

## **NORTH LINCOLNSHIRE CLINICAL COMMISSIONING GROUP**

### **PATIENT AND COMMUNITY ASSURANCE GROUP TERMS OF REFERENCE**

**Approved by:** Patient and Community Assurance Group

**Date approved:** 19 June 2019

**Review date:** June 2020

#### **1. INTRODUCTION**

North Lincolnshire CCG is the NHS organisation responsible for designing, developing and buying local health services in the North Lincolnshire area.

We want to commission services that are based on the needs and priorities of our community and ensure that our providers deliver high quality patient-centred care. To do this we will work with people in our communities to ensure that the voices of the people living and working here play a very real part in the shaping, planning and improving of our local NHS funded services.

Our vision for engagement is to improve the health and wellbeing of the local population, reduce inequalities and commission high quality, safe and sustainable health care by building strong relationships with stakeholders and effective methods of public and patient involvement.

#### **2. PURPOSE**

North Lincolnshire Patient and Community Assurance Group (PCAG) will provide independent assurance that patients and the public of North Lincolnshire have the opportunity to contribute to the understanding, design, delivery and on-going review of local health service. The group will provide an independent review of patient and public involvement plans and comment and feedback, as appropriate, on their suitability for the purpose of improving the health and wellbeing of the local population, local communities and individuals.

#### **3. ROLE**

- To oversee, challenge and hold the CCG to account around involving local people in their decision making
- To ensure that engagement with the wider community is undertaken using a wide range of methodologies to gather information and views and inform decisions
- To ensure that the CCG puts the patient and patient experience at the heart of quality improvement



- To offer practical support to new projects where community engagement is required
- To listen to, discuss and contribute to proposals/changes that are required; challenging decisions, where appropriate
- To ensure that any proposals and/or decisions regarding services, service change, etc. have had appropriate community involvement in line with best practice

#### **4. MEMBERSHIP**

##### **4.1. Community:**

Public members - 4 per Care Network area to a maximum of 12  
Healthwatch North Lincolnshire representative  
Cloverleaf Advocacy Representative  
Youth Council representative  
Representatives from 3 local and appropriate Third Sector organisations

##### **4.2. CCG:**

Chair, who is the CCG Patient and Public Involvement Lay Member of the Board or another nominated North Lincolnshire CCG Board member  
CCG Lay Member for Equality and Diversity  
CCG Chief Operating Officer / CCG Director of Nursing and Quality  
CCG Engagement Manager  
CCG Head of Quality

**4.3.** Officers of partner organisations or members of the public may attend the PCAG by invitation and prior agreement with the Chair.

**4.4.** The PCAG may request the attendance of any member of staff or senior/clinical lead from the CCG or outside organisations as and when appropriate.

#### **5. APPOINTMENT OF COMMUNITY MEMBERS**

**5.1.** Appointment of public members is via expression of interest and informal interview with the Chair and CCG representative

**5.2.** Healthwatch and North Lincolnshire Youth Council will nominate a named representative and one alternate

**5.3.** Appointment of third sector representation will be via expression of interest and informal discussions with the CCG



## 6. TERMS OF OFFICE

- 6.1. Appointments will be for a period of three years with an option for a second successive 3 year term of office subject to a dialogue between the CCG and the individual to confirm that both are content for the appointment to continue
- 6.2. The first public member appointments upon establishment of the group will be staggered to enable sustainable succession planning
- 6.3. Where a member is absent from more than three consecutive meetings without reasonable excuse the Chair will make contact to discuss the reasons for absence and commitment to the role; this may result in termination of appointment
- 6.4. Where a member is unable to fully carry out their role due to ill health or personal matters they may be granted an extended leave of absence in agreement with the Chair
- 6.5. Where a vacancy occurs before completion of the three year term this will be filled through the recruitment and selection process described above
- 6.6. Where the CCG deems that a PCAG member is not effectively carrying out their role and cannot be supported to remedy that fact, or that they are in breach of the PCAG Code of Conduct - then they will be removed from office with immediate effect

## 7. QUORUM

- 7.1. PCAG meetings will be quorate if any six members are present including the Chair and/or the Vice Chair

## 8. FREQUENCY OF MEETINGS

- 8.1. PCAG will meet quarterly to correspond with the CCG corporate governance and business planning calendar.
- 8.2. Extraordinary meetings may be held at the discretion of the Chair. A minimum of seven working days' notice should be given when calling an extraordinary meeting.
- 8.3. Meetings will be planned for the calendar year ahead to encourage full attendance.
- 8.4. All attempts will be made to avoid the cancellation of meetings where possible.
- 8.5. Decisions may be taken or comments requested between physical meetings through email, teleconference or other 'virtual' means. Any such decisions and or comments will be recorded and taken to the following meeting for information.

## 9. REPORTING ARRANGEMENTS

- 9.1. The objective of the PCAG is to provide clear, timely and informed feedback to local health service commissioners on both the plans for involving patients and the public, and the effective delivery and implementation of those plans.



- 9.2. The PPI Lead on the Governing Body will chair the meetings and provide a conduit between the CCG and PCAG.
- 9.3. Minutes from PCAG meetings will be received by the CCG Executive Team at their next available meeting. Where PCAG assurance on engagement plans and activity is provided, this will be shared with Governing Body members via the CCG's Quality, Performance and Finance Committee.
- 9.4. An account of the years PCAG activity will be included in the CCG's Annual Report.

## **10. ADMINISTRATIVE ARRANGEMENTS**

- 10.1. Administrative support will be provided by the Communications and Engagement Team.
- 10.2. The Chair of the PCAG, Executive Lead and the Engagement Lead will draw up the agenda for each meeting.
- 10.3. The agenda and papers will be distributed digitally five working days in advance of the meeting.

## **11. REMUNERATION**

- 11.1. Remuneration of out of pocket expenses will be paid in accordance with the CCG Reimbursement Policy and procedure.

## **12. CONFLICTS OF INTEREST**

- 12.1. All members will be required to make a declaration of interest about any items of business to be discussed where they feel their interest might in any way prejudice their contribution.

## **13. DATE OF TERMS OF REFERENCE RATIFICATION BY GOVERNING BODY**

- 13.1. June 8th, 2017

## **14. REVIEW OF TERMS OF REFERENCE**

- 14.1 These terms of reference and membership will be reviewed at least annually following their approval.

