

PATIENT PUBLIC AND CARER ENGAGEMENT (PPCE) COMMITTEE

Terms of Reference

1. Role

The role of the PPCE Committee is to support the CCG in fulfilling its statutory duty on engagement processes for local patients, the public and carers.

2. Remit

- 2.1 To take a strategic view of Patient, Public and Carer engagement activity to help provide assurance to the Governing Body that the CCG delivers its statutory and legal requirements with regard to engagement, as well as the objectives set out in the CCG's Communications and Engagement Strategy.
- 2.2 To review, challenge and evaluate CCG engagement processes, help identify potential gaps in engagement activity and make recommendations on how these can be improved and adapted to ensure better representation of the communities of County Durham.
- 2.3 To provide a forum to develop and discuss relationships between the CCG and the population of County Durham by allowing time for meaningful discussions regarding the way in which the CCG communicates and engages with individuals and organisations.
- 2.4 To be a two way communication channel between patients, public, carers, communities / community groups, corporate members, and CCG management/support teams. This is intended to ensure that ideas and concerns from members can be escalated via the Lay Member for Patient and Public Involvement to the Clinical Chair and Governing Body in order that these can be taken forward as appropriate. The two-way process will also provide public and corporate members more insight and understanding into the function of the CCG as information is shared and made available to members. This should help to ensure that strategies and initiatives are implemented effectively and enable the organisation to demonstrate that it is able to be informed from the 'bottom up'.
- 2.5 To inform the future Communications Engagement Strategy and activity.

3. Legal and Statutory Duties

- 3.1 To monitor and review the CCG's fulfilment of its duties to inform and consult as set out in the *NHS Constitution* and the *Health and Social Act 2012*.
- 3.2 To seek assurance that the CCG is meeting the requirements for commissioners as set out in the *Equality Act 2010*.

4. Effective Engagement Activity

- 4.1 To monitor the CCG's progress against the objectives set out in the CCG's Communications and Engagement Strategy.
- 4.2 To review and scrutinise the CCG's engagement activity to ensure that it is proportionate, inclusive and covers all geographical areas of the CCG.
- 4.3 To hold the CCG to account to ensure that all engagement activity is transparent and that value for money for the taxpayer is achieved.
- 4.4 To receive information regarding CCG engagement activity in a timely manner to allow appropriate input into this work.
- 4.5 To ensure that systems and processes are in place to listen to the voice of patients, take action and feedback to patients and the public on actions taken forward.
- 4.6 To receive regular updates including the quarterly community engagement project report and to evaluate progress.

5. Developing the CCG's 'reach' / Active and Growing Membership

- 5.1 Support the CCG in its efforts to develop the County Durham CCG membership model (MyNHS) as well as any relevant connections with key local groups / agencies / partners.
- 5.2 Provide expertise that helps ensure the engagement approaches continually look at ways to capture the broadest / most diverse range of views and experiences it can.
- 5.3 Seek assurance that the membership model (MyNHS) and more broadly the engagement activities undertaken by the CCG are accessible to all members of the public and voluntary and community organisations in County Durham and that every effort is made to access and involve seldom heard groups in the model.

5.4 Monitor the effectiveness of the organisations 'reach' and membership model and identify areas for development.

6. Membership

For all appointed members that are listed below, the tenure of their post will be three years. Other individuals may be invited to attend as the requirements of the Committee dictate or in relation to dedicated pieces of work.

- Lay Member, Patient and Public Involvement (Chair)
- CCG's Clinical Chair (Deputy Chair)
- Patient representative for each County Durham Locality (drawn from Patient Reference Groups)
 - Chester-le-Street
 - Derwentside
 - Durham (City)
 - Durham Dales
 - Easington
 - Sedgefield
- Public members x 4
- Voluntary Community Sector representatives
 - Durham Community Action
 - Area Action Partnership representatives x 2
(Durham County Council – North and South representatives)
- Healthwatch County Durham representative
- Durham County Council Communications representative

Staff in attendance

- CCG Head of Engagement
- CCG Engagement Leads x 2
- Head of Corporate Services

7. Supplementary information regarding membership

7.1 Voluntary Community Sector (VCS) Representation:

The VCS in County Durham plays a vital role in supporting groups and individuals through their work. They also have a great deal to contribute to the work of the CCG in a variety of ways, such as helping to ensure the CCG is connected to relevant groups as part of activities and that any issues are able to be highlighted from members and fed back to the CCG.

7.2 Healthwatch County Durham

Due to the independent role that Healthwatch County Durham has in terms of giving local people a voice on health and social care services it provides a vital element in the partnership working for the CCG in terms of patient engagement. Through the work of the organisation and the various powers (such as 'Enter and View') and role in feeding into commissioners, providers and regulators (such as the Care Quality Commission) it is able to help identify views and issues affecting the people the CCG serves that need to be included in our conversations.

7.3 Patient Reference Group (PRG) Representation:

One member from each of the six localities within County Durham that help make up the Patient Reference Group areas (Chester-le-Street, Derwentside, Durham, Durham Dales, Easington and Sedgefield PRGs) will be nominated to the Committee with the option to elect one substitute. The identification of the representative will be at the discretion of the PRG itself which must involve a democratically agreed process at one of their meetings and to involve a quorate representative sample of members. Should the PRG representative vacate their position then the PRG will be able to identify a replacement representative through a repetition of their agreed process.

7.4 Public members:

There will be four places available on the Committee to anyone who lives in County Durham to become a member. There will be an application process including an informal 'interview' to help the prospective member and the CCG develop their understanding of each other and the suitability of their involvement in the Committee. Flexibility will be incorporated where an individual may encounter any specific barriers to enable them to have equal opportunities for contributing their skills, knowledge and experience. If the public member representative vacates their position then the PPCE Committee may choose to recruit a replacement representative.

8. Frequency of Meetings

The Committee will meet on a bi-monthly basis starting in April each year.

Venue for meetings – TBC (Either one central County Durham location or alternate between a North Durham and South Durham location).

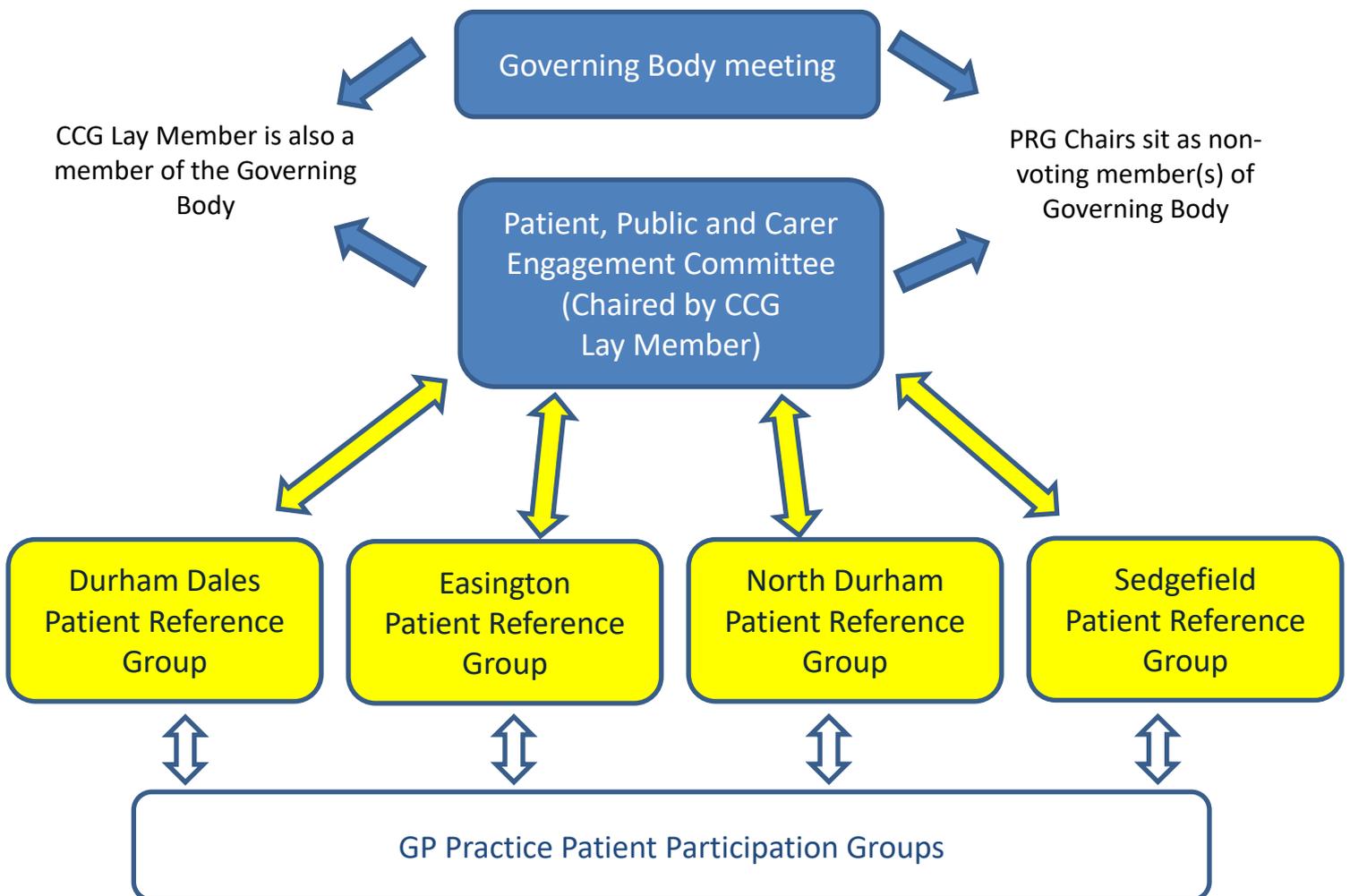
9. Delegated Authority

The CCG Governing Body has delegated authority to the PPCE Committee to make recommendations to the Executive Committee and Governing Body on key engagement issues, on the identification and systematic adoption of best practise in this area of work and where appropriate, highlighting patient issues relevant across the population of County Durham.

10. Accountability

The PPCE Committee is accountable to the County Durham CCG Governing Body.

11. Governance Structure



12. Quoracy

The meeting will be quorate with a minimum of six members present, including, either the Chair or Deputy Chair, at least one representative present from the public members, at least one representative present from the voluntary sector members and at least one representative present from the PRG members.

In the unlikely occurrence that both the Chair or Deputy Chair are unavailable, one of the PRG representatives can be asked to chair the meeting.

Where there is consistent non-attendance (without valid reason or notification) membership of the role will be reviewed and consideration given to whether an alternative representative may need to be identified.

13. Administration

To be provided by the CCG corporate services function.

1. Agenda will be issued a minimum of three working days prior to the meeting. Requests for items to be included on the agenda should be sent to the Governance Administrator at least five working days before the meeting.
2. All papers for discussion must be submitted to the appropriate lead officer for approval before the agreed deadline.
3. If an item needs to be raised on the day, this will be covered under 'any other business', subject to its agreed urgency, importance and there being available time. Any items of other business must be declared at the beginning of the meeting and their inclusion agreed by the group.
4. If separate papers require circulation, these should, wherever possible, be issued with the agenda. This is intended to enable members to have the opportunity to read information in advance.
5. At the start of each meeting, members will be asked to confirm the accuracy of the declaration of interests noted on the agenda.
6. Minutes of each meeting will be formally recorded and submitted to the next meeting for approval.

14. Communication and reporting

Key actions and agreements to be captured on an action/agreement log, with the addition of formal minutes.

Copies of the minutes can be circulated to the wider PRG membership to aid information exchanges and discussions.

Minutes of each PRG will be received for information.

15. Transparency and Confidentiality and Code of Conduct

As a body representing the public, all members will be expected to abide by the Nolan Principles:

15.1 *Selflessness*: Members should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

15.2 *Integrity*: Members should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

15.3 *Objectivity*: In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, members should make choices on merit.

15.4 *Accountability*: Members are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

15.5 *Openness*: Members should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

15.6 *Honesty*: Members have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

15.7 *Leadership*: Members should promote and support these principles by leadership and example.

16. Declarations of Interest:

Members should comply with the CCG's Standards of Business Conduct and Declarations of Interest Policy and complete a declaration of interest form on an annual basis which can be updated at any time but which will be formally reviewed on a six monthly basis.

If a member feels compromised by any agenda item they should declare a conflict of interest as soon as they are aware of it, ideally before the meeting. The conflict will

then be considered by the Chair either prior to the meeting or at the meeting. The Chair would then determine whether the person who declared the interest should leave the meeting for the discussion and decision making, take part in the discussion but not the decision making or take part in both the discussion and the decision making of that particular agenda item. A detailed record of any declarations of interest made in relation to the items on the agenda will be recorded in the minutes of the meeting and on the declaration of interest form which will be signed by the Chair. In a situation whereby the Chair of the meeting is conflicted, a non-conflicted Chief Officer will Chair the meeting.

Effective from: 1 April 2020

Review date: Annually

A review log for the terms of reference is kept within the CCG's Governance Handbook.