

Report to the NHS Somerset Clinical Commissioning Group on 18 June 2020

Title: Draft Terms of Reference for ICS Shadow Board	Enclosure E
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Summary and Purpose of Paper

The primary role of the ICS Shadow Board will be to promote the close collaboration of the entire health and care system in Somerset, thereby ensuring better health and care outcomes for all of the residents in Somerset. The ICS Shadow Board will convene leaders from the local health and care system to oversee and co-ordinate the transformation and alignment of health and care services, focused on the needs of individuals in Somerset, in line with the aims of the long-term plan and the fit for my future programme. In particular the ICS Shadow Board will oversee the establishment of the Integrated Care Partnership (ICP) and Strategic Commissioning Function (SC) for the ICS.

These terms of reference describe the purpose and functioning of the ICS Shadow Board. They have been reviewed by all members of the ICS Shadow Board and been through a number of draft iterations to ensure they clearly set out and demonstrate our collaborative approach to working across health and care in Somerset.

Recommendations and next steps

The terms of reference were fully supported by the ICS Shadow Board on 11 June 2020, which now recommends approval from:

- Somerset Clinical Commissioning Group Governing Body
- Somerset County Council Cabinet
- Somerset Primary Care Board
- Somerset NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust

Including acceptance of the membership as described in section 5.

SOMERSET INTEGRATED CARE SYSTEM (ICS) SHADOW BOARD

TERMS OF REFERENCE

1. Strategic Context

- 1.1 Somerset has held the ambition to create an Integrated Care System (ICS) since the establishment of the Sustainability and Transformation Partnership (STP). During this time there have been changes to both the local leadership and to national policy, however the vision for an integrated system has remained consistent. We now have a clear national direction that states we should have an ICS in place on or before April 2021, with the shadow arrangements set out within these terms of reference acting as a prelude to enable us to effectively embed our new ways of working.
- 1.2 Somerset is a relatively simple system in terms of organisational configuration and has several distinct advantages that should assist in the development of an ICS, including contiguous Clinical Commissioning Group (CCG) / County Council boundaries and a smaller number of providers than in many other systems.
- 1.3 While we have made substantial progress in developing genuine partnership working and building structures to ensure appropriate delivery and governance, there is now an opportunity and willingness across all partners to enhance the maturity of our system to start working in a new way. This will build on the aims of the long-term plan and be fully aligned to the Somerset Clinical Commissioning Group's (CCG) fit for my future programme which aims to support the health and wellbeing of the people of Somerset by changing the way we deliver health and care services, ensuring they are much more joined-up. The ambitions of the ICS will be underpinned by a Memorandum of Understanding (MoU) to be agreed by all constituent bodies of the ICS Shadow Board. Additionally, we will need to iteratively refine our thinking as to the optimal 'end state' as we learn what works best to support the delivery of integrated care within Somerset, using the NHS ICS maturity framework as a guide.
- 1.4 The ICS in Somerset will consist of the following:
 - an integrated Strategic Commissioning (SC) function which will bring together the health and care commissioning organisations for Somerset (Somerset CCG and Somerset County Council) to establish the needs of the population, set the strategic commissioning vision and identify the commissioning priorities for the system;

- a single Integrated Care Partnership (ICP) which includes a wide reaching network of providers.

1.5 While not a statutory body, the role of the ICS Shadow Board to provide a forum for convening partners across the system to collectively oversee the transformation and alignment of health and care services, focused on the needs of individuals in Somerset, will be absolutely pivotal as we develop new, collaborative ways of working.

2. Role of ICS Board

2.1 The role of the Integrated Care System Shadow Board (ICS Board) is to build on the developments described above; to ensure that they are progressed effectively and inclusively; and to provide a forum for discussion and resolution of crosscutting issues. The primary role of the ICS Board will be to promote the close collaboration of the entire health and care system in Somerset, thereby ensuring better health and care outcomes for all of the residents in Somerset.

2.2 The ICS Board will convene leaders from the local health and care system to oversee and co-ordinate the transformation and alignment of health and care services, focused on the needs of individuals in Somerset, in line with the aims of the long-term plan and the fit for my future programme being led by the Somerset CCG.

2.3 In particular the ICS Board will oversee the establishment of the Integrated Care Partnership (ICP) and Strategic Commissioning Function (SC).

2.4 The ICS Board is a strong partnership of the system, with representation from providers and commissioners.

2.5 The ICS Board will seek to act in the best interests of the population of Somerset and the system as a whole rather than representing the individual interests of one constituent organisation.

2.6 The Board will provide a forum where members can challenge and hold each other responsible if they are not working in the best interests of the people of Somerset.

3. Duties and Responsibilities

3.1 The duties of the ICS Board are as follows:

- to provide a forum for convening leaders from the local health and care system to collectively oversee and co-ordinate the transformation and alignment of health and care services, focused on the needs of individuals in Somerset;

- to have responsibility for the development of the ICS memorandum of understanding, for approval by the constituent organisations' boards/cabinet, which will be the blueprint for partnership system working in Somerset;
- to review and approve the terms of reference for any sub-committees that are established of the ICS Board;
- to oversee the establishment of the ICP and SC, who will be focussed on planning and delivery;
- to have oversight of the system financial resources;
- to be assured that the SC produces and champions a coherent vision and strategy for health and care in Somerset that seeks to increase healthy life expectancy, addresses local variation and reduces health inequalities and undertakes the appropriate stakeholder engagement and consultation on that strategy;
- to be assured that the ICP delivers the outcomes of the strategy produced by the SC while maintaining business as usual across the constituent provider organisations, ensuring the delivery of high quality, safe care for patients;
- scrutinise reports from the ICP and SC that enable the ICS Board to receive the levels of assurance described above;
- to act as a forum where difficult issues can be collectively worked through and resolved to ensure the achievement of better health and care outcomes for the population of Somerset;
- the Board will be the 'voice' of the health and care system in Somerset as described by its membership. As such it will seek to escalate matters of concern to the regional and national level.

4. Authority, Accountability, Reporting and Voting Arrangements

- 4.1 The ICS Board has no executive powers, other than those specifically delegated in these terms of reference. Individual members will be able to act with the level of authority and the powers granted to them by way of their constituent bodies' policies and make decisions on that basis. Notwithstanding and for the avoidance of doubt, the ICS Board is not a decision making body but is able to discuss and agree recommendations for approval by the constituent members' statutory bodies; its role is primarily one of oversight and collective co-ordination.

- 4.2 The ICS Board Chair will actively seek to reach agreement by consensus on the recommendations for decision by the constituent members' statutory bodies. Should this not be possible then issues should be escalated to all member bodies' boards/cabinet to attempt to find a resolution.
- 4.3 The ICS Board members may meet either in person, via telephone/video conference or communicate by email if an urgent recommendation for decision is required or if there is an urgent matter to discuss. The quorum, as described at section 7, must be adhered to for urgent meetings.
- 4.4 The ICS will not seek to duplicate work appropriately being undertaken within the SC and ICP. Subject to these points, the ICS Board is authorised to investigate any activity within its terms of reference and to request reports or information on this basis from its constituent bodies. Colleagues across the constituent organisations are expected to co-operate with any request duly made by the ICS Board.
- 4.5 The ICS Board will be formally recorded and the Chair shall provide a written report to the constituent members' statutory bodies after each meeting, to be presented alongside the minutes, and in particular they should draw attention to any recommendations that require decision.

5. Membership

- 5.1 The ICS Board shall consist of:
- ICS Chair (who may also be a member of the SC or ICP functions)
 - 6 members appointed by the SC function:
 - Somerset County Council x 3 (Director of Public Health, CEO, Leader)
 - Somerset CCG x 3 (CEO, Chair, Lay Non-Executive Director)
 - 6 members appointed by the ICP:
 - Yeovil District Hospital NHS Foundation Trust x 2 (CEO and Chair)
 - Somerset NHS Foundation Trust x 2 (CEO and Chair)
 - Chair of the Primary Care Board x1
 - Social Care x1
- 5.2 Members may nominate an appropriate deputy to attend meetings in their absence.
- 5.3 Also in attendance:
- NHS England/Improvement representative
 - Somerset Healthwatch representative

- Associate Director of Partnership and Integration, who will provide the secretariat function for this meeting

5.4 The ICS Board may identify other individuals that it requires to be in attendance.

6. Attendance

6.1 Members are expected to attend 75% of meetings held each year. It is expected that members will prioritise these meetings.

6.2 Where it is not possible for a member to attend they may nominate an appropriate deputy to attend meetings in their absence.

6.3 Members may attend meetings either in person, via telephone/video conference or communicate by email if an urgent recommendation for decision is required or if there is an urgent matter to discuss.

6.4 Attendance will be recorded within the minutes of each meeting and monitored annually.

7. Quorum

7.1 A quorum will be reached with at least the Chair and four members from each of the Strategic Commissioning Function and Integrated Care Partnership.

7.2 If the quorum has not been reached, then the meeting may proceed if those attending agree, but no recommendations for decision by the constituent member bodies may be taken.

7.3 In the unlikely event that a member has been disqualified from participating in the discussion of an item on the agenda, for example, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

7.4 Nominated deputies attending a meeting on behalf of a member may count towards the quorum.

8. Notice and Frequency of Meeting

8.1 Generally, meetings will be held quarterly but more frequently if required for specific matters.

8.2 As a matter of routine, an annual schedule of meetings should be prepared and distributed to all members. In other specific instances or in cases where the date or time of a meeting needs to be changed, notice shall be sent electronically to members at least 10 clear days

before the meeting, save in the case of emergencies or the need to conduct urgent business.

- 8.3 An agenda specifying the business proposed to be transacted shall be delivered electronically to each member, so as to be available to him at least 5 days before the meeting, save in the case of emergencies or the need to conduct urgent business. Supporting papers, whenever possible, shall accompany the agenda, but will certainly be despatched no later than 3 days before the meeting.

9. Managing Conflicts of Interest

- 9.1 A conflict of interest may be defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.
- 9.2 The Board specifically recognises and acknowledges that its members have legal responsibilities to the organisations which they represent and that this may give rise to conflicts of interest being present. However discussions at the meetings are to be focussed on the needs of the Somerset population and health and care and members will not be excluded from engaging in discussions that will benefit the system as a whole.
- 9.3 Members of the ICS Board shall adopt the following approach for managing any actual or potential material conflicts of interest.
- to operate in line with their organisational governance framework for managing conflicts of interest / probity and decision making;
 - for the Chair to take overall responsibility for managing conflicts of interest within meetings as they arise;
 - to work in line with the ICS system objectives, principles and behaviours;
 - members to ensure that they advise of instances where the register of members interest for the Somerset system requires updating in relation to any interests that they have.
- 9.4 In advance of every ICS Board meeting consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed. This action will be led by the Chair with support from their governance advisor.

- 9.5 At the beginning of each meeting of the ICS Board, members and attendees will be required to declare any interests that relate specifically to a particular item under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declaration will be formally recorded in the minutes for the meeting.

10. Monitoring of Effectiveness

- 10.1 The effectiveness of the ICS Board shall be monitored at least annually through a review process that will include gathering the views of key individuals across the system.

11. Review

- 11.1 The ICS Board will review these terms of reference at least annually or more regularly in light of policy changes in respect of the ICS.
- 11.2 The ICS Board will present the terms of reference to the constituent member boards for approval.