

**Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group
Patient and Public Involvement Forum
Terms of Reference**

Version Control		
Version	Date	Consultation
Draft 22/11/17a	05/12/17	Considered by BNSSG Governing Bodies and approved in principle
Version 1	10/01/18	Amended to take account of Internal Audit on Aligned Governance. Sent to Deborah El-Sayed for review.
Version 2	11/01/18 and 22/1/18	Amended by Deborah El-Sayed and sent to Area Directors for review Minor amends to format to align with other terms of reference where appropriate. Sent to Julia Ross and Executive Team.
Version 3	02/02/18	Amended to take account of comments from Area Directors. Also to reflect recommendations from draft Phase 2 Internal Audit report on Aligned Governance.
Version 4	23/02/18	To Governing Bodies for comment.
Version 5	01/05/18	To BNSSG PPI Forum for review.
Version 6	15/05/18	Amendments made following consideration by BNSSG PPI Forum members.
Version 6.1	17/05/18	Amendments made following consideration by Chair and Executive lead
Version 6.2	23/07/19	Amendments made at the Public and Patient Involvement Forum

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group Patient and Public Involvement Forum Terms of Reference

1. Purpose

The purpose of the Patient and Public Involvement¹ Forum (PPIF) in Bristol, North Somerset and South Gloucestershire (BNSSG) CCG is to:

- Champion robust and meaningful patient and public involvement underpinned by principles of equality and inclusion²
- Maintain oversight and provide advice regarding the CCGs statutory responsibilities for Patient and Public Involvement.³

2. Responsibilities of the Committee

The Committee will be responsible for:

- Ownership of the Patient and Public Involvement (PPI) Strategy which sets out the plan for delivery
- Providing assurance that the strategy for patient and public involvement is being successfully implemented and to raise and escalate risks where this is not happening.
- Assuring that the connection between the Transformation Directorate, responsible for setting strategy, and the Area Teams, responsible for implementation and delivery are well established and enabling robust and meaningful patient and public involvement.
- Providing advice, guidance and recommendations on how to optimise involvement with all relevant stakeholders; thus contributing to improvements in commissioned services and patient experience.

¹ The term 'involvement' has been used throughout this document to reflect the terminology used in S14z2 of the Health & Social Care Act 2012_ <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted> and that used in statutory guidance for CCGs available through this link <https://www.england.nhs.uk/publication/patient-and-public-participation-in-commissioning-health-and-care-statutory-guidance-for-ccgs-and-nhs-england/>

² Public Sector Equalities Duties 2011
<http://www.legislation.gov.uk/uksi/2011/2260/contents/made>

³ Sections 13Q (delegated commissioning) <http://www.legislation.gov.uk/ukpga/2012/7/section/23/enacted> and 14z2 of the Health & Social Care Act 2012 referenced above

- Acting as a forum and collective voice for our whole population, promoting involvement and engagement across the diverse communities within BNSSG and those from seldom heard demographic groups (e.g. young people, those with sensory impairments) in ways which are convenient and easy for them to access.
- Reviewing policies, strategies and plans in relation to national patient and public involvement policies, to ensure they are fit for purpose and meet national policy requirements and good practice guidelines including the Information Standard and advising the Governing Body accordingly.
- Reviewing the BNSSG CCG Communications Strategy in relation to how it best supports excellent patient and public involvement
- Championing effective communication and involvement in a way that best:
 - Involves the voluntary, community and social enterprise sector and private providers of health and social care
 - Involves patients, service users, carers and the public, at the individual and community levels, in shaping local services as well as their own care.
 - Strives for, and values the principle of inclusiveness, in all of its business
 - Optimizes the role of Patient Participant Group across BNSSG
- Advising and making recommendations to the BNSSG CCG Governing Body.
- Undertaking such other functions as the Governing Body may delegate to it.

3. Membership

The full membership of the Committee will comprise:

- The Independent Lay Member who leads on Patient and Public Involvement
- Representatives from the BNSSG CCG Communications and Engagement Team
- Representatives from each of the BNSSG Local Authorities (3)
- Representatives from Healthwatch for BNSSG (3)
- The Director of Transformation
- Area Directors (3)
- Partnership and Engagement Managers from each of the 3 Areas across BNSSG (3)
- Clinical Leads representing each of the 3 Areas across BNSSG (3)
- Chairs of the Area Patient and Public Involvement Forums (3)
- Representation from 'anchor' organisations which will be selected by the PPIF to focus on key critical strategic elements:
 - Mental Health
 - Children and Young People
 - Older people
 - Accessibility

- Inclusion

Members of the Committee may send a nominated deputy to the meeting. These individuals must be able to operate with full authority over any issue arising at the meeting.

To ensure that the PPIF maintains stability in its membership over time, but also to ensure the most effective use of members' time, within this full membership, we have established a core group who will need to attend to establish a quorum (see note below). This core group must comprise:

- The Independent Lay Member who leads on Patient and Public Involvement
- At least one representative from the BNSSG CCG Communications and Engagement Team
- Chair from each of the Area Patient and Public Involvement Forums (3)
- At least one of the Area Directors
- At least one representative from 'anchor' organisations identified (above)

4. Attendance at meetings

Wider attendance at the Committee will reflect strategic and clinical priorities and additional attendees may be invited at the discretion of the Chair according to specific agenda items. This includes independent patient and public representatives and staff and clinical leaders involved in the commissioning of services or transformation of care pathways.

The membership of the Committee will be reviewed annually with a view to renewing and developing representation as and when required.

Senior managers representing the following areas are encouraged to be in attendance:

- Patient and Public Involvement
- Communications
- Equalities and Diversity

5. Chair

The Chair of the Committee will be the Independent Member who leads on Patient and Public Involvement. The Vice Chair will be elected by the Committee on an annual basis.

It is the responsibility of the Chair to reflect the range of views of the Forum to the Governing Body.

6. Administration

A named administrator will be responsible for the provision of support to the Committee and they will ensure that minutes of the meeting are accurately produced and agreed with members.

The Director of Transformation or nominated deputy will be responsible for supporting the Chair in the management of the Committee and in drafting agendas, forward planner which details the annual cycle of business for the Committee and specifying content of reports.

Except in the event of urgent meetings, a minimum of ten days' notice of a meeting of the Committee will normally be provided confirming the venue, time and date together with an agenda of items to be discussed. Supporting papers will normally be issued 5 working days before the meeting.

All members or attendees at the Committee are required to declare any potential or actual conflict of interest before items are discussed. There will be a standing agenda item at the beginning of each meeting for this purpose. Even if an interest has been recorded in the register of interests, it must still be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.

The Chair of the meeting, with support of the Corporate Secretary and, if required, the Conflicts of Interest Guardian, will proactively consider ahead of meetings what conflicts are likely to arise and how they should be managed, including taking steps to ensure that supporting papers for particular agenda items of private sessions/meetings are not sent to conflicted individuals in advance of the meeting where relevant.

7. Quorum

The Committee advises and makes recommendations to the Governing Body. It is therefore important that consideration of these recommendations is informed by a range of views. A quorum shall be when the requirements of the 'core' membership (as outlined above) have been met.

The aim will be to reach consensus without the need to resort to a vote. 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.

8. Frequency of meetings

The Committee will usually meet every two months, rotating localities and venues across the BNSSG area.

The annual schedule of meeting dates will be published at the beginning of the year on the CCG and agreed partner organisations websites.

9. Reporting arrangements

The minutes of the Committee shall be formally recorded and submitted to the CCGs Governing Body. These minutes should be supported by a summary of recommendations from the Committee. The Chair of the Committee shall draw to the attention of the Governing Body issues that require disclosure or which require Executive action.

A report on the work of the BNSSG PPI Forum will be published on the CCGs website every two months.

The Area/Locality Patient and Public Involvement Groups will report to the BNSSG PPI Forum.

10. Commitment of members & the BNSSG CCG

Members are expected to commit an appropriate amount of time to support their membership of the Committee and to attend meetings where possible. The CCG will provide appropriate rewards and recognition to support members of the group who are volunteers in line with the CCG policy for remuneration of volunteers (to be agreed).

Members will strive to ensure that they obtain patient, service user, carer and public feedback from all patient and public facing events, to actively support strategic commissioning programmes and delivery of BNSSG CCG corporate initiatives.

Members must adhere to the BNSSG CCG Conflict of Interest Policy and make declarations about potential or actual conflicts of interest in line with that policy.

11. Review of the Committee’s Performance

The Committee will undertake a review of its effectiveness on an annual basis and report this to the Governing Body. It will use this exercise to inform the review of its terms of reference. The annual report will be published on the CCG website.

12. Approval and Review

These terms of reference will be reviewed on an annual basis or sooner if required with recommendations made to the Governing Body for approval.

Review History

Version	Reviewed and Approved by:	Date Approved	Review date