

## Engagement Committee Terms of Reference (June / 2017)

### Constitutional Obligations

The Clinical Commissioning Group's Governing Body hereby resolves to establish a Committee of the Governing Body known as the Patient and Public Engagement Committee. The Committee is established in accordance with Northern, Eastern and Western Clinical Commissioning Group's Constitution, Standing Orders and Scheme of Delegation.

These terms of reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into each CCG's constitution and standing orders.

The Patient and Public Engagement Committee (PPEC) of NEW Devon CCG is an assurance committee of its Governing Body and has the ability to execute any powers assigned to them by the Governing Body and those specifically delegated in these terms of reference and/or through the CCG's constitutional scheme of delegations.

The committee has a duty to ensure the CCG's performance against three pieces of NHS England statutory guidance:

- [Patient and Public Participation in health and care: Statutory guidance for CCGs and NHS England](#)
- [Involving people in their own health and care: Statutory guidance for CCGs and NHS England](#)
- [NHS England guidance on annual reporting on the legal duty to involve patients and public in commissioning](#)

### Purpose

The PPEC will oversee the engagement processes of the CCG and provide assurance that engagement is carried out in line with the NHS Constitution, the Health and Social Care Act 2012 and the relevant national policy guidelines.

It is the responsibility of the committee to make recommendations to the Governing Body of each CCG on determinations about the assurances received surrounding engagement issues for each CCG

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Date of Review: June 2018	Meetings in Common	
Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		

It shall support the objectives of both CCG's Governing Bodies as outlined in their Operational Plans, and provide assurances to the Governing Body and Audit and Assurance Committee that these are being met and considered.

It will promote a whole system culture of continuous engagement improvement, ensuring that engagement sits at the heart of health and social care locally, whether provided by NHS or non-NHS providers.

It will seek assurance that the CCG is fulfilling its statutory duties of engagement under the relevant Acts, and current national guidance.

It will seek assurance that the commissioning strategy for the CCG fully reflects all elements of engagement, keeping in mind that the strategy and response may need to change and adapt.

It will review regular reports on engagement.

## Responsibilities

The committee is set up to:

- 1 Assure the Governing body of the effectiveness of the organisation's engagement and demonstrate that engagement is informing decisions made by the Governing Body.
- 2 Assure the Governing Body that the organisation is commissioning in a way that ensures and supports the involvement of individuals in decisions about their own health and care.
- 3 Support the implementation of the engagement and commissioning strategy of the CCG taking a whole commissioning cycle view and planning key engagement activities accordingly.
- 4 Monitor the effectiveness of the platforms and techniques the CCG uses to engage with people.
- 5 Discuss and plan effective ways of working with Healthwatch Devon, Torbay, Plymouth and Cornwall.
- 6 Bring together centrally, issues and areas of success and learning from locality community representatives' engagement.
- 7 Assure and review the CCG's annual engagement plans around engagement improvement based on issues and learning.
- 8 Identifying and monitoring communications and engagement risks associated with the work brought to the committee.

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Date of Review: June 2018	Meetings in Common	
Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		

## Membership

The membership of the Committee shall be:

### **NEW Devon CCG – Members with voting rights include the following:**

- The Lay member with responsibility for patient and public involvement on NEW Devon CCG's Governing Body
- Public representatives from Northern, Eastern and Western Devon CCG (x2)
- Clinician representative (x1)\*
- Head of communications representative (x1)\*
- Director level commissioning manager representative (x1)\*
- Director of Corporate Affairs representative (x1)\*
- Director of Communications & Engagement - STP representative (x1)
- Patient Safety and Quality representative (x1)\*
- Public health representative (x1)

\*Only one representative need attend where meeting as a committees in common with the Engagement committee of Torbay and South Devon CCG

### **Members external to the CCGs – with voting rights and include the following:**

- Chief Executive Healthwatch Devon
- Chief Executive Healthwatch Plymouth
- Chief Executive Healthwatch Torbay

### **Regular attendees at the committee (or at the request of the committee Chair) – regular attendees do not have voting rights and include the following:**

- Patient Engagement Lead

On occasions the committee will discuss topics that require specialist input and so may request that the following attend:

- Patient Experience Lead
- Equality and Diversity Lead
- Head of Contracting and Procurement
- Chief executive of Healthwatch Cornwall
- Other organisations/individuals by invitation as appropriate

Lay Members may request that one of the additional CCG Governing Body Non-executive Member or Locality Lay Members may represent them in their absence at the Committee.

The Committee may co-opt any non-voting Lead Clinicians, Executive or

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Date of Review: June 2018		
Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		

Managing Directors, nominated deputies and lead managers as appropriate.

Note: When a committee member is unable to attend, a nominated formal deputy with sufficient authority must attend in their place. Deputies will have the decision making and voting rights of the person he/she is representing.

The meetings of the committee will be held alternately in NEW Devon CCG and SD&T CCG. When held in NEW Devon CCG the meeting will be Chaired by the lay member for engagement in NEW Devon CCG and when held at SD&T CCG by the Non-executive Director for engagement at SD&T CCG.

## Quorum

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.

Invited members, or those in attendance to the Committee do not have the right to vote.

If the committee Chair is absent then the members of the Committee will select a chair for that meeting from the members present – this will be overseen by the Director of Corporate Affairs as the Chair needs to be representative of the two CCGs.

The committee will be deemed quorate when the following are in attendance:

- Chair or vice chair
- Director level commissioning manager or clinical lead
- A member of a Healthwatch organisation
- 2 Public representatives
- Head of communications

## Frequency of Meetings

Meetings will be held no less than six times a year, with additional extraordinary meetings as required for conducting the business of the committee. Meetings will be held alternately in the South Devon and Torbay CCG area and the NEW Devon CCG area.

The agenda and papers will be made available to those attending at least one working week in advance of the meeting. Papers to be submitted to the committee need to be received two weeks before each meeting and when confidential should be clearly marked as such.

Version: V1.0	Date Approved: 18 July 2017	Author: Community Relations Manager and Head of Governance
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Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		

The Committee has agreed that in the interest of expediency or when there are few items to be discussed that business of the committee can be conducted by e-mail and the actions/decision will be recorded by the Administrator for purposes of transparency and recording. Where a discussion is required, all members must respond, and the administrator will oversee this to ensure that all members are accounted for.

## Reporting arrangements

The Committee Chair shall report formally to the Governing Body on the committee's proceedings after each meeting on all matters within its duties and responsibilities. The report shall be presented to the public meeting of the Governing Body. The Committee shall make recommendations to the Governing Body on any area within its remit where action or improvement is needed. Consequently, the committee shall receive:

- Updates from commissioners that provide timely and relevant information about commissioning cycle activities to enable discussion on planning engagement.
- Information from locality community engagement representatives via minutes of their meetings.
- Information from regular patient engagements.
- Healthwatch activity, progress and outcomes, including summaries of issues heard regarding patient and carer experience.
- Summaries of patient experience received by various routes via the CCGs, reported 6 monthly.
- Presentation of the engagement planning around specific potential projects by commissioners.
- Presentation of the engagement outcomes around specific projects by commissioners.
- Updates against the engagement improvement work plan by leads.
- The findings from an annual engagement satisfaction survey.

The committee shall:

- Formally record minutes and action logs and submit these to the CCGs' Governing bodies. The Chair of the committee shall draw to the attention of the Governing Bodies any issues that require disclosure to the full Governing Bodies or that require executive action.
- Publish the outcome of engagement activity on the CCGs' websites
- Be subject to annual effectiveness review carried out by the Heads of Governance at the two CCGs.
- Present any proposed changes to the terms of reference to the Governing Bodies of the CCGs via the Heads of Governance.

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Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		

Minutes and reports of the meetings will be produced and held by the Administrator of the Committee, accessible to the Chair and the Director of Corporate Affairs. Extracts from Minutes will be made public as appropriate under the freedom of information act.

## Conduct of the PPEC

The Committee shall conduct its business in accordance with national guidance, relevant codes of practice including the Nolan Principles, the Conflict of interest and Confidentiality policies of the two CCGs.

Members of the committee will review their declaration of interest as presented in the papers, and the administrator will record any conflicts or updates in the minutes. Should any conflicts be presented on the day of the committee, it will be for the Chair to make a formal decision as to whether that committee member or attendee can participate in discussion, but not vote, or whether they leave the meeting for that item. If a member feels compromised by any agenda item they should declare a conflict of interest and leave for that agenda item.

The membership shall observe the highest standards of propriety involving impartiality, integrity and objectivity in relation to the stewardship of public funds and the management of the bodies concerned.

The membership shall maximise value for money through ensuring that services are delivered in the most efficient and economical way, within available resources, and with independent validation of performance achieved wherever practicable.

Members are expected to be available and willing to attend a minimum of 75% of the meetings other than absence due to sickness. Nominated deputies for CCG officers **must** attend on behalf of absent members. Where a deputy is attending then the member should notify the committee's administrator of this fact five working days prior to a meeting.

## Risk Reporting

Where timeliness is of the essence in managing a significant risk or issue, the Chair of the Committee will be informed of an issue by the quickest possible means (e.g. verbally) and this will be acted upon in accordance with the risk management strategy and risk escalation processes of each of 'the CCGs'.

In relation to the assurance frameworks of the two CCGs the committee will:

- Review the risks on the assurance framework for which the committee provides assurance.
- Note and approve risks relating to the committee's scope of activity.

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Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		

- Review the risk assessment scores for risks relating to activities within the scope of the committee
- Identify any new risks that fall within the scope of the committee’s activity that present a gap in control for inclusion on the assurance framework.
- Review agreed actions to reduce impact of high risks.

## Statutory Functions, Committee Oversight and KPIs (Internal Monitoring)

The committee shall act in accordance with each of ‘the CCGs’ scheme of delegation to ensure constitutional compliance, any deviation from this must be brought to the attention of the Director of Corporate Affairs.

The committee is responsible for assuring that the two CCGs meet their statutory duties to involve, engage and consult the public and these are to:

- Commission services that promote the involvement of patients across the spectrum of prevention, diagnosis, care planning, treatment and care management.
- Ensure public involvement and consultation in commissioning processes and decisions. It includes involvement in planning of commissioning arrangements and in instances where changes are proposed to services that might impact on patients.
- Include in their annual reports an explanation of how they have discharged their public duty to involve.
- Ensure that commissioning is done in a way that supports the involvement of the individual in their own health and care decision-making.
- Comply with specific legal duties that require CCGs to evidence how they pay due regard to the needs of diverse and vulnerable groups in the exercising of its responsibilities. This includes compliance with the:
  - Equality Act 2010
  - Human Rights Act 1998
  - Relevant sections of the Health and Social care Act
- In addition to these key pieces of legislation, there is a number of other related legislation that impacts on the engagement of patients and the public. These are:
  - The NHS Act 2006 (as amended 2012) – the duty to reduce inequalities
  - The Mental Capacity Act 2005

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Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		

- Local Authority (Public Health and Wellbeing Boards and health Scrutiny) regulations 2013
- United Nations Convention on the Rights of the Child

The committee shall work to key performance indicators (KPIs) and these are that they shall review annually the following:

- NHS England grading of the CCGs on patient and public participation
- The findings of the stakeholder engagement satisfaction survey
- Numbers of judicial reviews applied for (via letters of intent) and upheld for projects previously assured by the committee
- Progress against the annual engagement work plan
- Numbers of FOIs relating to engagement process
- Numbers of complaints relating to engagement processes

## Administration

The committee will be formally minuted. Agendas and papers will be available five working days before the meeting is scheduled to take place. A formal attendance and action and decisions log will be held and reported to each meeting.

## Review

An annual effectiveness review will be undertaken by the Head of Governance as good governance practice and to ensure compliance with the annual governance statement of internal control.

These Terms of Reference will be reviewed on an annual basis or sooner if required through the Head of Governance with recommendations made to each of 'the CCGs' Governing Bodies for approval.

**END**

Version: V1.0	Date Approved: 18 July 2017	Author: Community Relations Manager and Head of Governance
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Pathname: N:\Governance\NEW Devon CCG PPEC ToR July 2017		