West Yorkshire and Harrogate Joint Committee of CCGs

Patient and Public Involvement Assurance Group
(‘the Group’)
Terms of Reference
Version 2.0

1. Purpose

1.1. The purpose of the Patient and Public Involvement (PPI) Assurance Group (‘the Group’) is to assure the West Yorkshire and Harrogate Joint Committee of CCGs (‘the Joint Committee’) that authentic patient and public involvement underpins the Joint Committee’s decisions about the programmes in its work plan.

1.2. The Group will help to shape and develop the strategic approach for engaging local people. It will review patient and public engagement mechanisms, and provide assurance that programme areas of work are informed by stakeholder views in line with the WY&H Health and Care Partnership (HCP) communications and engagement strategy.

1.3. By doing so, the Group will provide assurance that decisions taken by the Joint Committee comply with the statutory duty of CCGs to: “make arrangements to secure public involvement in the planning of commissioning arrangements and in developing, considering and making decisions on any proposal for changes in commissioning arrangements that would have an impact on service delivery or the range of health services available”.

2. Roles and responsibilities

2.1 The Group will assure the Joint Committee that the public and patient voice is represented and heard, and that public and patient views and experiences inform decisions on the planning, development, design, redesign, implementation and evaluation of commissioned services.

2.2 The Group will do this by reviewing and providing assurance on PPI in the programmes in the Joint Committee work plan. It will:

I. Review and provide assurance about draft PPI strategies and delivery plans, covering all stages from initiation to implementation;

II. Review and provide assurance about PPI plans and materials to be used to inform / involve / consult patients and the public relating to specific proposals submitted to the Joint Committee;
III. Review and provide assurance on issues regarding PPI raised by the Joint Committee;
IV. Support opportunities for collaborative working on PPI between partner organisations;
V. Share information about best practice in PPI.
VI. Monitor intelligence gathered from patient and public engagement activities in order to inform HCP programmes with feedback and suggestions, and to identify areas of concern.

3. Membership

3.1 The membership will comprise:
   • Governing Body Lay Member for Patient and Public Involvement for each WY&H CCG

3.2 In attendance:
   • A representative of the HCP Communications and Engagement team
   • HCP Core team Governance Lead
   • HCP Healthwatch Representative

3.3 Members of the HCP core team, Programme Leads and other stakeholders may be invited to attend and participate at the discretion of the Chair.

3.4 The Group will elect a Chair and Deputy Chair from amongst its members.

4. Quoracy and voting

4.1 There will be no quorum or formal voting, but members of the Group will be expected to make their best endeavours to attend each meeting. Members may participate in the meeting by telephone or video conferencing. The Group will endeavour to provide assurance by reaching a consensus, which should also take into account the views of attendees.

5. Operation of the Group

5.1 Meetings will be held 6 times per year. To ensure the timely review of relevant PPI strategies and plans, meetings and agenda for the Group will be aligned with the forward work plan of the Joint Committee.

5.2 The HCP Core team will provide administrative support and advice, including preparing and circulating the agenda, minutes of meetings and actions. Agenda papers will normally be circulated 5 working days before the meeting.
6. Conduct of the Group

6.1 Members commit to behaving consistently in ways which promote the shared HCP values:
- We support each other and work collaboratively
- We act with honesty and integrity and trust each other to do the same
- We challenge constructively when we need to
- We assume good intentions

6.2 The Group will work in accordance with Nolan’s seven principles of public life, namely selflessness, integrity, objectivity, accountability, openness, honesty and leadership.

6.3 Group members will not make public specifically designated confidential information gained as a result of their involvement with the Group without prior written agreement.

7. Conflicts of Interest

7.1 All those attending a meeting, as a member or in attendance must abide by all policies of the organisation they represent in relation to conflicts of interest and, ensure that NHS Statutory Guidance on Management of Conflicts of interest is adhered to.

7.2 Where any Group member has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that Group member may participate in the meeting when the relevant matter is discussed.

8. Reporting

8.1 The Group shall report by providing a level of assurance about PPI in relation to relevant proposals submitted to the Joint Committee.

8.2 The minutes of each meeting will be forwarded to all Group members and attendees and to all Joint Committee members. The minutes will also be made public on the Joint Committee and HCP web pages.

8.3 The Group shall produce an annual report of its activities.

8.4 Each member is responsible for providing feedback and assurance to their respective CCG on the work and outputs from the Group.
9. Review of Terms of Reference

These terms of reference will be reviewed annually.

Date of next review: November 2019

Approval of Terms of Reference

Date approved by the Group: 6th August 2018

Date approved by the Joint Committee: 6th November 2018