

## Our role in the Integrated Care Board's (ICB) governance

*For information/discussion*

This is to update Board members on the way our role within the Integrated Care Board's (ICB) governance structures has developed to date.

**Quality Committee** – a sub-committee of the ICB's Board. We have membership of this Committee on behalf of ourselves and Healthwatch Essex and will be represented by Jane Brown. I acted as substitute for the initial meeting (detailed note circulated previously to the Board) and as a result I am pleased to say that the committee has agreed that it will need to build our insight and intelligence, alongside that provided by the voluntary and community sector, into its ways of working. There was a real appetite at the first meeting for the qualitative insight we will be able to bring to help the committee understand quality issues for people on the basis of the pathways they experience.

**Primary Care Board** – a sub-committee of the ICB's Board. We will be an attendee rather than a voting member on this committee, where I will represent Healthwatch Hertfordshire alongside a Healthwatch Essex representative. This committee will not make commissioning decisions but will set the strategic framework in which those decisions are taken elsewhere. It will provide significant opportunities for our insight to shape major transformation programmes.

**Primary Care Commissioning Committee** – reporting to the Commissioning Committee, which is a sub-committee of the ICB. This committee will make recommendations on primary care commissioning, which will inform the recommendations the Commissioning Committee makes to the ICB Board. We will be an attendee at the Primary Care Commissioning Committee and will be represented by one of our Board members. This will enable us to ensure that our input into the Primary Care Board's strategic work feeds through into commissioning discussions.

If we are to make sure that we fulfil our potential in these structures, we will need to establish low-maintenance but effective ways of enabling our representatives on these committees to update each other and to keep the Board informed as necessary.

As these governance structures bed in, the committees' terms of reference will be kept under review. It would be wise for the Board also, at the appropriate point and perhaps following a discussion in the Board Advisory Committee, to review our early involvement and consider our longer-term objectives for this work.

In addition to our involvement with the Integrated Care Board we attend a number of Integrated Care *System*/Integrated Care *Partnership* meetings. These include: ICS Inequalities Workstream, ICS System Quality Group and numerous meetings at health and care partnership level.

**Neil Tester**  
**11<sup>th</sup> August 2022**