

**Equality & Engagement Committee**

**Terms of Reference**

**January 2019**

**NHS Barnsley Clinical Commissioning Group**

**Equality & Engagement Committee**

**Terms of Reference**

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| **1.** | **Introduction** | | | |
|  | 1.1 | | The Clinical Commissioning Group has established a committee reporting to the Governing Body known as the Equality & Engagement Committee. | |
|  | 1.2 | | The Committee is established in accordance with Barnsley Clinical Commissioning Group’s Constitution, Standing Orders and Scheme of Delegation. | |
|  | 1.3 | | These terms of reference set out the membership, remit responsibilities and reporting arrangements of the group and shall have effect as if incorporated into the Clinical Commissioning Group’s constitution. | |
| **2.** | 1. **Authority** | | | |
|  | 2.1 | | | The Committee is authorised by the Governing Body to establish and maintain effective systems to manage and oversee our compliance with both Patient & Public Participation and Equality & legislation across all healthcare commissioning and contracting decisions in Barnsley. |
|  | 2.2 | | | The Committee will commission, where appropriate, any reports or surveys it deems necessary to assist in discharging its obligations. |
| **3.** | 1. **Purpose** | | | |
|  | 3.1 | | The Committee will:   * Provide assurance to the Governing Body that the CCG’s approach to communication and patient, carer and public engagement \*meets statutory requirements and best practice. The duties of the Committee will be driven by the priorities of the Clinical Commissioning Group and will be flexible and responsive to new and emerging priorities. * Ensure that Barnsley CCG meets the General and Specific Duties under the Equality Act 2010 across all commissioning decisions, contracting and workforce, and that equality, diversity, inclusion and human rights are actively promoted, communicated and managed for the workforce of the CCG and the community of Barnsley alongside the continuing work with other partners to contribute to reducing health inequalities across Barnsley.   \* As identified on p9 of the 2017 NHSE Guidance the terms engagement, involvement, participation and consultation are used interchangeably | |
| **4.** | **Responsibilities with Respect to Equality**  The Committee will receive and review reports providing assurance in relation to the following: | | | |
|  | 4.1 | | | Ensure that the CCG’s Equality and Diversity and Human Rights Strategy is implemented and revised as required. |
|  | 4.2 | | | Develop an Equality Action Plan to incrementally improve the CCGs performance against the NHS Equality Delivery System (EDS 2). |
|  | 4.3 | | | Ensure that the CCG meets and monitors all its statutory requirements, both nationally and locally, relating to equality, diversity and human rights both in commissioning and employment. |
|  | 4.4 | | | Ensure that the CCG’s patient & public engagement work utilises every opportunity to involve groups across the 9 protected characteristics to maximise the input of these users’ experiences to inform effective commissioning of services to meet the needs of the whole population we serve. |
|  | 4.5 | | | Promote and publish Barnsley CCG’s core values and equality and diversity successes and ensure all staff are aware of the achievements and promote ownership of Equality, Diversity and Inclusion. |
| **5.** | **Responsibilities with Respect to Patient and Public Engagement**  The Committee will receive and review reports providing assurance in relation to the following: | | | |
|  | 5.1 | | Ensure that Patient and Public Engagement is central to the business of the Clinical Commissioning Group, and that is embedded in all decision making processes adopted by the Clinical Commissioning Group | |
|  | 5.2 | | Secure continuous improvement in the quality of engagement and consultation. | |
|  | 5.3 | | Advise the Governing Body and as necessary the Membership Council on all matters relating to overview and scrutiny and, where needed, the process of formal consultation. | |
|  | 5.4 | | Design the specification and quality standards relating to the process and policies relating to engagement and consultation that will be used by all members of the Clinical Commissioning Group and by its staff, in particular that which will be used in the process of service transformation and or decommissioning of services. | |
|  | 5.5 | | Develop a Patient and Public Involvement Action Plan to deliver the CCG Patient and Public Engagement Strategy. | |
| **6.** | **Other Responsibilities**  The Committee will: | | | |
|  | 6.1 | | Review the CCGs Assurance Framework and Risk Register at each meeting of the Committee in accordance with the CCG’s risk management framework. | |
| **7.** | **Membership** | | | |
|  | 7.1 | | The core members of the Committee are: | |
|  | a) | | The Lay Member for Patient and Public Engagement (to Chair the Committee) | |
|  | b) | | Chief Nurse (Vice Chair) | |
|  | c) | | Elected Members of the Governing Body x1 | |
|  | d) | | Membership Council Representatives x1 | |
|  | e) | | Head of Communications and Engagement | |
|  | f) | | Equality, Diversity and Inclusion Lead | |
|  | g) | | Healthwatch Barnsley | |
|  | h) | | Head of Governance and Assurance | |
|  | i) | | Senior Primary Care Commissioning Manager | |
|  | 7.2 | | In Attendance: | |
|  | a)  b) | | HR Business Partner  Engagement Manager | |
|  | 7.3 | | | Membership will be reviewed regularly as required by the Committee to enable it to discharge its duty. The Committee may co-opt expert members as necessary with the agreement of the Governing Body. |
| **8.** | **Quorum** | | | |
|  | 8.1 | | A quorum shall be at least 5 members including at least one of the Chair or Vice Chair. In exceptional circumstances where committee members cannot attend deputies, at an appropriate level, may attend and count towards the quorum with the agreement of the Chair. | |
|  | 8.2 | | A decision put to a vote at the meeting shall be determined by a majority of the votes of members present. In the case of an equal vote, the Chair of the Committee on that occasion shall have a second and casting vote or retain the option to refer the decision to the Governing Body. | |
|  | 8.3 | | Where urgent decisions are required to be made outside Committee meetings, including where decisions must be taken in accordance with externally-driven timescales, these can be made by a minimum of two voting members of the Committee, one of which should be the Chair of the Committee and the other should be a member of the CCG Governing Body. Decisions taken under these provisions will be reported back to the next meeting of the Committee for ratification. | |
| **9.** | **Reporting Arrangements** | | | |
|  | 9.1 | | The Committee will report to the Governing Body. | |
|  | 9.2 | | The minutes of the Committee shall be recorded and submitted to the Clinical Commissioning Group Governing Body after every meeting, highlighting, with a written summary, decisions taken on behalf of the Clinical Commissioning Group. | |
|  | 9.3 | | A Committee Annual Report will be produced for submission to the Governing Body. | |
| **10.** | **Administration** | | | |
|  | 10.1 | | The Head of Governance and Assurance will oversee the management of the Committee. | |
| **11.** | **Frequency** | | | |
|  | 11.1 | | The Committee will meet quarterly on a fixed schedule with extraordinary meetings arranged as necessary. | |
|  | 11.2 | | The operational delivery of matters relevant to the Committee’s business may be delegated to a working group or groups established for this purpose. However, in accordance with the CCG’s Scheme of Delegation decisions pertaining to the Committee’s remit are reserved to the Committee. | |
|  | 11.3 | | The agenda and papers will be made available at least one week in advance of the meeting. | |
| **12.** | **Code of Conduct** | | | |
|  | 12.1 | | The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Standards of Business Conduct, Managing Conflicts of Interest, and Acceptance of Sponsorship, Gifts, and Hospitality Policy. | |
| **13.** | **Review** | | | |
|  | 13.1 | | The Committee will review its performance, membership and Terms of Reference at least annually, or whenever new guidance or circumstances require it. | |
|  | 13.2 | | Any resulting changes to these Terms of Reference will be presented for approval to the Governing Body. | |
| **Review date** November 2018 | | | | |

**Governing Body Last Approved January 2019**