



Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB):

Public and Community Engagement Committee – Terms of Reference (ToR)

Table of Contents

1.	Establishment.....	2
1.1	Terms of reference	2
2.	Purpose	2
3.	Roles and responsibilities.....	2
3.1	Roles and responsibilities.....	2
3.1.1	Public and Community engagement	2
3.2	Authority	3
3.2.1	Delegation in the Scheme of Reservation & Delegation	4
3.3	Accountability and reporting	4
4.	Committee meetings	5
4.1	Composition and quoracy.....	5
4.2	Frequency and formats	7
4.3	Procedures	7
5.	Secretariat and administration.....	8
	Appendix I: Revision History	9

1. Establishment

The Public and Community Engagement Committee (the Committee) is established by the Integrated Care Board (ICB), in accordance with its Constitution and Scheme of Reservation and Delegation (SORD).

1.1 Terms of reference

Definition of terms: The Terms of Reference for the Committee are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions in the Constitution and the SoRD.

Publication: The terms of reference must be published on the ICB website.

2. Purpose

The purpose of the committee is to provide assurance to the board that that the ICB discharges its statutory duties and functions re public involvement and engagement. The committee provides assurance that ICB and its system partners have effective public and community engagement processes, at system and place level.

3. Roles and responsibilities

This section describes the Committee's duties, authority, accountability and reporting.

3.1 Roles and responsibilities

The Committee's duty is to assure the Board on public and community engagement.

Providing assurance involves:

- **Scrutinising** the robustness of engagement processes, e.g. planning, internal controls, continuous improvement processes, etc.
- **Triangulating multiple sources** of internal and external information, including:
 - Data analysis and contract performance intelligence
 - Patients', service users' and carers' reports, surveys, complaints, and concerns
 - Evidence from key clinicians and managers from commissioned services
 - Other intelligence agreed to be important and reliable
- **Remedial action:** Where assurance cannot be provided in part or in full, to provide the Board with details of remedial actions being taken and or being recommended.
- **Considering efficacy and efficiency:** Things are not only in place but the right things are being done in the right way to achieve the right objectives, which support the Integrated Care System (ICS) aims.

The committee and its members are bound to uphold standards in public life, in accordance with the Nolan principles.

3.1.1 Public and Community engagement

With regard to public and community engagement, the board requires assurance on:

- **Priorities:** The priorities in the ICB strategy/ annual plan, have been developed or informed by public and community engagement,
- **Processes:** Including components of planning, engagement, management and evaluation of the process around, public and community engagement

Public and community engagement processes

Components	<p>Public and community engagement assurance includes:</p> <ul style="list-style-type: none"> • All public and community engagement requirements set out in Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHS England (NHSE) and other regulatory bodies / external agencies (e.g. Care Quality Commission (CQC), National Institute for Health and Care Excellence (NICE)) • ICB statutory requirements, for example for equality and diversity, and public and community engagement and involvement • Other national and local performance metrics
Management	<ul style="list-style-type: none"> • Robust processes and plans in place for the management of public and community engagement, ensuring that timely action is taken to address areas of concern
Patient and public involvement	<p>To ensure that ICB strategies and activities include:</p> <ul style="list-style-type: none"> • Service user/patient and public involvement • Asset-based and person and community-centred ways of working
Continuous improvement	<ul style="list-style-type: none"> • Identifying, disseminating and embedding best practice learnings

3.2 Authority

The committee is authorised to:

Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Commission reports	Commission reports required to help fulfil its obligations.
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Committee must follow any procedures put in place by the ICB for obtaining professional advice.
Create sub-committees	<p>Create, with agreement of the ICB, task and finish sub-groups for specific programmes of work.</p> <p>Determine the terms of reference of task and finish sub-groups, in accordance with the Boards constitution,</p>

The committee is authorised to:

Standing Orders and SoRD – but no decisions may be delegated to these groups.

3.2.1 Delegation in the Scheme of Reservation & Delegation

The ICB has delegated the following to the Public and Community Engagement Committee as set out in the SoRD, which may be amended in accordance with the ICB Constitution.

Decisions Delegated by the Scheme of Reservation & Delegation (SoRD)

Recommend for approval the ICB public engagement and involvement strategy and policy.

Recommend for approval the ICB Public involvement and engagement policy.

3.3 Accountability and reporting

The Committee is accountable to the Board and reports to the Board on how it discharges its responsibilities.

Procedure	Description of rules and expectations:
Draft minutes and reports	<ul style="list-style-type: none">• The Committee receives scheduled assurance reports from officers• The Secretary formally records the minutes of each meeting• The Chair of the Committee reports to the Board after each meeting and provides a report on assurances received and decisions taken, escalating any concerns, where necessary
Monitor attendance	<ul style="list-style-type: none">• Attendance is monitored and profiled as part of the agenda at each Committee meeting• Members should aim to attend 100% of meetings and must attend at least 75% of meetings, and read all papers beforehand
Draft annual work plans	The Committee produces an annual work plan in consultation with the Board
Conduct annual self-assessment	<ul style="list-style-type: none">• The Committee undertakes an annual self-assessment of its performance against the annual plan and terms of reference• Any resulting proposed changes to the terms of reference are submitted for approval by the Board• The Committee utilises a continuous improvement approach in its delegation

Procedure	Description of rules and expectations:
	<ul style="list-style-type: none"> Members review the effectiveness of the meeting at each sitting
Annual Report	<ul style="list-style-type: none"> The Committee provides the Board with an Annual Report, timed to support finalisation of the accounts and the Governance Statement The report includes <ul style="list-style-type: none"> The governance cycle A summary of the business conducted, Frequency of meetings, membership attendance, and quoracy The committee's self-assessment
Audit Committee Report	The Committee advises the Audit Committee on the adequacy of assurances available and contributes to the Annual Governance Statement.

4. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

4.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

	Description of expectation
Chair	An independent non-executive member of the Board appointed for their specific knowledge skills and experience and suitability.
Deputy Chair	Committee members may appoint a Vice Chair from amongst the members.
Absence of Chair or Vice Chair	In the absence of the Chair, or Vice Chair, the remaining members present elects one of their number Chair the meeting.
Membership	<ul style="list-style-type: none"> Membership is: <ul style="list-style-type: none"> Julian Kirby (ICB Non-Executive Director Public and Community Engagement, Chair) Douglas Blair (ICB Community Provider Partner Member) Dr Francis Campbell (ICB Partner Member Primary Care) Pam Webb (ICB Partner Member Voluntary Community and Social Enterprise (VCSE))

Description of expectation

- Gill May (ICB Chief Nurse)
- Jane Moore (ICB Executive Director of Equalities, Innovation and Digital Enterprise)
- Laura Ambler (ICB Place Director Bath and North East Somerset)
- Gordon Muvuti (ICB Place Director Swindon)
- Fiona Slevin-Brown (ICB Place Director Wiltshire)
- Jas Sohal (ICB Chief People Officer)
- Nominated BSW Local Authority Director of Public Health
- Nominated BSW Local Authority Director of Communications

Regular (non-voting) attendees:

- Healthwatch

EDI: When determining the membership of the Committee, consideration will be given to diversity, equality and inclusion.

Attendees and procedure for absence

Only members of the Committee have the right to attend meetings, however other executive directors or senior officers of the ICB may be required to attend at the Committee's request.

Other individuals including representatives from the Health and Wellbeing Board(s), and NHS Providers, may be invited to attend all or part of any meeting to assist it with its discussions on specific matters.

The Chair and Chief Executive of the ICB may attend any meeting to contribute and gain an understanding of the Committee's operations.

Procedure for absence:

Where a member or any attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

Quoracy and Procedure for Inquoracy

Threshold: A minimum of six members, including one partner member.

Absence: Where members are unable to attend, they should ensure that a named and briefed deputy able to participate on their behalf attends in their place.

Disqualification: If any member of the Committee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.

Inquoracy: If the meeting becomes inquorate, and if members agree, the meeting may continue but cannot take decisions. Any

Description of expectation

decisions in principle must be ratified at the next meeting of the Committee.

4.2 Frequency and formats

This section on Committee meetings describes the meeting frequency and formats.

Description of expectation

Meeting frequency	<p>The Committee will meet at least four times a year.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.</p> <p>The Board, ICB Chair or Chief Executive may ask the Committee to convene further meetings to discuss particular issues on which they want the Committee's advice.</p>
Open vs closed	<p>Where this is warranted by the nature of the business arising, the agenda is divided into two parts. Part 1 is open to the whole committee, including invited attendees. Part 2 is a closed session for members only to discuss confidential information.</p>
Virtual meetings and extra-ordinary meetings	<p>A meeting is constituted when members attend face-to-face, via telephone or video conferencing, any other electronic means, or through a combination of the above. Quoracy rules apply in any case. For the avoidance of doubt, this provision applies to and facilitates the Committee's decision making by email, should this be required to expedite an urgent decision.</p>

4.3 Procedures

Procedure	Description of rules and expectations
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 14 calendar days before the meeting.</p>
Decision-making	<p>Decisions are taken in accordance with the Standing Orders and are normally arrived at by consensus. When this is not possible the Chair may call a vote.</p> <p>Virtual voting: If a decision cannot wait for the next scheduled meeting and an extraordinary meeting is not appropriate or possible, the Chair may conduct business on a 'virtual' basis through the use of telephone, email, or other electronic communication.</p>
Voting	<p>Eligibility: Only members of the Committee may vote. Each member is allowed one vote and a majority is conclusive on any matter.</p> <p>Casting Vote: The chair may have a casting vote, if members are equally divided on an issue.</p>

Procedure	Description of rules and expectations
	Recording of votes: The result of the vote will be recorded in the minutes.
Conflicts of interest	<p>Declarations: All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: The Committee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Conduct	The Committee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policies, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations

5. Secretariat and administration

Functions	Description
Distribute papers	Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the Chair with the support of the relevant executive lead.
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.
Maintain records	Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. Applies and implements records management per the ICB's policies.
Minute Taking	Take good quality minutes and agree them with the Chair. Keep a record of matters arising, action points and issues to be carried forward.
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the Board.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p>
Provide updates	Update the Committee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for committee members

Appendix I: Revision History

Version	Date	Approved by	Review	Type of changes
V1.0	1 July 2022	Board of ICB	Annually	Creation of ToR
V2.0	1 November 2022	Board of ICB	Interim	Review and revision of ToR
V3.0	18 January 2023			Minor amendments to section 4.1

Review date: July 2023

Contact: bswicb.governance@nhs.net

Document control

The controlled copy of this document is maintained by BSW ICB. Any copies of this document held outside of that area, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.