition is shown on the following slide and has been submitted to NHS England for approval.

Proposed Surrey Heartlands ICB Composition – subject to final approval by NHS England

Type	Role	Appointment and Expectations
Independent non-executive members	• Chair	Appointed by NHS England and NHS Improvement (with Secretary of State approval). The chair must be independent and cannot hold a role in another health and care organisation within the ICB area

	• Five independent Non-Executive Members
	• One non-executive member allocated each to:
	  • Audit Committee
	  • Remuneration Committee
	  • Quality & Performance Committee & Patient Participation & Engagement
	  • Strategic Finance & Assurance Committee & Primary Care
	• One Non-Executive Member allocated as Independent Executive Member
	NB: One Non-Executive Member to be allocated to each Place Based Board to act as ICB representative.
		Appointed by the ICB, subject to the approval of the Chair
		These members will normally not hold positions or offices in other health and care organisations within the ICS footprint

Statutory, Mandated and Recommended Executive Roles	• Statutory: Chief Executive	All must be employed by / seconded to the ICB
	• Statutory: Chief Finance Officer	
	• Mandatory: Chief Nursing Officer/Director of multi-professional leadership	
	• Mandatory: Chief Medical Officer	
	• Recommended: Chief People & Digital Officer	

Surrey Heartlands ICB Composition (2) - submitted 17th November

Type	Role	Appointment and Expectations
Partner members (a minimum of three)	• One member drawn from NHS foundation trusts that provide services within the ICS area	Appointed through process. Expectation is that partner member from NHS foundation trusts will often be the chief executive of their organisation
	• One member drawn from the primary medical services (general practice) providers within the ICB	Appointed through process. Expectation is the member will be drawn from primary medical services providers to engage and bring perspectives from all primary care providers, including primary care networks
	• One member drawn from the local authority, or authorities, with statutory social care responsibility whose area falls wholly or partly within the ICB area	Expectation is that the partner member will often be the chief executive of their organisation or in a relevant executive level local authority role
Participants	• Chief Operating Officer • ICB Executives as required including Place Based Leaders • SCC Executives as required	Participants will receive advanced 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.

Surrey Heartlands
HEALTH AND CARE PARTNERSHIP

SURREY COUNTY COUNCIL

NHS

2. Constitution Feedback

ICB Constitution

- As Stage 2 of our consultation *(22nd – 30th November 2021)*, we consulted local stakeholders and partners on elements within the constitution, in particular the nomination process for the three partner members.
- This included an online engagement event held on 25th November
- Key feedback and our response is given in the following slides
- Our draft constitution, which was submitted to NHS England at the beginning of December can be found at *here*
- We continue to work with NHS England to finalise our draft constitution ahead of the ICB going live from 1st July 2022

Feedback on our draft Constitution and our response (1)

Topic area	Our existing Proposal	Feedback received	Our proposal following feedback	Rationale
Partner Role: Local Authority partner	That this should be be an executive member of the Local Authority responsible for the delivery of social care services	Suggestion that the Constitution include specific mention **of District and Borough Councils in the given list of local authorities, but that we should specify only Surrey County Council has responsibility for providing social care services.** **Surrey County Council** also proposed that the local authority member on the Integrated Care Board (which has to come from a local authority with responsibility for social care) should be the Surrey County Council Chief Executive.	**Retain Surrey Council Council as the only Local Authority listed in the constitution** **Retain current wording – that the Local Authority member should be either the Chief Executive or hold a relevant executive role.**	The requirement is to only list the local authorities that have responsibility or the delivery of social care services. Therefore we will not be including a list of all the names of D&BCs in the constitution. (discussed with NHSE at regional level) and will only state Surrey County Council - (section 3.7 of the draft Constitution) The Constitution states that Surrey County Council is a Unitary Local Authority that covers the full ICB area; it further states that the member nominated should be either the Chief Executive or hold a relevant executive role.
Partner Role: Trust/Foundation Trust partner	That this should be the Chair of the Provider Collaborative.	**Constitutions should not specify any criteria that result in a single individual being identified from a nomination process such as by identifying role holders of a specific role'.**	**To state under eligibility that "the Trust/Foundation Trust partner is a member of the Provider Collaborative Board."**	It cannot state in the constitution that the Chair of the Collaborative Board will be appointed as this would be fetter the decision making power of the Chair (designate) by making any statement that could be deemed as ex-officio with regards to the appointment of the partner.
Partner Role: Primary Medical Services partner	That this should be the Surrey Heartlands Primary Care Network lead	**As the Chair must always retain the right to reject/appoint individuals to result in a properly equipped board which collectively has the right skills, experience and attributes to be effective - constitutions should not specify any criteria that result in a single individual being identified from a nomination process such as by identifying role holders of a specific role.**	**Primary Medical Services partner: be a registered General Practitioner, and a member of the Royal College of General Practitioners/General Medical Council; be a current provider of general medical services within the geographic boundaries of the Surrey Heartlands ICB, working a minimum of two sessions per week in a primary care setting; and be a senior member of a Primary Care Network in Surrey Heartlands ICS.**	It cannot be stated in the constitution that the Surrey Heartlands PCN Network Lead will be appointed as this would be fetter the decision making power of the Chair (designate) by making any statement that could be deemed as ex-officio with regards to the appointment of the partner.

Feedback on our draft Constitution and our response (2)

Topic area	Existing Proposal	Feedback	New proposal following feedback	Rationale
Participants	Participants are not listed specifically. They will receive agendas, may attend, and may be invited to speak. They do not have a right to vote	That we should include those roles/functions who will attend the ICB as a participant	Roles/Functions will not be included as these may change, however, the constitution will include the following sentence: **"Participants will be identified as such within the Agenda circulated for the meeting".**	It is optional to name Participants in the Constitution. The approach taken will avoid the requirement to submit the Constitution to NHSE for any changes to the participant list. However the ICB may wish to include a list in the Governance Handbook which can be amended locally. The additional sentence will allow for all relevant participants to be included based on the ICB agenda.
Participants	Participants are not listed specifically. They will receive agendas, may attend, and may be invited to speak. They do not have a right to vote	**Feedback from Surrey County Council:** whilst membership should be kept small, the Board will need the insight and expertise of colleagues from organisations across the system to inform decision making. Our view is that opportunities should be extended to partners from across the system, including voluntary, faith and community sector organisations alongside health and care providers to attend the Integrated Care Board as participants as required for each agenda. We think it likely that the following Surrey County Council staff will need to attend meetings of the ICB as participants: • the joint ICS executive members – the Director for Adult Social Care and Integrated Commissioning and the Director for Public Service Reform; and • from Surrey County Council – the Director of Public Health and Director of Childrens' services. This will ensure that while not a decision-making member, as participants the views of these directors are 'sought, listened to and valued.'	Roles/Functions will not be included as these may change, however, the constitution will include the following sentence : **"Participants will be identified as such within the Agenda circulated for the meeting".**	It is optional to name Participants in the Constitution. The approach taken will avoid the requirement to submit the Constitution to NHSE for any changes to the participant list. However the ICB may wish to include a list in the Governance Handbook which can be amended locally. The additional sentence will allow for all relevant participants to be included based on the ICB agenda. That said, we would expect these members of staff to be regularly invited to attend as participants.

Feedback on our draft Constitution and our response (3)

Topic area	Feedback	Change to Constitution Yes/No
Members of the ICB Board	• How are Places represented? • How is the voice of community services represented? • Resolving Place representation provides a potential way for community services to feed in their view • **Place will be represented at the ICB through the Non Executive Members (NEM) who will each be aligned to a Place (as members of the ICB who will have a vote), and through the Place Based Leaders who will be invited to attend as a participant. *"Participants will receive advanced 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."*** • **One of the Non Executive Members of the Integrated Care Board will have a responsibility for patient experience and engagement; in addition all NEMs will also have that expectation within their role profile**	No
Delegation to Provider Collaboratives	Page 10 of the draft Constitution refers to delegations made to provider collaboratives - although this is one for the 'governance handbook' it's an important point which shouldn't be referenced in the Constitution - provider collaboratives cannot be accountable to the ICB as they are not statutory organisations. Provider collaboratives must be accountable to their individual provider boards, who are then accountable to the ICB. This will become totally unworkable if every provider collaborative has to apply to the ICB for some kind of licence to operate and delegated authority (how can you delegate authority to something that doesn't exist legally?), and will undermine the individual Boards to the point that no Board could ever agree to collaborate. **Provider collaboratives are partnership arrangements involving at least two trusts working at scale across multiple places, with a shared purpose and effective decision-making arrangements, to:** **• reduce unwarranted variation and inequality in health outcomes, access to services and experience;** **• improve resilience by, for example, providing mutual aid; and** **• ensure that specialisation and consolidation occur where this will provide better outcomes and value. Provider collaboratives work across a range of programmes and represent just one way that providers collaborate to plan, deliver and transform services.** **Provider collaboratives will report to the ICB and will be working on agreed collaborative vehicles. Decisions of an individual organisation will be via their Board, however the decision making from the ICB will be on how, with System partners, they agree the areas of focus and delivery for each type of collaboration and decide how these arrangements can work most efficiently and coherently in a local context to achieve benefits for people and communities.**	No

Feedback on our draft Constitution and our response (4)

Topic area	Feedback	Change to Constitution Yes/No
Interdependencies with ICP and also the relationship with Place	Some elements of the constitution are hard to comment on without knowing how things will be delegated from Surrey Heartlands to Place – operationally, assurance wise and financially. There may be a need to re-iterate this once the relationship with Place is clearer and which is highly dependent on fixing the Place representation point. **This is work in progress with the Scheme of Reservation & Delegation and the Functions and Decision Map which are under development. Further iterations will be shared with partners through the governance processes.** Will be interesting to see the ToRs (Terms of Reference) for the ICB and how it links with the Integrated Care Partnership (the broader group responsible for setting the strategy) and how this ICP influences decision making at the ICB. Working this through together in shadow phase will be an important part of the iterative process. **The constitution is in essence the ToR of the ICB. A summary version may be compiled for the Governance Handbook. The Scheme of Reservation and Delegation will also inform decision making alongside the Functions and Decision Map.**	No
Layers of assurance	It appears that there are a full set of Committees at ICS level which risks being a layer of assurance on assurance and could be at risk of undermining place based arrangements. Whilst providers still have their own assurance arrangements (necessarily as mandated by Trust arrangements and/or to fulfil duties as Company Directors) we risk triple doing assurance in some areas: organisationally, Place and System. Whilst we may well expect to transition to remove at least one of these layers could we consider whether System or Place plays a lighter touch/pass through assurance to prevent double (triple) doing? **The expectation is that information and assurance will flow from Place to the ICB as the accountable body and vice versa with committees that report to the ICB having clear Terms of Reference setting our their roles i.e. assurance and delivery.** **In addition the Memorandum of Understanding will support assurance and the System Oversight Framework (SOF). The expectation is to avoid duplication of reporting and maximise information flows through relevant committees.**	No

Feedback on our draft Constitution and our response (5)

Topic area	Feedback	Change to Constitution Yes/No
Roles and appointments	3.3.3 b) the Chair should not be on the Audit Committee, whether ex-offico or otherwise. **(Now 3.3.2b) v 13** In general the appointment process for all partner members comes down to the ICB Chair's personal choice which isn't ideal from the good governance perspective. If it remains it would strict criteria against which a nominee's application can be judged so that the decision is transparent and safe if challenged. It seems a missed opportunity to exclude NEDs that already hold a similar position within the ICB area as this could bring a wider perspective of the system. I am assuming the reason is conflict of interest but is it any different from a partner member being a CEO of a Trust/FT within the ICB area. **There is a requirement for a nomination and selection process and a panel will be appointment to undertake the appointment ensuring candidates meet all eligibility criteria and the role profile.** **The Chair must always retain the right to reject/appoint individuals to result in a properly equipped board which collectively has the right skills, experience and attributes to be effective. Therefore, constitutions should not specify any criteria that result in a single individual being identified from a nomination process such as by identifying role holders of a specific role.**	No
Wider representation	Overall, the constitution feels relatively standard. However, the membership, for a body that is enacting legislation based on partnership and integration, is limited. There is no requirement, for example, for a NED who represents public and patient engagement. There is no role for Healthwatch to represent the patient voice/experience. And, of course, there is no role for providers that are not Trust or FTs (except primary care who are also private providers and hence this shouldn't be used as a reason to exclude social enterprises) It is only at paragraph 7 that communities are mentioned but not representation at ICB and no notes on how they will be heard. **One of the Non-Executive Member (NEM) roles will have a responsibility for patient experience and engagement. For your assurance all NEMs will have that expectation within their role profile.** **Healthwatch will be a member of the Integrated Care Partnership (ICP).**	No

Additional feedback from Healthwatch Surrey

Feedback and response	Change to Constitution Yes/No
1. How will the Board have strategic oversight and assurance of the involvement of people and communities in the exercise of its functions, and in particular the involvement of people at greatest risk of health inequalities? We welcome the inclusion of the 10 principles for working with people and communities but ask how will the Board obtain assurance that involvement and engagement, particularly with those who are less well heard, is being carried out in line with these principles, at Place level, as well as system level? **The Non Executive Member allocated to the Quality and Performance Board also has patient engagement and participation as part of their portfolio and we would expect them to lead on bringing strategic oversight and assurance of the involvement of people and communities to the ICB. In addition, all NEMs are expected to champion patient experience and participation, particularly those who are aligned to a Place. By aligning NEMs to Place, and inviting Place Leaders to the ICB as participants, we will strengthen the representation of patients and citizens at Place and those at greatest risk of health inequalities.** 2. Given that ICBs are expected to gather intelligence about the experiences and aspirations of people who use care and support and have clear approaches to using these insights to inform decision making and quality governance, where will responsibility for this sit on the ICB? **The experiences and aspirations of local people will be captured through a number of different mechanisms - at both Place and across the system - and reported up to the ICB through NEMs and Place Based Leaders. This includes mechanisms such as complaints and enquiries, community engagement at Place level, insights from partners such as Healthwatch and through our wider citizen engagement programme. Place Based Leaders and other partners will also feed into the Integrated Care Partnership (ICP) and the ICB will work together, with Chairs of the ICB and ICP participating in respective meetings.**	No

Additional feedback from Healthwatch Surrey

Feedback and response	Change to Constitution Yes/No
3. Where will local Healthwatch take its reports and recommendations, and its identification of emerging issues through insight collected from local people, and who will have responsibility for providing a response, as per our statutory responsibilities? **Suggested answer to point 3: There is clearly more work to do in partnership with Healthwatch to identify the right mechanisms to receive reports, recommendations and local insights into our system, but we would expect this to include: Quality and Performance Board; mechanisms at Place; through the new Engagement and Participation Group (once established); and via the ICP.** 4. We are unclear following the meeting last Thursday evening as to whether one of the NED roles will include patient experience and involvement in their responsibilities. Please can you clarify this point. **Yes one of the NEM roles will have a responsibility for patient experience and engagement.** 5. How will the Directors of Public Health and Children's services be represented at the ICB level? **They may be invited to attend as a Participant based on the agenda of the ICB. They will also be members of the wider Integrated Care Partnership Committee.** 6. Does the ICS have plans going forward to make consultation materials accessible to all by publishing an Easy Read version? This is a good way to demonstrate a commitment to enabling inclusive involvement. We found an example from another area here: https://www.wypartnership.co.uk/application/files/5216/3699/4239/Intergrated_Care_Board_Constitution_summary_Easy_Read_101121.pdf **Future consultations relating to the ICS/ICB/ICP would follow best practice in this regard and we will consider the development of more material in Easy Read format.**	No

Additional feedback on patient and public engagement

Feedback and our response	Change to Constitution Yes/No
• Disappointment that PPGs are not referred to in section 9.1.5 of the Constitution given that PPGs are listed as a requirement of the GP contract and represent a ready made source of patient / public views. Similarly that there are participation groups in secondary and social care who are also not mentioned. • More clarity on the mechanism for these groups to have two way communication with the proposed Partnership and Involvement Group. • That there is a named Non-executive Member of the ICB who champions and takes a lead on Involvement and Engagement who attends the proposed Involvement and Engagement Group and feeds back to the ICB and who receives regular updates from the ICB's Involvement and Engagement staff/department. **One of the Non Executive Members (NEMs) of the Integrated Care Board will have a responsibility for patient experience and engagement. It is not a requirement to state our proposals for patient engagement in the Constitution, however there is an expectation that reference be made in the Governance Handbook which acts as a working adjunct to the Constitution. In addition, a standalone Engagement Strategy will be developed for the new ICS which will be co-designed with local groups and patient representatives.** • Suggestion that the ICB should have "Updates on Involvement and Engagement" as a standing item on the agenda to demonstrate its commitment to this process, if not monthly then at least quarterly. **This suggestion will be escalated for consideration in the agenda setting process.** Further clarification requested on point 9.1.5.b (see below): **"Local arrangements at Place to ensure we are engaging and working with people and communities effectively at the most local level."** **This refers to the principle of subsidiarity meaning that decisions should be made as close as possible to/with those people most affected. As the new ICS we will ensure each of our Place-based Partnerships develops their own local engagement methods which they are already starting to do.** Need to demonstrate how people's views at the sharp end reach the decision makers and establish robust lines of two way communication with existing statutory patient groups. **The experiences and aspirations of people will be captured in various ways including via our Place-based Partnerships and wider engagement programmes and patient experience mechanisms (such as complaints for example), and then reported to the ICB through the NEM responsible for patient experience/engagement and through Place Based Leaders. Place Based Leaders will also feed into the wider Integrated Care Partnership and the ICB will work together with Chairs of both as participants at both meetings. More detail on how we do this will be included in our system-wide Engagement Strategy.**	No