

PATIENT AND PUBLIC ENGAGEMENT COMMITTEE 2021/22

Date of Meeting:	10 June 2021
Agenda Item:	1.7
Subject:	Patient and Public Engagement Terms of Reference Annual Review
Reporting Officer:	Denise Dawson
Aim of Paper	To provide the Committee with the Terms of Reference for annual review.

Governance route prior to PPEC	Meeting Date	Objective / Outcome
Governing Body - Statutory		
Audit Committee - Statutory		
Remuneration Committee - Statutory		
Primary Care Commissioning Committee - Statutory		
Clinical and Professional Advisory Panel		
Information Governance Management Group		
Locality Engagement Group		
Patient and Public Engagement Committee		
Quality and Safeguarding Committee / Group		
Integrated Commissioning Board (RBC/HMR CCG)		
Strategic Place Board (previous HWBB – RBC)		
Other:		

Patient and Public Engagement Committee Resolution Required:	For Approval / Decision
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Recommendation: PPEC are requested to review and approve the Committees terms of reference.

Link to Strategic Objectives (SO):

SO1: To be a high performing CCG, deliver out statutory duties and use our available resources innovatively to deliver the best outcomes for our population	Yes
SO2: To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)	Yes
SO3: To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)	Yes
SO4: To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)	Yes
SO5: To deliver on the outcomes of the Locality Plan in respect of In Hospital – Urgent Care (Getting more help)	Yes
SO6: To deliver on the outcomes of the Locality Plan in respect of Children, young people and families	Yes
SO7: To deliver on the outcomes of the Locality Plan in respect of Mental Health	Yes

RISK LEVEL (To be reviewed in line with the Risk Policy)**RAG Status:** Not applicable**Comments:** Not applicable**CONTENT APPROVAL / SIGN OFF****The contents of this paper have been reviewed and approved by:**

Lay Member for Patient and Public Engagement – Denise Dawson

Clinical Content signed off by:

Not applicable

Financial content signed off by:

Not applicable

Clinical Engagement taken place: Not Applicable**Patient and Public Involvement:** Not Applicable**Patient Data Impact Assessment:** Not Applicable**Equality Analysis / Human Rights Assessment Completed:** Not Applicable

EXECUTIVE SUMMARY

The Committee terms of reference have been reviewed as part of the annual corporate governance requirements and updates made to membership.

The Patient and Public Engagement Committee is requested to review and approve the terms of reference, prior to ratification by Governing Body at the meeting on 16 July 2021.

HEALTHIER PEOPLE,
BETTER FUTURE



Heywood, Middleton
and Rochdale
Clinical Commissioning Group

Patient and Public Engagement Committee (PPEC)

Terms of Reference

June 2021



VERSION CONTROL

VERSION	ISSUED TO	DATE	COMMENTS
V0.1	PEC	1 st August 2016	Comments amended
V0.2	PPEC	3 rd October 2016	Updated with feedback provided at the meeting
V0.3	PPEC Chair	31 st October 2016	Approval via Chairs Actions
V1.0	NHS HMR CCG Governing Body	18 th November 2016	Membership to be updated to include representation from Older people
V1.1	Governing Body	17 March 2017	Membership updated - Final Ratification
V1.2	Governing Body	21 July 2017	Membership to be updated to include representation from Children and Younger People
V1.3	PPEC	April 2018	Review and update of membership
V1.4	PPEC	April 2018	Update Conflicts of Interest
V1.5	PPEC	April 2018	Updates re membership and Vice Chair role
V2.0	PPEC via Email / Chairs Actions	June 2018	Update member titles and sustainability section
V2.0	Governing Body	July 2018	RATIFIED
V2.1	PPEC Chair	March 2019	Annual review and update re Vice Chair role
V2.2	PPEC	April 2019	Update to membership
V3.0	Governing Body	May 2019	RATIFIED
V3.1	PPEC	July 2020	Annual review
V4.0	Governing Body	September 2020	RATIFIED
V4.1	PPEC	January 2021	Update of meeting frequency
V4.2	PPEC	June 2021	Annual review and update to membership

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1. Introduction

The Patient and Public Engagement Committee (the Committee) is established in accordance with Heywood, Middleton and Rochdale Clinical Commissioning Group's (NHS HMR CCG) 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 the clinical commissioning group's constitution and standing orders.

2. Purpose of the Committee

Under delegated authority from the Governing Body, the Committee will provide assurance on the delivery of the CCG's patient and public involvement duty. Ensuring the CCG's commissioning activities meets its statutory duties, adheres to national guidance and best practice.

The Committee will also work in collaboration with the CCG Governing Body and Committees to provide assurance that commissioned services are designed to meet patients' needs and delivered with due regard to patient safety, quality effectiveness therefore making best use of NHS resources.

The Committee will conduct its business in accordance with national guidance and the Nolan principles of public life. The Committee will review its own performance, membership and terms of reference. Any resulting changes to the terms of reference should be approved by the Governing Body.

3. Objectives of the Committee

The Committee will:

- Provide assurance that patient and public engagement has a strategic focus, is integrated into commissioning functions and influences the direction of service delivery in the short and long term.
- Scrutinise, advise and promote innovation on the patient and public engagement element of commissioning plans throughout the commissioning cycle. Ensuring all engagement activity satisfies ethical and governance standards.
- Assure inclusive and equitable patient and public engagement is evident and auditable in the commissioning and performance management of service delivery and planning.
- Act as conduit for CCG engagement and partnership working with 3rd sector and statutory organisations across the borough, building capacity and capability.
- Provide a mechanism for the collection and monitoring of public opinion across the borough's diverse communities.
- Assure avoidance of duplication and save resources by ensuring all local patient and public engagement is joined up and co-ordinated.
- Analyse engagement activity understanding who has been engaged by area, gender, age, disability, ethnicity, religious and sexual orientation (where possible), and ensure action plans are produced to close any gaps.

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- Monitor the effectiveness of feedback to patients and the public on how their engagement has influenced the commissioning and performance monitoring of services.
- Support and recommend policies and strategies governing the management and process for patient and public engagement and the gathering of public opinion.
- Assure that national, regional and local data is triangulated with locally gathered data to ensure equitable services and best use of resources for the residents of the borough.
- Act as a conduit for engagement with local health and social care partner organisations, 3rd sector organisations and other public sector bodies promoting and supporting shared goals.

To deliver the objectives, task and finish groups will be established to focus on the specific areas of work, the committee will receive updates from the task and finish groups and also provide advice and support to such groups.

4. Membership

The Committee shall operate as a sub - committee of the Governing Body. All membership organisations shall have one vote with the exception of NHS HMR CCG who will have one vote per represented department. The Chair will hold the casting vote in the event of a split vote. The membership shall comprise of:

Voting Members – Core Membership

Role / Responsibility

- Lay Member - Patient and Public Experience and Engagement - **(Chair)**
 - To Chair the meeting
 - Reports to Governing Body
 - Ensures, through the appropriate governance processes, that the function of the Committee is discharged effectively.
- ~~Director of Operations / Executive Nurse~~ **Chief Nurse and Associate Director Quality and Safeguarding** (Representative for Quality and Safeguarding Lead as required)
 - Executive Management Team representative ensuring that the work of the Committee aligns with the strategic objectives of the CCG
 - To assign responsibility to the appropriate CCG Officers for any actions resulting from the work of the Committee
 - Holds an executive oversight of patient and public engagement within the CCG's functions
- Head of Communications and Engagement ~~/ Corporate Services~~
 - To be operational lead for the CCG on patient, public and stakeholder engagement.
 - Committee co-ordination including work planning and risk management
 - To facilitate a continuous dialogue with patients and the public.
- Engagement Lead
 - To report on all engagement activity undertaken by the CCG in the day to day business.

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- Quality and Safeguarding Representative (Representation covered by **Director of Operations / Executive Nurse Chief Nurse and Associate Director Quality and Safeguarding** as required)
 - To identify performance/safety issues raised by patients during engagement activities and ensure they are addressed appropriately.
 - To ensure any such incidents are appropriately risk assed in line with NPSA Advice
 - To ensure data gathered from patient’s engagement is triangulated with PALS and Complaints data to monitor the performance and quality of commissioned services.
- Primary Care Quality Representative
 - To present primary care commissioning plans prior to approval evidencing proportionate engagement activity at the appropriate milestones throughout the process.
 - To ensure data gathered from patient engagement is triangulated with PALS and Complaints data to monitor the performance and quality of primary care services.
 - To facilitate the involvement of patients and the public in primary care service redesign
 - To ensure engagement with Borough wide PPG’s
- Integrated Commissioning Representative
 - To present commissioning plans prior to approval evidencing proportionate engagement activity at the appropriate milestones throughout the process.
 - To ensure data gathered from patient engagement is triangulated with PALS and Complaints data to monitor the performance and quality of commissioned services.
 - To facilitate the involvement of patients and the public in service redesign
- Equality Diversity and Inclusion (EDI) Strategic Lead
 - To ensure that E & D issues are addressed, and that engagement reflects the demographic profile of the Borough.
- **Local Care Organisation Representative**
 - **To report on all engagement activity undertaken by the Local Care Organisation.**
- **Patient Services Representative**
 - **To ensure input in relation to PALS and Complaints activity**
- Healthwatch Rochdale – Vice Chair
- Rochdale Mind
- Rochdale and District Disability Action Group (RADDAG)
- **Action Together**
- Voluntary and Third Sector Organisations representing Children and Younger People
- Voluntary and Third Sector Organisations representing BME Health Matters

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- Voluntary and Third Sector Organisations representing Older People
- Patient Participation Group (Boroughwide)

All of the above organisations will:

- work in partnership ensuring that patient and public representative groups are involved in decision making.
- Establish communication between individual organisation’s networks and the CCG
- Share best practice and local community intelligence.
- Undertake to support to the CCG Locality
- Plan Thriving and Coping Programme

In attendance:

The Committee may co-opt or seek advice from other representatives/expertise as appropriate and deemed necessary.

Deputies must be fully briefed and hold the represented members full delegated authority.

5. Quoracy

For each meeting to be deemed quorate attendance must include six members which must include the Chair or Vice Chair and a representative from one of the Third Sector organisations.

6. Frequency of Meetings

The frequency of meetings will be bi-monthly.

All meetings will be scheduled in advance for the full year.

7. Conflicts of Interest

An up to date register of members’ interest will be retained and published in line with HMR CCG Conflicts of Interest Policy.

Members will be expected to declare any conflicts of interest at all meetings and the Chair will determine how any conflict will be managed in line with CCG guidelines.

8. Accountability

The Patient and Public Engagement Committee will report to Governing Body following each meeting, the minutes of the Committee shall be formally recorded, and a summary report submitted to Part 1 of the subsequent meeting of the Governing Body.

Any Chairs action taken between meetings must be ratified at the next meeting of the Committee

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The Committee will complete an annual self-assessment of effectiveness, which will inform the CCG's Annual Governance Statement.

9. Scheme of Delegation

The committee will carry out the duties as detailed in these terms of reference in accordance with the scheme of delegation as set out in the NHS Heywood, Middleton and Rochdale CCG Constitution.

10. Corporate Sustainability

As a healthcare commissioner, the CCG is committed to planning and buying health care on a sustainable basis, this committee will support the commitments of the HMR CCG Sustainable Development Management Strategy and Delivery Plan, wherever possible in;

1. Commissioning for Sustainability and Adaptation
2. Being a Sustainable Organisation
3. Promoting sustainability with member practices
4. Delivering our commitments and assessing our performance

Commissioning for sustainable development in the health and care system means;

- Planning services which are efficient, effective and safe
- Buying services that provide highest quality at best value, are safe and which have least impact on the environment
- Avoiding duplication, inefficiency and waste
- Focus on preventative, proactive care
- Patients public engagement and involvement in planning and design of services
- Building resilience, and protecting and developing community assets and strengths
- Making the best use of all of the resources we have
- Minimising carbon emissions

11. Review Date

These Terms of Reference will be reviewed annually as a minimum.

12. Secretarial Support

Secretarial support will be provided to support the Chair in the management of the committee's business and the collation and distribution of papers.

The agenda and papers for meetings shall be distributed five working days prior to the meeting, however the action log will be shared 10 working days following the meeting and updates provided prior to the next meeting.

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13. Conduct of Committee

The committee will set an annual work programme/schedule, it will review annually the terms of reference and membership and the chair will also produce an annual report of business areas.

Items for the agenda and all relevant supporting papers should be submitted to CCG Hub (hmrccg.ccghub@nhs.net) for approval by the Committee Chair a minimum of 10 working days prior to the meeting.

As a minimum all members will be expected to attend 70% of meetings within the financial year or send an appropriate fully briefed deputy to provide appropriate feedback and vote on their behalf where required.

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