

**NHS BRENT CLINICAL COMMISSIONING GROUP**  
**THE BRENT EQUALITY, ENGAGEMENT AND SELF-CARE SUB-COMMITTEE**  
**TERMS OF REFERENCE**

## 1. INTRODUCTION

- 1.1 The Clinical Commissioning Group Executive Committee (CCGE) has resolved to establish a committee to discharge the duties of the CCG with respect to delivering patient and public involvement and engagement and equality and diversity. The committee shall be known as the "Brent Equality, Engagement and Self-care Sub-Committee' (BEES). The committee is accountable to the CCG Executive and the work plan for this committee will be agreed by the CCGE.
- 1.2 The effectiveness of the committee in discharging its duties and delivering and enabling real patient engagement shall be monitored by the CCGE on behalf of the Governing Body. Assurance about the effectiveness of the delivery of patient and public involvement and equality and diversity will be provided to the Governing Body via the Integrated Governance Committee.

## 2. SCOPE

- 2.1 The committee shall:

### *Statutory Duties and Guidance*

- 2.1.1 Support the CCG in ensuring that there are arrangements in place:
  - 2.1.1.1 for the proper discharge of its statutory duties in respect of the delivery of both patient and public engagement and equality and diversity;
  - 2.1.1.2 to ensure that it takes into account guidance issued by NHS England and other relevant authorities.

### *Strategy and Engagement Arrangements*

- 2.1.2 Review strategies for patient and public engagement and equality and diversity (which may be addressed in a combined document) for approval by the CCGE and the Governing Body. In determining the strategy or strategies, take into account all factors which it deems necessary including relevant legal and regulatory requirements, the provisions and recommendations of the CCG Constitution and applicable Codes and associated guidance. Report into the Integrated Governance Committee, which provides assurance to the Governing Body, on the development and delivery of such strategies.
- 2.1.3 In keeping with its function as a delivery group, ensure that strategies are implemented and any other plans associated with patient and public engagement or equality and diversity. Highlight any action that needs to be taken to the senior responsible officer.
- 2.1.4 Support the CCG to ensure there are appropriate arrangements for the delivery of engagement with patients and the public in respect of specific commissioning initiatives where this is considered necessary. Monitor the effectiveness of such arrangements, taking action where necessary to ensure that they meet objectives. Ensure that post-initiative reviews are undertaken to identify any improvements which could be made to future arrangements, and to inform reviews of the strategy and engagement activity generally.
- 2.1.5 Support the CCG to ensure effective engagement e.g. via the Health Partners Forum (HPF), including providing feedback to the public on engagement activity and the way in which the CCG has responded.
- 2.1.6 Establish a stakeholder map detailing each of the stakeholders associated

with the CCG and its constituent GP practices. Establish and maintain an annual plan for the engagement of each stakeholder in the business and activities of the CCG, ensuring that the plan is co-ordinated with the strategy and any engagement activity specific to commissioning initiatives.

- 2.1.7 Establish arrangements to ensure that the CCG receives, considers and responds to outcomes from engagement and consultation activity and general feedback received from patients and the public. Ensure that the CCG responds to feedback such that the contributors understand the CCG's response to it.
- 2.1.8 Review the strategy or strategies, plans of work and engagement arrangements generally at least annually but in any event in response to new or amended statutory duties or guidance. Ensure that reviews take into account feedback from patients and the public on the means by which they are engaged in the activities of the CCG. Where appropriate, ensure that reviews are supported by recommended practice from other organisations and by external advice as necessary. Following each review submit any recommendations for change to the CCGE and to the Governing Body for approval.

#### *Resources*

- 2.1.9 Informed by the committee's work, advise the CCGE on the resources required to ensure that the CCG discharges its statutory duties, takes into account relevant guidance, and delivers its strategy and plans in respect of patient and public engagement and equality and diversity. Have access to sufficient resources in order to carry out its duties, including access to the corporate business team for assistance as required.
- 2.1.10
- 2.1.11 Ensure that all stakeholders involved in engagement and equality and diversity activity are trained appropriately to undertake their roles.
- 2.1.12 Ensure that the CCG has robust arrangements in place to recruit, select, induct and train patients, members of the public and any others who take up specified roles as part of the CCG's engagement activity, particularly those who are appointed as members of committees, working groups and other similar fora. Approve the criteria and role descriptions to be used when selecting any such individuals.
- 2.1.13 Ensure that any working groups or similar fora established as part of the CCG's engagement activities have appropriately defined roles and governance arrangements, and that these are understood by all those involved in or supporting the groups.

## **2.2 Deliverables**

Updates to the Board Assurance Framework and corporate risk register relating to relevant corporate objectives (as delegated by the Governing Body):

- A record of any new equalities and patient engagement risks
- Evaluation of any equalities and patient engagement risks to the CCG or its achievement of transformation goals
- Informing the Integrated Governance Committee on further controls or evidence required to mitigate risks to the achievement of transformation goals
- Assurance to the Integrated Governance Committee when risks to the achievement of transformation goals, are well managed.

### 3. AUTHORITY

- 3.1 The committee can recommend external legal or other professional advice on any matters within its terms of reference to be commissioned by the CCG.
- 3.2 To help it fulfil its obligations the sub-committee shall advise the CCGE on the remit of any appointed engagement specialists or advisers

### 4. REPORTING AND RELATIONSHIPS

- 4.1 The -committee shall report to the CCGE via its minutes when required.
- 4.2 The committee shall make relevant recommendations to the CCGE it deems appropriate on any area within its remit where action or improvement is needed.
- 4.3 Matters considered urgent by the sub-committee must be brought to the attention of the Senior Responsible Officer (SRO) immediately.
- 4.4 The committee shall liaise appropriately with the Integrated Governance Committee (IGC) so that the IGC is able to discharge its responsibility to provide assurance to the Governing Body on all matters concerning patient and public engagement.
- 4.5 The committee shall ensure that provisions regarding disclosure of information and public reporting requirements are fulfilled and it shall produce a report of the CCG's patient and public involvement strategy and practices to be included in the CCG's annual report. (Check with Pat)

### 5. MEMBERSHIP OF THE COMMITTEE

- 5.1 The sub-committee shall comprise at least [thirteen] members, including the following:

No.	Organisation	Representative	Position
1	CCG	Governing Body Lay Member	Chair
2	CCG	Clinical Director	Vice Chair
3	CCG	Senior Responsible Officer	
4	CCG	Head of Patient and Public Engagement	
	CCG	Engagement, Consultation and Communications Manager	
5	Patient Rep	HealthWatch	
6	Patient Rep	Patient	
7	Patient Rep	Patient	
8	Brent Council	Head of Policy (or designate)	
9	Brent Council	Public Health	
10	Brent Council	Engagement Lead for Adult Social Care	
11	Vol Org	Local Voluntary Community Organisation Rep	
12	Vol Org	Local Voluntary Community Organisation Rep	
13	Vol Org	Local Voluntary Community Organisation Rep	

The membership reflects

- The need to consider the needs of vulnerable groups, and those with protected characteristics.
- The need for the CCG, Brent Council and Healthwatch to collaboratively deliver the Brent Health and Wellbeing Strategy 2014/17 Priorities

5.2 Members of the committee shall be appointed by the CCGE, or any other authority delegated by CCGE.

5.3 Only members of the committee have the right to attend its meetings. However, other individuals may be invited to attend for all or part of any meeting, as and when appropriate and necessary as adjudged by the chair of the sub-committee or as directed by the CCGE.

5.4 Appointments to the committee are made for a period of up to three years, extendable by no more than one additional three-year period. If an appointee who is not from a non-statutory body misses three consecutive meetings they will be removed from the committee. Organisations are allowed to send a representative if the appointed member is unable to attend a meeting.

5.5 In the absence of the committee chair and/or Brent CCG SRO, the remaining members present shall elect one of themselves to chair the meeting who would qualify under these terms of reference to be appointed to that position by the governing body.

## **6. SECRETARY**

6.1 The Consultation, Engagement and Communications Manager or his or her nominee shall act as the secretary of the committee and will ensure that the committee receives information and papers in a timely manner to enable full and proper consideration to be given to the issues.

## **7. QUORUM**

7.1 The quorum necessary for the transaction of business shall be [six]. The essential six includes the chair of the committee, Senior Responsible Officer (SRO) or designate, patient representative, Healthwatch representative, Head of Patient and Public Engagement and Clinical Director (CD)

## **8. MEETINGS**

8.1 The committee shall meet at least [four] times a year and otherwise as required on a schedule and at locations and times to be determined by the committee.

8.2 The sub-committee will

## **9. NOTICE OF MEETINGS**

9.1 Meetings of the committee shall be called by the secretary at the request of the chair.

9.2 Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed, shall be forwarded to each member of the committee, any other person required to attend and all other members of the governing body no later than [five] working days before the date of the meeting. Supporting papers shall be sent to committee members and to other attendees, as appropriate, at the same time.

## **10. MINUTES OF MEETINGS**

10.1 The secretary shall minute the proceedings and resolutions of all committee meetings, including the names of those present and in attendance.

10.2 Draft minutes of committee meetings shall be circulated promptly to all members. Minutes will be circulated at least five days in advance of meetings.

- 10.3 Once approved, minutes should be circulated to all other members of the governing body unless in the opinion of the committee chair it would be inappropriate to do so.

**11. STATUS OF THESE TERMS OF REFERENCE**

- 11.1 These Terms of Reference were approved by the CCGE on [14th December, 2016].
- 11.2 These Terms of Reference shall be reviewed not later than [14th December 2017] and then at least annually.

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