

Public Stakeholder Network
Northern Devon (North Devon and Torridge)

DRAFT

Terms of Reference

Version: 1.1 Dated 11 December 2013

Version Control

DATE	VERSION	CONTROL
21/11/2013	1.0	Rough first draft to initiate discussions
11/12/2013	1.1	Amended version following scoping group meeting

Purpose

The fundamental purpose of the Public Stakeholder Network PSN is to ensure experiences and feedback from patients, carers and the public inform commissioning decisions and service developments and improvements. The PSN is separate to, and independent of the northern locality of NHS Northern Eastern and Western Clinical Commissioning Group (CCG), but it is recognised by both parties that the northern locality of the CCG will support the SPIN with administration support and will provide opportunities for the PSN to hear the CCG's plans and allow the PSN opportunity to influence those plans.

- Provide a mechanism for issues from communities to come to the CCG.
- Be a forum where Healthwatch and other organisations / stakeholders can share analysed patient experience, recommendations can be made and actions tracked to ensure it has impact in the CCG.
- Be a critical friend to the CCG, co-designing public engagement processes for service development and tendering. To ensure they are fit for purpose, meeting national policy requirements and good practice guidelines, being proactive and part of the development process, not retrospective. It will enable the CCG to demonstrate accountability in all commissioning decisions.
- Facilitate engagement through its networks, providing involvement in service development by the population of North Devon and Torridge.

The PSN is not a committee of the CCG, but is a separate and independent entity. The CCG will share its plans with the PSN and will create opportunities for the PSN to influence the CCG's plans. The members will agree the Terms of Reference of the PSN, sign up to the Code of Conduct and declare any interests they hold that could affect decision-making on a Register of Interests.

Responsibilities

Role	Responsibility	Key Performance Indicator
<p>Patient experience and feedback:</p> <ul style="list-style-type: none"> • Advising appropriate methods, • facilitating engagement • Reviewing patient experience information i.e. via Healthwatch. 	<p>Support the gathering of patient experience and feedback in a systematic and meaningful way.</p> <p>Analyse the intelligence produced over a range of methods and mediums to make recommendations on action required by the organisation.</p>	<p>Ability to evidence that patient experience and feedback gathered from a range of sources is systematically analysed and recommendations made to the CCG.</p>
<p>The impact of patient experience and engagement.</p>	<p>To ensure service development undertaken by the northern locality of the CCG and the organisations with which it contracts takes into account the views, opinions and experiences</p>	<p>Service development decisions taken with a clear audit trail to show how decisions have been informed by the views and experiences of patients, carers and the</p>

	<p>of patients and carers.</p> <p>To be a 'critical friend' to the northern locality of CCG, advising how best to plan and deliver relevant and timely engagement activities which will directly inform commissioning decisions.</p>	<p>public.</p>
<p>Public information and communication</p> <ul style="list-style-type: none"> Monitoring and giving a public view on CCG communications Developing the public promotion of the Strategic Involvement Group 	<p>To assist in the development of public facing information and communication, such as documents, leaflets and websites.</p>	<p>CCG information and communications are clear and accessible.</p> <p>The Public Stakeholder Network is a recognised body whose purpose and functions are understood by the public.</p>
<p>Equality and diversity (i.e. helping to ensure that the way the CCG operates is inclusive and accessible to all patients).</p>	<p>To help ensure principles of equality and diversity in relation to patients and the public are upheld within the northern locality of the CCG.</p>	<p>A published CCG equality and diversity policy and plans to demonstrate how the CCG will meet its duty under the Equality Act 2010.</p> <p>Service development decisions taken with a clear audit trail to show how decisions have been developed in line with the Equality Act 2010.</p>
<p>Community engagement and partnerships</p>	<p>Developing relationships and partnerships within the local community, particularly with local GP Patient Participation Groups and voluntary and community groups.</p> <p>Experience of working with people and groups who are traditionally harder to involve or who are disadvantaged</p>	<p>Effective relationships established with Patient Participation Groups and other voluntary and community groups.</p> <p>Mechanisms for people and communities to become involved with the strategic public involvement group.</p>

In scope

- All matters relating to the development and operation of health services commissioned by the northern locality of NEW Devon CCG. An overview of these services will be provided during an induction and on-going supported training / information sharing.

Out of scope

- Matters relating to health services commissioned by other localities of NEW Devon CCG including partnerships and other clinical commissioning groups or organisations, except on a consultee basis.
- Replacing the role of Patient Participation Groups.

Membership

12 people

- One - Appointed lay member to the Northern Locality Board
- One - Healthwatch representative
- Two - Third sector representatives; one member representing the voluntary sector in Torridge, one member representing the voluntary sector in North Devon
- Up to 5 Patient Participation Group representatives from across the locality
- Two members from NEW Devon CCG – one from the commissioning team and one from communications.
- One representative to include someone from either the district councils / social care / public health to be agreed

These proportions of representation can be tested, evaluated and adjusted in the first year to make sure they work in practice and should consider;

- Additional co-opted members as required
- Reserve Representatives may be recruited as appropriate.

Representatives will be recruited through their umbrella bodies (Healthwatch, CVSs PPGs etc) using transparent processes. Lay member representation recruitment has already occurred.

Term of membership will be determined by the networks from where representatives are mandated. The public representatives' term is two years. The Chair will be elected from the members and will hold this post for one year. Members will be required to stand down after two years but may be re-appointed where no replacement is recruited by the umbrella body.

Representatives take on this role knowing that they are appointed to hear and report the views of the constituency they have been elected to represent. Representatives are accountable to the constituency they represent.

Quorum

A minimum of half the Members will constitute a quorum – if all posts are filled the quorum is a minimum of

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 shall have a second and casting vote.

If the Chair is absent then the Vice Chair will stand in. If both are absent, the group will elect a temporary Chair for that meeting from the Members present.

Frequency of Meetings

Meetings will be held bi-monthly, or at a different frequency by agreement

Reporting arrangements

The Minutes of the PSN will be posted on the CCG website. The *Quality Committee* will

receive annual and interim reports from the PSN. Information from PSN will be included in the Northern Locality Clinical Board Report through the lay member. Information may also be passed on to the Governing Body of NEW Devon CCG as and when appropriate.

Administration

Administration and taking minutes of the Committee is the responsibility of NHS NEW Devon CCG including publishing of information on the website.

Conduct of the Committee

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles and the Conflict of Interest policy.

Role of NHS NEW Devon CCG

NHS NEW Devon CCG is committed to working with groups representing the population it serves and to putting the individual at the centre of care planning. This is enshrined both in the CCG's Constitution and in the Health and Social Care Act 2012.

The CCG will actively engage with the PSN at each meeting, sharing relevant plans wherever possible and providing a mechanism for the PSN to feed its ideas, suggestions and recommendations to the CCG Governing Body.

The CCG will cover all administrative aspects of organising and reporting PSN meetings.

The CCG will review its involvement with the PSN on an annual basis, to ensure that the needs of the changing health commissioning environment are fully addressed and that both parties are working effectively and cooperatively.

Relationships to other Committees

Key relationships

- NHS NEW Devon CCG Governing Body and staff
- Local Patient Participation Groups,
- Healthwatch,
- Local third sector organisations,
- Public Health / Council

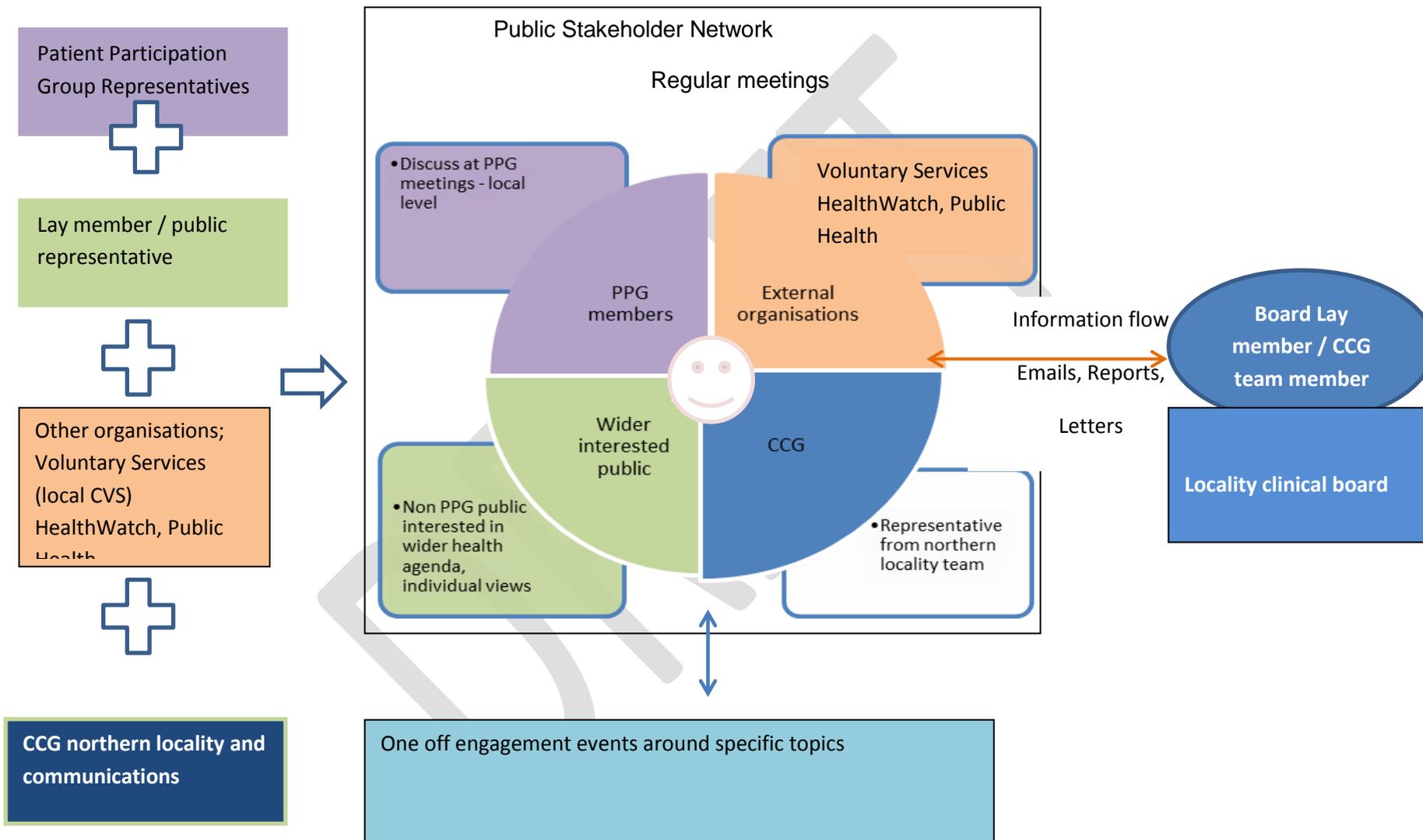
Sub Groups

There may be occasion to undertake sub-group meetings to complete a specific piece of work, or where data or preparation needs to be undertaken by a specific sector or named partners. Any formed sub-groups will report to the main Group, who will agree and lead on the strategic direction of the activity being undertaken. At least one member of the Strategic Involvement Group will sit on any sub-groups.

Resources and Budget

Members will be reimbursed by the CCG for reasonable travel and subsistence expenses incurred as a result of involvement in the PSN. The group will be funded within reasonable expenditure by the CCG in terms of administration costs.

Diagram 1, SPIN Structure



Meeting protocol

There will be clarity about the purpose of all meetings:

- Members will be able to include items on the agendas, by request to the Chair at least six working days in advance of meetings
- Agendas will be circulated by the Secretariat at least five working days in advance of meetings
- Agendas will clearly state whether items are for discussion, information, or decision making
- 'Any Other Business' is to be used as an exception and should be notified to the Chair at least one working day in advance of the meeting (where this cannot be met for specific and unavoidable reasons, the Chair must be advised of AOB at the start of the meeting, and a standing item to this affect will be added to the agenda)
- Where, in exceptional circumstances, any of the above timelines cannot be met, the Chair and Secretariat will provide as much advance notice as possible, and clearly justify why it was not possible to meet the above timelines.

The Chair will ensure that meetings complete their business and achieve the necessary results within the allotted timescales. Time will be allocated to discuss items and an overall time will be set to complete the business of the meeting.

All papers should be circulated in advance of the meeting, wherever possible at least five working days prior to the meeting. Where, for specific and unavoidable reasons this is not possible, all members must be given the opportunity and time to read relevant papers prior to or at the meeting.

Meetings will be open to the public, but where there are agenda matters that require a confidential or commercially sensitive discussion; a closed 'part 2' section can be arranged or invoked by the Chair.

This is based upon the precedent contained in Section 1 of the Public Bodies Admissions to Meetings Act 1960, which allows a formal meeting to exclude the public on the grounds that publicity would prove prejudicial to the public interest by reason of the confidential nature of the business to be transacted.

If members of the public wish to raise a particular issue, this should normally be done through their preferred network or the Public Representatives in writing in advance of the meeting. One week's notice would normally be required to add an item to the SPIN agenda. The Chair can, however, allocate time for comments or questions from members of the public at his or her discretion.

A minuted record of meetings will be produced by the Secretariat, covering the areas discussed and decisions made. Part 2 minutes will be protected appropriately. These will be circulated to all Members within fifteen working days of the meeting. All minutes will be formally approved (and amended as necessary) at the subsequent Strategic Public Involvement Network meeting.

Meetings will be chaired efficiently. This means listening, controlling the discussion without monopolising it, and summarising where the discussion is up to, decisions made and action points arising from decisions.

Everyone should have the chance to make a contribution and put their views forward to the meeting. No Member will be allowed to dominate the meeting.

The physical arrangements for the meeting will be considered in advance by the Secretariat, including:

- Suitable and accessible venue
- Timings that take account of members' commitments
- Appropriate refreshments

The Chair will be clear about the contribution expected from any observers or external visitors who may from time to time be invited to meetings

Ground Rules for Members

Everyone shall be welcomed and introduced. Members will be open to new ideas, different contributions, and different ways of looking at issues. All Members are responsible for allowing the agenda to be met in full and the meeting to be finished on time

Every member has the right:

- To state their opinion and put forward suggestions, and have these opinions and suggestions listened to and responded to
- To disagree with other's points of view
- To make contributions without being interrupted
- Not to be subjected to offensive or inappropriate language or behaviour
- Not to be excluded by the use of jargon
- To understand what is being discussed

All Members are responsible for creating a Meeting environment which is conducive to productive partnership working

Communications and Administration

- Meetings will be held bi-monthly initially and will be rotated across the area of interest. This will be reviewed by the PSN in the first year. The review will include levels of representation and any other issue the group feels necessary to consider.
- NHS NEW Devon CCG will provide administrative support to the Strategic Involvement Group. The administrator will
- hold all records for the group
- book venues for meetings
- take a record of the meetings
- Minutes will not be published on the CCG website in draft form until reviewed and agreed at the following meeting.
- Agenda items will be submitted in advance to the Chair (subject to Ground-up process to being agreed).
- The group will adhere to a Code of Conduct which includes confidentiality protocols.
- Information from the meeting will be distributed to all CCG member GP practices who will be encouraged to post to or link from their websites.

Code of Conduct

Members of the group agree to follow these principles: to trust, listen, respect, effectively carry out tasks and responsibilities, be flexible and focussed and behave with integrity.

Members will be required to note a number of policy documents:

- Members must adhere to the PSN Code of Conduct
- Members should adhere to the Roles and Responsibilities as detailed in section 5.

Members must be prepared to have a Disclosure and Barring Service (DBS) check if required.

At meetings, members will be expected to: avoid jargon and abbreviations, contribute fully, respect the contribution of others, be prepared to give and accept feedback, attend regularly, help to keep meetings to time and be open to being challenged and influenced.

Declarations of Interest

Declarations of Interest will be recorded at the beginning of each meeting and where a declaration of interest is made, the meeting agree – as necessary – whether the member should take no part in decision making in the identified area.

Dispute Resolution

Where a complaint is received regarding the work of the group or an individual group member the following steps will be taken:

The complaint will be acknowledged by the Chair within 5 working days and a full investigation into the circumstances surrounding it will be held. In the event that the complaint is against the Chair, the complaint will be dealt with by the Vice Chair or the CCG as appropriate. Responding in full to the complaint will be within 20 working days unless the issue is complicated where any delay will be explained to the complainant.

If the complaint is upheld, a full apology and, where appropriate, details of any action to be taken will be given to the complainant.

Roles and Responsibilities

This role of being a member of the PSN is voluntary and so this is not a contract, but we hope you will fulfil the following expectations of your role and responsibilities as a representative.

Role

- You have the mandate (the authority and permission) to take on the responsibility of speaking for....., because you have been elected through this constituency.
- You are accountable, in this role, to the members of this constituency, so you must take this seriously and ensure that you undertake the role and its associated responsibilities with due commitment.
- Speak on behalf of the people who elected you to ensure that their views and experiences are included in the discussions and recommendations of the partnership.
- Be positive about the voluntary and community sector and the contribution that it can make to partnerships
- Keep up to date with issues related to the constituency that you represent.
- Communicate regularly with the people you represent.
- Share your representative experiences with other representatives; Improving representation is a learning journey – we can all learn from each other.

Responsibilities

There are many advantages to being a representative. You will be influencing decision-making alongside developing your own skills and contacts. As you are representing others, there are also responsibilities attached to the role. To be an effective representative you need to:

As a new representative:

- Attend an induction meeting

- Make sure you have contact with your umbrella body before attending your first meeting.

Before meetings:

- Follow an agreed communication plan to gain the views of the sector you represent. This will be agreed with your umbrella body.
- Read the papers provided and speak to your umbrella body about anything that you don't understand.
- If you are unable to attend, let your deputy know at least one week in advance of the meeting (if possible) and send apologies to the Chair of the group.
- Make sure you have a copy of the 'terms of reference' of the group.

At meetings:

- Follow the 'terms of reference' of the group
- Act as a representative of the people who elected you, rather than simply your organisation or personal views.
- Make it clear to other partners who you are representing.
- Listen to discussions in meetings and actively participate.
- Let the Chair of the meeting know if you feel you may have a conflict of interest related to any of the items on the agenda.

After meetings:

- Keep papers that are distributed at the meeting and take notes of issues relevant to the people who have elected you.
- Follow an agreed communication plan to feedback information from the meeting to the people you represent.

Leaving your role:

- If you are unable to continue in your role, let both the Chair and your umbrella body know formally and as soon as possible.

Support for Representatives

All members will receive induction training.

Your umbrella body will provide you with details of additional support you can expect to receive from them to be able to undertake this role.

Review

The Terms of Reference of the PSN are determined by the PSN members and reviewed on an annual basis, or earlier if required.

Date approved:

Review date:

Appendix 1 Glossary and Acronyms

Policies, procedures and minutes of major Committee meetings will be published on the CCG's website for any member of the public to read. Ideally all published documents should be written in plain English avoiding technical language, slang or abbreviations.

Good practice would be to write out the phrase in full the first time it appears in a document immediately followed by the recognised abbreviation, and then to subsequently use the abbreviation only.

Where unusual or technical words or phrases and abbreviations are used, the author should fully explain these in this section.

A selection of frequently used technical words and abbreviations include:

AAC	Audit and Assurance Committee
CCG	Clinical Commissioning Group
CPG	Clinical Pathway Group
CG	Caldicott Guardian
DPA	Data Protection Act
EIA	Equality Impact Assessment
EDS	Equality Delivery System
FOI	Freedom of Information Act
GB	Governing Body (of the CCG)
LMC	Local Medical Committee
LPC	Local Pharmaceutical Committee
NCB	National Commissioning Board
PIA	Privacy Impact Assessment
PSN	Patient Stakeholder Network
PSQ	Patient Safety & Quality
QIPP	Quality, Innovation, Productivity and Prevention
SIRO	Senior Information Risk Owner

Appendix 2 SPIN Code of Conduct

As a member of the Strategic Public Involvement Network I will observe the following principles:

- Respect the public, patients, relatives, carers, NHS staff and partners in other agencies
- Represent the views of my organisation without allowing any contradictory views I personally hold to take over
- Be honest and act with integrity
- Accept responsibility for my own actions and behaviour
- Take responsibility for my own learning and development

I will:

- Respect patient confidentiality
- Use the resources available to me in an effective, efficient and timely manner
- Be guided by the interests of the public/patients
- Ensure that anyone with a genuine concern is treated reasonably and fairly
- Respect others and treat them with dignity and fairness
- Ensure that no one is unlawfully discriminated against
- Ensure that the best interests of the public/patients are upheld in decision-making

I accept that:

- I can be held to account for my actions and behaviour by the SPIN and the organisation I represent
- Information presented or discussed at a SPIN meeting may be confidential and may not be disclosed by me. [Where there is any doubt concerning confidentiality, the meeting Chair should make the decision.]

Note: This is adapted from the "Code of Conduct for NHS Managers", Department of Health, 2002

I agree to the terms of this Code of Conduct for the Strategic Public Involvement Network.

Signed:

Print name:

Date:

Appendix 3 Declaration of Interests

All CCG Committee/Group members are required to register any interests they hold in any organisations with whom the CCG may undertake commercial activities (“pecuniary interest”). The idea being that members are allowed to remain on the Committee/Group and their insight into the organisation they are involved with may be valuable, but they are not permitted to take part in any vote relating to any interests they have declared.

It is recognised that the SPIN is not a formal committee of the CCG, but that SPIN members will have access to CCG information and will be able to feedback recommendations to the CCG, and so it is appropriate for SPIN members to complete a Register of Interests.

The information required for the Register of Interests is:

Title
First name
Family name
Position Held with the CCG - e.g. member of SPIN
Description - e.g. chair of SPIN; representing Healthwatch
Date interests registered
Interests registered: None
GP
DDOC
GP teaching practice
Acute Trust
Community Trust
Peninsula medical School
Dental
Pharmacy / pharmaceutical
Other CCGs
Other relevant interests

The Register of Interests should be a SPIN agenda item at least once per year, with the Chair asking each member to confirm that their entry is correct. This should be minuted.

The Register of Interests should be brought to each meeting of the SPIN so that members can add/amend their details.

This information is recorded on a database held by the CCG Northern Locality administration and governance office. The CCG will act as the data controller in this respect.