GOVERNING BODY

<table>
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<tr>
<th>Agenda Item No.</th>
<th>17</th>
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<tbody>
<tr>
<td>Reference No.</td>
<td>IESCCG 20-11</td>
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<tr>
<td>Date.</td>
<td>28 January 2020</td>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Terms of Reference for Community Engagement Partnership</th>
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| Lead Director | Lisa Nobes, Director of Nursing  
Maddie Baker-Woods, Chief Operating Officer |
| Author(s) | Marielena Giner and Maddie Baker-Woods |
| Purpose | To set out for review and approval, refreshed terms of reference for the Community Engagement Partnership. |

<table>
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<tr>
<th>Applicable CCG Clinical Priorities:</th>
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<tr>
<td>1. To promote self care</td>
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<td>2. To ensure high quality local services where possible</td>
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<td>3. To improve the health of those most in need</td>
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<td>4. To improve health &amp; educational attainment for children &amp; young people</td>
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<td>5. To improve access to mental health services</td>
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<td>6. To improve outcomes for patients with diabetes to above national averages</td>
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<td>7. To improve care for frail elderly individuals</td>
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<td>8. To allow patients to die with dignity &amp; compassion &amp; to choose their place of death</td>
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<th>Action required by Governing Body:</th>
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<tr>
<td>To review and approve, refreshed terms of reference for the Community Engagement Partnership, a Committee of the Governing Body</td>
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</table>
1.0 **Purpose**

1.1 To set out for review and approval, refreshed terms of reference for the Community Engagement Partnership (CEP).

2.0 **Background**

2.1 To complement the CCG’s continuing development of its patient and public involvement plan and to enable effective Alliance working, revised terms of reference for our Community Engagement Partnership are proposed.

3.0 **Key Points**

3.1 The changes made are quite significant and therefore ‘tracking’ creates a document which is difficult to read. A summary of the changes is therefore presented below:

- The purpose, remit and responsibilities have been adjusted to put greater emphasis on working in partnership with patients and the public and with the CCG’s Clinical Executive. Further emphasis is also placed on bringing about greater inclusion of members of minority and marginalised groups.

- The number of members remains as 15 but there is explicit reference to extending invitations to representatives of other organisations forming part of the Ipswich and East Suffolk Alliance.

- There is no change to the current terms of office, which is two years with an option of serving for a further two years.

- There is clarity that meetings will be held in public at least quarterly.

- The option is provided for one of the Co-Chairs of the CEP to report from the Committee to the Governing Body. This has been very positive in West Suffolk.

- The option is provided for either the Chief Nurse or Chief Operating Officer to report to the CEP on the CCG’s business.

- The quoracy clause has been supplemented to include that a member of the Clinical Executive (GP, Chief Officer or their representative) must be present.

- The statements about the conduct of the group have not been altered.

- The language used in the terms of reference is now considered by the Partnership to be more accessible, ‘plain English’.

4.0 **Recommendation**

4.1 The Governing Body is invited to review and approve the refreshed terms of reference for the Community Engagement Partnership.
COMMUNITY ENGAGEMENT PARTNERSHIP (CEP)
TERMS OF REFERENCE

1. PURPOSE

To support the CCG’s Lay Member for Patient and Public Involvement in helping to ensure:

- that the public voice of the local population is heard in all aspects of the CCG’s business
- that opportunities are created and sustained for patient and public partnership-working across the CCG’s activities

To operate as a formal committee of the CCG reporting regularly to the Governing Body.

To provide a forum for Ipswich and East Suffolk’s communities to communicate directly with the CCG on matters of interest, concerns or desired developments.

To work as a partnership bringing together service users, clinicians, CCG staff, voluntary sector and Alliance partnership representatives to explore matters of mutual interest, concern or development.

To help bring about greater inclusion of members of minority and marginalised groups.

2. RELATIONSHIP WITH THE GOVERNING BODY AND CLINICAL EXECUTIVE

Written reports from the CEP will be received at Governing Body meetings. At least two members of the Clinical Executive will be nominated to attend CEP meetings.

3. MEMBERSHIP

The Community Engagement Partnership will comprise:

- Lay Member for Patient and Public Involvement.
- Elected co-chairs drawn from members of CEP not including paid employees of the CCG, Healthwatch Suffolk or Community Action Suffolk. Chair-ship will be rotated every three years to maintain continuity and succession planning.
- The Chief Operating Officer and the Director of Nursing and Clinical Quality or their representative.
- No more than 15 members, including the Co-Chairs.
- A member will be affiliated where possible with each of the CCG’s locality areas.
- To reflect our strategic partnerships, a member of Healthwatch Suffolk, Community Action Suffolk and IHUG will be invited to attend meetings. Invitations may also be extended to representatives of other organisations forming part of the Ipswich and East Suffolk Alliance.
4. QUORACY

The following members must attend for the Committee to be quorate:

- One of the Co-Chairs
- A member of the Clinical Executive (GP, Chief Officer or their senior representative)
- A minimum of seven members in total

5. LOCATION

The CEP meetings are to be held within East Suffolk.

Meetings in public will be held at least quarterly. Planning and business meetings will take place every other month except August and December.

6. TERMS OF OFFICE

Members of the CEP serve for two years with the option to serve for a further two years. At the end of four years membership of CEP concludes. Tenure of each Co-Chair is for a three-year period, ideally with an overlap to ensure continuity.

7. REPORTING ARRANGEMENTS

Either a Co-Chair or the lay member with lead responsibility for patient, carer and public involvement will provide a report of its meeting to the CCG Governing Body.

The CEP will receive a verbal report from the Chief Operating Officer and a written Patient and Public Involvement report at its planning and business meetings.

8. CONDUCT OF THE GROUP

The Co-Chairs will manage the meeting agenda to make best use of the time available to ensure equal opportunity for contributions to be heard.

The Partnership will review its effectiveness including terms of reference on an annual basis. The Governing Body will be asked to approve any resulting changes to the terms of reference or membership.