

**NHS North Central London
Clinical Commissioning Group
Public & Patient Engagement and Equalities Committee
Terms of Reference**

1. Introduction

- 1.1 The Public & Patient Engagement and Equalities Committee ('Committee') is established in accordance with the Constitution of NHS North Central London Clinical Commissioning Group ('CCG'). It is a committee of the CCG's Governing Body.
- 1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee.

2. Purpose

- 2.1 The purpose of the Committee is to provide:
 - 2.1.1 Oversight of the CCG's compliance with statutory duties to engage effectively with patients and the public;
 - 2.1.2 Oversight of the CCG's strategic approach to, and plans for, engagement with patients and the public and champion best practice;
 - 2.1.3 Oversight of the CCG's equality, diversity and inclusion strategy, action plan and activity and champion best practice;
 - 2.1.4 Oversight of the CCG's compliance with the public sector equality duty and NHS mandatory equality standards.

3. Role

- 3.1 The Committee will:

Engagement

- 3.1.1 Oversee the development of the CCG's Public and Patient Engagement ('PPE') strategy, ensuring that the CCG's aspirations to put patients at the heart of everything we do, and recommend it for approval to the Governing Body;
- 3.1.2 Provide oversight and scrutiny of the implementation of CCG's PPE strategy and its action plan and provide assurance to the Governing Body on the delivery of the plan;
- 3.1.3 Ensure that meaningful engagement activity is undertaken with regards to key CCG-wide commissioning, including co-creating services with residents and patients;
- 3.1.4 Provide assurance that effective PPE is embedded in the CCG's commissioning cycle;
- 3.1.5 Ensure that the CCG meets its statutory duties on PPE and the requirements of the NHS Oversight Framework ('NHSOF');
- 3.1.6 Ensure that PPE activities across the CCG's boroughs are effective, meaningful and that the CCG is acting on community feedback where appropriate;
- 3.1.7 Provide support, advice and guidance to help ensure co-ordination and consistency of local PPE activities undertaken through borough-based partnership working;
- 3.1.8 Share good practice and successes in local and CCG wide PPE work;
- 3.1.9 Ensure the CCG's PPE approach follows best practice and enables the CCG to demonstrate value and benefits to residents;
- 3.1.10 Ensure the CCG holds providers to account for their engagement duties as required by the NHSOF.

Equalities

- 3.1.11 Approve the CCG's equality, diversity and inclusion strategy;
- 3.1.12 Provide oversight and scrutiny of the CCG's equality, diversity and inclusion strategy and its action plan and provide assurance on implementation to the Governing Body;
- 3.1.13 Ensure that the CCG promotes and implements the requirements of the Equality Act 2010 including the public sector equality duty and the requirement to eliminate unlawful discrimination, advance equality and opportunity and foster good relations between people who share protected characteristics and those who do not;
- 3.1.14 Ensure the CCG identifies and undertakes positive action to support the welfare and opportunities for people with protected characteristics in line with the provisions of the Equality Act 2010;
- 3.1.15 Ensure that the CCG meets or exceeds the standards contained in the Workforce Race Equality Standards ('WRES'), the Workforce Disability Equality Standard ('WDES') and any future such schemes introduced by NHS England;
- 3.1.16 Ensure that the provisions and spirit of the WRES and WDES are embedded and routinely considered in all commissioning decisions;
- 3.1.17 Ensure that the CCG holds providers to account for their equality duties as required by the NHSOF;
- 3.1.18 Ensure that the Equality Impact Assessments are properly completed and robust for key NCL-wide commissioning activity;
- 3.1.19 Support the CCG in addressing health inequalities.

4. Membership

- 4.1 The Committee shall comprise of the following voting members:
 - 4.2.1 Lay Member for Patient and Public Engagement;
 - 4.2.2 Lay Member with general portfolio;
 - 4.2.3 Two elected Clinical Representatives;
 - 4.2.4 Governing Body Registered Nurse;
 - 4.2.5 Executive Director of Strategy;
 - 4.2.6 Executive Director of Corporate Services.
- 4.2 The roles referred to in the list of voting members above describe the substantive roles and any equivalent successor roles and not the individual title or titles.
- 4.3 The list of voting members is set out in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.
- 4.4 Voting members may nominate deputies to represent them in their absence

5. Attendance

- 5.1 The following people shall attend Committee meetings as standing attendees:
 - 5.1.1 Senior Equality, Diversity and Inclusion Manager;
 - 5.1.2 Communications and Engagement Lead, NCL CCG;
 - 5.1.3 Communications and Engagement Lead, NCL STP;
 - 5.1.4 Senior HR representative;
 - 5.1.5 Senior Quality representative;
 - 5.1.6 Two patient representative(s);
 - 5.1.7 One Healthwatch representative;
 - 5.1.8 Three to Five representatives from voluntary sector organisations;
 - 5.1.9 One Local Authority representative.
- 5.2 Attendees at Committee meetings are non-voting.

- 5.3 The roles referred to in the list of attendees above describe the substantive roles and any equivalent successor roles and not the individual title or titles.
- 5.4 The list of standing attendees is contained in Schedule 1. Schedule 1 does not form part of the Terms of Reference and may be amended without the need to formally amend these Terms of Reference.
- 5.5 Attendees may nominate deputies to represent them in their absence.
- 5.6 The Committee may invite or allow additional people to attend meetings as attendees. Attendees may present at meetings and contribute to the relevant discussions but are not allowed to participate in any formal vote.
- 5.7 The Committee may invite or allow people to attend meetings as observers. Observers may not present at meetings, contribute to any discussion or participate in any formal vote.
- 5.8 The Committee may call additional experts to attend meetings on a case by case basis to inform discussion.

6. Chair

- 6.1 The Committee Chair shall be The Lay Member for Patient and Public Engagement. The Chair may nominate a deputy to represent them in their absence.

7. Voting

- 7.1 Each voting member of the Committee shall have one vote with resolutions passing by simple majority. In the event of a tied vote the Committee Chair shall have the casting vote.

8. Quorum

- 8.1 The Committee will be considered quorate when at least 4 voting members are present, which must include the following people or their nominated deputies:
 - 8.2.1 The Lay Member for Patient and Public Engagement;
 - 8.2.2 One elected Clinical Representative;
 - 8.2.3 Executive Director of Strategy;
 - 8.2.4 Executive Director of Corporate Services.
- 8.2 If any representative is conflicted on a particular item of business they will not count towards the quorum for that item of business. If this renders a meeting or part of a meeting inquorate a non-conflicted person may be temporarily appointed or co-opted onto the Committee to satisfy the quorum requirements.
- 8.3 If a meeting is not quorate the Committee Chair may adjourn the meeting to permit the appointment or co-option of additional members if necessary.

9. Secretariat

- 9.1 The Secretariat to the Committee shall be provided by the Corporate Services Directorate.

10. Frequency of Committee Meetings

10.1 Committee meetings will be held bi-monthly but may hold additional meetings as and when necessary. The Committee Chair may call additional meetings or cancel meetings as necessary.

11. Notice of Meetings

11.1 Notice of a Committee meeting shall be sent to all Committee members no less 7 days in advance of the meeting.

11.2 The meeting shall contain the date, time and location of the meeting.

12. Agendas and Circulation of Papers

12.1 Before each Committee meeting an agenda setting out the business of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.2 Before each Committee meeting the papers of the meeting will be sent to every Committee member no less than 7 days in advance of the meeting.

12.3 If a Committee member wishes to include an item on the agenda they must notify the Committee Chair via the Secretariat no later than 7 days prior to the meeting. The decision as to whether to include the agenda item is at the absolute discretion of the Committee Chair.

13. Minutes of Meetings

13.1 The minutes of the proceedings of a meeting shall be prepared by the Secretariat and submitted for agreement at the following meeting.

14. Authority

14.1 The Committee is accountable to the Governing Body and will operate as one of its committees. The Committee must act within the remit of these terms of reference and has no executive powers other than those specifically set out in these terms of reference.

14.2 The Committee is authorised by the Governing Body to obtain at the CCG's expense outside legal or other professional advice on any matters within the Committee's Terms of Reference.

15. Reporting Responsibilities

15.1 The Committee will report to the Governing Body on all matters within its duties and responsibilities.

15.2 The Committee may make recommendations to the Governing Body it considers appropriate on any area within its remit.

16. Delegated Authority

16.1 The Committee may agree to delegate its authority to a Committee member or members to make decisions on the Committee's behalf outside of a Committee meeting at its absolute discretion on a case by case basis.

16.2 There are circumstances where time-critical decisions need to be made and it is not possible and/or reasonably practicable and/or a good use of resources to hold a physical meeting in

sufficient time. In these circumstances decisions may be made virtually using the protocol for virtual decision making.

17. Sub-Committees

17.1 The Committee may appoint sub-committees to advise the Committee and assist it in carrying out its duties. The Committee may not delegate any of its functions, powers or decision making authority to a sub-committee.

18. Conflicts of Interest

18.1 Conflicts of Interest shall be dealt with in accordance with the Conflicts of Interest Policy and NHS England statutory guidance for managing conflicts of interest.

18.2 The Committee shall have a Conflicts of Interest Register that will be presented as a standing item on the Committee's agenda. In addition, an opportunity to declare any new or relevant declarations of interest will be listed as a standing item on the Committee's agenda

19. Gifts and Hospitality

19.1 Gifts and Hospitality shall be dealt with in accordance with the Conflicts of Interest Policy, and NHS England statutory guidance for managing conflicts of interest.

19.2 The Committee shall have a Gifts and Hospitality Register and Committee members will have an opportunity to declare any new or relevant declarations of relevant gifts and hospitality as a standing item on the Committee's agenda

20. Standards of Business Conduct

20.1 Committee members and any attendees or observers must maintain the highest standards of personal conduct and in this regard must comply with:

20.1.1 The law of England and Wales;

20.1.2 The NHS Constitution;

20.1.3 The Nolan Principles;

20.1.4 The standards of behaviour set out in the CCG's Constitution;

20.1.5 The Standards of Business Conduct Policy;

20.1.6 The Conflicts of Interest Policy

20.1.7 The Counter Fraud, Bribery and Corruption Policy,

20.1.8 Any additional regulations or codes of practice relevant to the Committee.

20.2 The Committee will have access to sufficient resources to carry out its duties and Committee members will be provided with appropriate and timely training.

21. Review of Terms of Reference

21.1 These Terms of Reference will be reviewed from time to time, reflecting the experience of the Committee in fulfilling its functions and the wider experience of the CCG.

21.2 These Terms of Reference will be formally reviewed annually. These Terms of Reference may be varied or amended by the Governing Body.

Date Approved by the Governing Body: 18th June 2020.

Date of Next Review: 17th June 2021.

Schedule 1
List of Members

The voting members of the Committee are:

Position	Name

Committee Chair:

Position	Name

The standing attendees are:

Position	Name