

## **NHS South East London Clinical Commissioning Group**

### **Engagement Assurance Committee**

#### **Terms of Reference**

**Version dated:** 12 July 2020

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#### **1. Introduction**

- 1.1 The South East London Clinical Commissioning Group (CCG) Engagement Assurance Committee [the “committee”] is established as a committee of the CCG.
- 1.2 These terms of reference set out the role, responsibilities, membership, and reporting arrangements of the committee.
- 1.3 The committee’s responsibilities relate to CCG engagement activity only whether as stand-alone activity or part of engagement activity in partnership with other organisations.
- 1.4 All members of staff and members of the CCG are directed to co-operate with any requests made by the committee.

#### **2. Purpose**

- 2.1 The CCG values the role of patients working with us to shape services and recognises the importance of patient and carer insight and feedback to provide rich intelligence to inform our work. The committee will monitor and provide assurance to the Governing Body that the CCG is engaging patients, the public and other key stakeholders in developing its plans and commissioning services and ensuring statutory duties and best practice are met in CCG engagement activity. The committee will not be delivering engagement activity but aims to promote good engagement practice by providing influence within and across the CCG.
- 2.2 Particular focus will be on the statutory duties as set out in the National Health Service Act 2006 (as amended) – section 14Z2 on page 50 of the [Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England](#) (NHS England, April 2017), the Gunning Principles relating to formal consultation (page 25 of above guidance) and the rights and pledges in the [NHS Constitution](#).

- 2.3 The committee will monitor and provide assurance that those who are seldom heard, experience health inequalities and people with protected characteristics (including carers and those that are socially and economically deprived) are engaged in CCG engagement activities, paying due regard to the [Equality Act 2010](#) and the public sector equality duty (and page 52 of above guidance) and working closely with the CCG Equalities Committee.
- 2.4 The committee will provide reports on CCG engagement to the emerging governance structures of the Integrated Care System (ICS) and will keep this arrangement and relationship under review.
- 2.5 The committee will receive reports and provide assurance on CCG borough based engagement activity recognising that the CCG is one of many partners within the local care partnerships and the committee is providing assurance on CCG only engagement activity component at a borough level. The frequency of this will be determined by the committee.

### **3 Role and responsibilities**

- 3.1 The role of the committee includes responsibility for advising, providing constructive challenge, monitoring and providing assurance on CCG engagement and consultation activity at south east London and at borough level as appropriate, recognising that borough engagement will reflect the needs of the borough and will often be carried out through the local care partnerships in the boroughs.
- 3.2 The committee will review CCG engagement activities in its programmes, commissioning activities at service level and along care pathways, through receiving relevant reports, to ensure that engagement activity has been:
  - 3.2.1 timely and commenced at its earliest opportunity
  - 3.2.2 meaningful and appropriate for each project
  - 3.2.3 that patient insight and views received have been considered and have influenced decision making
  - 3.2.4 that feedback has been provided to those who have given their views.
- 3.3 The committee will work closely with the Equalities Committee to ensure that Equality Analyses inform engagement work and the committee will review CCG engagement activities to ensure engagement includes people from the diverse communities of south east London, including people who are seldom

heard, people with poor health outcomes and who experience health inequalities and people who have protected characteristics including people who are Black, Asian or from a minority ethnic community, people whose first language is not English, people with physical, sensory or learning disability and people who are lesbian, gay, bi-sexual, transgender or questioning (LGBTQ+).

- 3.4 The committee will review, monitor, advise, provide assurance and make recommendations on:
- 3.4.1 the development and implementation of the CCG's approach to engagement ensuring on-going patient, public and other stakeholder engagement using appropriate engagement and recommend principles and standards and a framework for engagement methods
  - 3.4.2 the development and implementation of the CCG's annual engagement workplan, which is informed by the CCG's annual strategic plan, to ensure effective, consistent, coordinated public and patient engagement using a range of methods of engagement
  - 3.4.3 patient and public engagement plans and on the quality and effectiveness of the work to involve local people, in relation to relevant duties, guidance and best practice
  - 3.4.4 the engagement activities undertaken, or make recommendations on further steps which are considered to be required including where engagement has not taken place
  - 3.4.5 all patient and community engagement assurance submissions that the CCG is required to make to NHS England and Improvement
  - 3.4.6 CCG engagement activity within the ICS which is called Our Healthier South East London (OHSEL) programme to ensure proper engagement has been undertaken on changes proposed through OHSEL
  - 3.4.7 patient and public involvement activities arising from the CCG strategic planning, as it relates to proposed changes to local health services and arrangements in south east London
- 3.5 The committee shall contribute to and reflect upon consultation and engagement methods and outcomes, ensuring the dissemination of good and innovative practice across south east London.

## 4 Membership

4.1 The voting membership shall include:

- 4.1.1 The CCG lay member for patient and public involvement (PPI)
- 4.1.2 A CCG Clinical Lead
- 4.1.3 A Healthwatch representative
- 4.1.4 Two local people from each borough

4.2 The non-voting members shall include:

- 4.2.1 The CCG Assistant Director of Engagement

4.3 The committee may co-opt non-voting members for a time limited period where particular areas of expertise are required

4.4 The committee can invite colleagues from across the CCG to attend to present engagement reports as and when required. The committee may also invite guests, including patients/residents/carers with lived experience as well as subject matter experts to meetings to gain additional insight and information on a particular issue/pathway/health condition.

## 5 Recruitment process

5.1 Committee members will be recruited through a fair and transparent process and emphasis will be on ensuring broad representation, which includes membership from seldom heard communities.

~~5.2 To ensure consistency and cross over, the membership for the appointed local people will either be for:~~

- ~~• Two years with the option for one additional term of one year~~
- ~~• One year with the option for one additional term of two years~~

5.2 Membership of the committee for all members will be until March 2022 which will be the last meeting of the committee as the CCG will not exist after 31 March 2022.

## 6 Quorum rules

6.2 To be quorate, membership shall be one member of the public from each borough, one Healthwatch member and two CCG members.

## 7 Accountability

- 7.2 The committee reports directly to the Governing Body and will make recommendations, provide advice, and obtain assurance on CCG engagement activity to the Governing Body.
- 7.3 Where the committee is unable to provide assurance to the Governing Body on CCG engagement activity, the committee will provide a series of recommendations for the Governing Body to consider.
- 7.4 The committee may establish any sub-committee, working group or task and finish group. The committee must agree by majority on the establishment of any of the groups and formally agree their terms of reference.
- 7.5 The committee may receive reports and updates from committee members subject to majority agreement by committee members.

## **8 Reporting arrangements**

- 8.2 The committee will meet every other month (and at a minimum five times a year). Additional meetings to be scheduled as required.
- 8.3 Meeting times may vary between daytime and evenings to ensure wide attendance. Meetings will be virtual and / or face to face but virtual attendance will also be available.
- 8.4 Committee papers will be made available at least one week in advance to allow members to discuss issues with colleagues ahead of the meeting. Committee members are responsible for seeking the appropriate feedback. Committee papers including minutes will be publicly available on the CCG website.
- 8.5 The committee will report regularly on its activities to the Governing Body, and the ICS Board as required. The report will summarise key points of discussion and any decisions made by the committee and any actions agreed to be implemented and the owners of those actions.
- 8.6 The minutes of the committee meetings shall be formally recorded and submitted to the CCG Governing Body for the purposes of assurance.

## **9 Conduct of the Committee**

- 9.2 The committee will operate in accordance with NHS England guidance and national policy requirements and will abide by the CCG's Standards of Business Conduct Policy (which include dealing with conflicts of interest). Compliance will be overseen by the chair of the committee.

9.3 Committee members will be required to declare any interests they may have in accordance with the CCG Conflict of Interest Policy.

9.4 The committee agrees to enact its responsibilities as set out in these Terms of Reference in accordance with the Nolan Principles for Standards in Public Life (see Appendix one).

## **10 Committee support**

10.2 The committee will be supported by members of the CCG's engagement and governance teams.

10.3 The governance team will ensure that draft minutes of the committee are shared with the Chair for approval within five working days of the meeting. Draft minutes with the chair's approval will be circulated to members together with a summary of committee activities and actions within two weeks of the meeting.

## **11 Monitoring adherence to the Terms of Reference**

11.2 The Chair of the committee will be responsible for ensuring the committee abides by the terms of reference.

## **12 General Data Protection Regulation (GDPR)**

12.1 The CCG is accountable in law for the data it handles and processes. All personal data that the CCG processes falls within the remit of the Data Protection Act 2018, and General Data Protection Regulation (GDPR). The CCG must also have due regard for commercially sensitive information it processes.

## **13 Review**

13.1 The current terms of reference were reviewed in July 2021, with changes proposed to the Governing Body for approval.

## **Appendix one: The Nolan principles of public life**

### **1. Selflessness**

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

### **2. Integrity**

Holders of public office 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.

### **3. Objectivity**

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

### **4. Accountability**

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

### **5. Openness**

Holders of public office 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.

### **6. Honesty**

Holders of public office 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.

### **7. Leadership**

Holders of public office should promote and support these principles by leadership and example.

*These principles apply to all aspects of public life. The Committee on Standards in Public Life has set them out here for the benefit of all who serve the public in any way.*

## **Appendix two: Roles of committee members**

### **CCG member roles**

The lay member for PPI and the clinical lead are members of the CCG's Governing Body and, as such, share responsibility with other members of the Governing Body for all aspects of CCG business.

Lay members also have a role in holding the Governing Body to account for their decisions. The lay member for PPI has specific responsibilities to ensure that patient and public involvement and engagement takes place and that public and patient views are heard across the work of CCG and that there is close working with the CCG Equalities Committee.

Clinical leads ensure that clinical expertise is at the heart of what CCG does. The clinical lead member of the committee would provide a clinical point of view ensuring that engagement plans and activity take account of and address any relevant clinical issues.

The Assistant Director of Engagement is responsible for ensuring that the organisation delivers engagement with the public and patients and that there is close working

### **Healthwatch role**

Healthwatch is a statutory organisation and the independent national champion for people who use health and social care services. Healthwatch organisations have the power to make sure that those in charge of health and social care services hear people's voices. Healthwatch also encourage health and social care services to involve people in decisions that affect them. There is a Healthwatch organisation in each of the six south east London boroughs and South East London Healthwatch Director and they will provide a representative on the committee. There is also a Healthwatch representative on the Equalities Committee and they will also ensure close working between the two committees.

### **Public member role**

The public members will bring knowledge of the boroughs and the diverse communities in the boroughs as well as ideas on the best ways to engage across these communities. Members will use their experience to review and assess engagement plans and delivery of engagement. .