

NHS Ealing Clinical Commissioning Group

Patient and Public Engagement (PPE) Committee

Terms of Reference

1. Introduction

1.1. The PPE Committee (the committee) is established in accordance with Ealing 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 from amongst its governing body members and may include individuals who are not on the governing board and shall comprise not less than five members, three of whom should be governing board members:

Clinical Members	Non-Clinical Members
CCG chair	Lay member with responsibility for PPE on the Governing Board
Sessional GP member on the CCG governing board	Representative from HealthWatch
	Representative from the Voluntary Sector
	Practice manager representative / member with responsibility for equalities on the Governing Board
	PPE and Communications Manager

2.2. The PPE champion on the governing board 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.

2.3. The chair of the committee may be a member.

2.4. The Accountable Officer and Chief Finance Officer may be members of the committee.

2.5. The chair may ask for any officer to attend a committee meeting, but this 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. Minutes and administration

4.1. The CCG will provide a minute-taker who will:

- minute the meetings
- provide administrative support to the chair in developing agendas
- co-ordinate and issue papers
- 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 board members.

6. Frequency and notice of meetings

6.1. The committee will usually meet monthly, a minimum of least four times per year.

6.2. The agenda will be sent to members seven days before the meeting and supporting papers, whenever possible, should accompany the agenda or be despatched no later than three clear days before the meeting. The committee may determine that certain matters, such as Shaping a Healthier Future updates, should appear as standing items on every agenda for a meeting.

6.3. The agenda will be deemed to be a formal notice specifying the business proposed to be transacted, and should be sent to every member by email before the 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 .

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 Chair.

7. Remit and responsibilities of the committee

7.1. The PPE Committee will consider all aspects of patient and public engagement, including the thematic findings of engagement activity and the quality of the engagement carried out, and be responsible for developing, reviewing and overseeing the CCG's PPE Strategy.

7.2. The general areas of responsibility for the committee are as follows:

7.2.1. Ensure that PPE principles are applied throughout the workings of the CCG and its commissioning projects.

7.2.2. Ensure that meaningful patient and public engagement is effectively used to influence the commissioning processes and the setting of commissioning intentions.

7.2.3. Ensure that engagement is a continual, on-going process.

7.2.4. Ensure that the findings of the CCG's patient and public engagement activity influence all stages of the commissioning cycle (from planning to delivery and monitoring of services) and specifically in:

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

7.2.5. Oversee the quality of engagement at all stages of the commissioning cycle (from planning to delivery & monitoring of services).

7.2.6. Overseeing the quantity and quality of engagement with a variety of stakeholders, including but not limited to:

- Individual patients
- Patient forums and service user-led groups, including Patient Participation Groups and self-help groups
- HealthWatch

- The local authority, including partnership boards and forums
- Voluntary sector forums and community networks
- Local voluntary and community organisations

8. Relationship with the Governing Board

- 8.1. The committee shall present its approved minutes and the quarterly PPE report to the governing board.
- 8.2. The committee shall produce an annual summary of its work and outcomes.
- 8.3. The chair of the committee will bring to the attention of the Quality and Safety Committee, executive and the governing board 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 in relation the strategic aims of the CCG and on the population of Ealing.
- 9.2. When considering individual matters, the committee will:
 - comply with current disclosure requirements;
 - if needed, seek independent advice;
 - ensure that decisions are based on clear and transparent criteria;
 - ensure that decisions are made in the knowledge of the impact on the nine protected groups as defined in the NHS Equality Delivery System.
- 9.3. The committee has full authority to commission 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 board.