

NHS Hounslow Clinical Commissioning Group

Patient and Public Engagement Committee

Terms of Reference

1. Introduction

1.1. The Patient and Public Engagement Committee (the committee) is established in accordance with Hounslow 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 the clinical commissioning group's constitution and standing orders.

2. Membership

2.1. The committee shall be appointed by the clinical commissioning group and may include individuals who are not on the Governing Body and shall comprise not less than five members, three of whom should be Governing Body members:

Clinical Members

GP member of the Governing Body

Nurse Member of the Governing Body or their nominated deputy

Hounslow GP

Non-Clinical Members

Lay member for PPE on the Governing Body

Representative from HealthWatch

At least two additional patient/carer representatives

Head of Well-being and involvement (LBH representative)

HCCG Patient and Public Engagement Manager

Managing Director

Attendees: HCCG Head of Quality, Hounslow GP Clinical Leads, HCCG Service Redesign Managers

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2.2. The Lay Member for PPE on the Governing Body will be the chair of the committee. In the event of the chair of the committee being unable to attend all or part of the meeting, he or she will nominate a replacement from within the membership to deputise for that meeting.

2.2.1. The Chair of the Group may be a CCG member

2.2.2. The Accountable Officer and Chief Finance Officer may be members of the Committee

2.2.3. The Chair may ask for any officer to attend a committee meeting, such officer will not be entitled to vote

3. Attendance

3.1. Only members of the committee have the right to attend committee meetings. Other individuals may be invited to attend for all or part of any meeting as and when appropriate.

4. Secretary

4.1. The Managing Director will arrange for a Secretary to the meeting who will:

4.1.1. minute the meetings

4.1.2. provide administrative support to the Chair in developing agendas

4.1.3. coordinate and issue papers

4.1.4. Provide Guidance and advice on constitutional matters to the chair and for drawing the committee's attention to best practice, national guidance and other relevant documents, as appropriate

5. Quorum

5.1. No business shall be transacted unless at least three of the chair and members are present, two of who should be Governing Body members

6. Frequency and notice of meetings

6.1. The committee shall meet at least 4 times per year.

6.2. The agenda will be sent to members seven days before the meeting and supporting papers, whenever possible, shall accompany the agenda but will certainly be despatched no later than three clear days before the meeting, saving in emergency. The Board may determine that certain matters shall appear on every agenda for a meeting and shall be addressed prior to any other business being conducted.

6.3. The agenda shall be deemed to be a formal notice specifying the business proposed to be transacted shall be delivered to every member or sent by post to the usual place of

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residence or work of each member before the meeting. Want of service of such a notice on any member shall not affect the validity of a meeting.

- 6.4. In the case of a meeting called by members in default of the Chair calling the meeting the notice shall be signed by those members.
- 6.5. No business shall be transacted at the meeting other than that specified on the agenda or emergency motions allowed under the Standing Orders
- 6.6. A member desiring a matter to be included on an agenda shall make his/her request in writing to the Chair at least 15 clear days before the meeting. Requests made less than 15 days before a meeting may be included on the agenda at the discretion of the chairman.

7. Remit and responsibilities of the committee

- 7.1. The Patient and Public Engagement Committee will consider all aspects of patient and public engagement including the quality of the engagement carried out, and be responsible for developing a patient and public engagement strategy for the Group
- 7.2. The general areas of responsibility for the committee are the oversight and governance of PPE, in particular to:
 - 7.2.1. Ensure the relevance of the Statement of Principles in relation to Patient and Public Engagement
 - 7.2.2. Assure the CCG that the Patient & Public Engagement Principles set out in the Statement are been applied throughout the workings of the CCG
 - 7.2.3. Ensure that the CCG maintains a continuous dialogue with patients and public in Hounslow with the aim of understanding and influencing health behaviours.
 - 7.2.4. Ensure that Patient and Public Engagement is a continual, on-going process, embedded in commissioning and used to drive service improvement. This includes ensuring that patient experience is captured at appropriate points within a pathway to ensure continuous feedback for service improvement.
 - 7.2.5. Ensure in-depth patient experience responses are scrutinised to establish the quality of patient experience received and whether further engagement and/or the need to improve the current mechanisms of capturing patient experience is required.
 - 7.2.6. Link with the Quality, Patient Safety and Equality Committee to ensure patient feedback from GP Service Alerts Forms and Patient Feedback Forms are considered in terms of potential engagement required to resolve issues identified. Other quality intelligence data will also be considered for engagement on an as and when basis.
 - 7.2.7. Ensure that meaningful, effective and inclusive Patient and Public Engagement influences the CCG at all stages of the commissioning cycle (from planning to delivery & monitoring of services) and specifically in

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- 7.2.7.1. Strategic planning: Engaging with communities and involving the public in decisions about priorities and strategies.
- 7.2.7.2. Service (re)design: Involving users, patients and carers in service (re)design and improvement.
- 7.2.7.3. Specifying outcomes and procuring services: Involving patients and carers in specifying service outcome measures for improving service quality; and patient centred procurement and contracting.
- 7.2.7.4. Patient centred monitoring and performance management: Involving patients in the monitoring and performance management of commissioned services.

Ensure that patient and public engagement is used to drive quality in primary care

7.2.8.Overseeing the quantum and quality of stakeholder engagement with a variety of stakeholders including (but not limited to):

- Patients and carers
- HealthWatch
- The Local Authority
- Local voluntary groups

8. Relationship with the governing body

- 8.1. The Committee shall present its approved minutes to the Governing Body
- 8.2. The Committee shall write an annual report on the work and outcomes of the work of the Committee.
- 8.3. The Chair of the Committee will bring to the attention of the Governing Body any matter that the committee considers a significant risk

9. Policy and best practice

- 9.1. The committee will consider the impact of its decisions on the strategic aims of the CCG and the population of Hounslow
- 9.2. When considering individual matters the committee will:
 - 9.2.1. comply with current disclosure requirements;
 - 9.2.2. on occasion seek independent advice: and
 - 9.2.3. ensure that decisions are based on clear and transparent criteria.
 - 9.2.4. Ensure that decisions are made in the knowledge of the impact on the nine protected groups as defined in the NHS Equality Delivery System

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9.3. The committee can recommend the commission of any reports or surveys it deems necessary to help it fulfil its obligations

10. Conduct of the committee

10.1. The committee will make decisions based on evidence and in line with the values of the CCG and the Nolan Principles of Public Life.

10.2. The committee will review these terms of reference annually and report the outcome of the review to the Governing Body.

[Date Agreed by the committee 30/04/2013]

[Date Agreed by the Governing Body 14/05/2013]