

## NHS WEST HAMPSHIRE CLINICAL COMMISSIONING GROUP

### INVOLVEMENT STRATEGY GROUP

#### TERMS OF REFERENCE

#### 1. INTRODUCTION

1.1 'No decision about me, without me' is at the heart of the government's reforms to the NHS, to shift decision-making as close as possible to patients.

1.2 Through this, Clinical Commissioning Groups will aim to:

- involve the public in reviewing the process of patient and public engagement about the planning and development of services;
- advise on and review all major engagement programmes carried out by the CCG;
- build links with local organisations representing the interests of patients, special interest groups and the wider general public.

1.3 Engagement is also one of the six areas of the authorisation process. The guidance states that:

*"CCGs need to be able to show how they will ensure inclusion of patients, public, communities of interest and geography, health and wellbeing boards and local authorities in everything they do, especially their commissioning decisions. They should include mechanisms for gaining a broad range of views then analysing and acting on these. It should be evident how the views of individual patients from the consulting room are translated into commissioning decisions and how the voice of each practice population will be sought and acted on."*

1.4 Effective communication and engagement is about getting the right messages to the right audiences through the most appropriate channels at the most appropriate time. It is about providing appropriate channels for feedback, reaching out to all sections of the community and ensuring that people are supported and informed so that they can engage productively. Engagement should be a two way conversation and feedback from audiences should be used to inform CCG decisions around services for the future.

#### 2. CONSTITUTION

2.1 The Involvement Strategy Group will have powers as defined in these Terms of Reference. It has no formal powers set out in the Clinical Commissioning Group's Scheme of Delegation and, while membership includes clinical and non-clinical members of the Board, is **not** a formal Committee of the Board.

### **3. MEMBERSHIP**

- 3.1 The Involvement Strategy Group is chaired by the Clinical Executive Director for Patient and Public Engagement, who is a member of the CCG Board. If required, a nominated member of the Group may chair a meeting in the absence of the Chair.
- 3.2 While the Group cannot represent all interests and geographical areas within West Hampshire, the following membership should ensure involvement, reach and engagement in each locality area:
- West Hampshire CCG Board Lay Member for Patient and Public Involvement.
  - One Patient Participation Group representative from each of the six localities in West Hampshire (Andover, Winchester, Eastleigh North and Test Valley South, Totton and Waterside, West New Forest and Eastleigh Southern Parishes).
  - One representative for community hospital patient stakeholders.
  - One representative nominated by CVS (Council for Voluntary Services).
  - Maximum of two local specialist interest representatives linked to strategic plan intentions, such as Carers Together and Andover MIND.
- 3.3 This gives a total membership of 12 members, including the Chair.
- 3.4 The Group is supported by the CCG's Engagement Manager, who is responsible for organising meetings and ensuring that the Group members have all the information and documentation needed to carry out their role effectively.
- 3.5 If any member is unable to attend a meeting a deputy can be nominated to attend in their place.
- 3.6 The Group can invite any member of staff to attend, to participate in specific agenda items, as required, and to request reports and updates on agenda items as appropriate.

### **4. FREQUENCY**

- 4.1 The Group meets every two months and dates will be set for a year at a time to make sure all members have the opportunity to attend.
- 4.2 The agenda for each meeting will be circulated at least one week in advance. Every member of the Group can suggest items for the agenda. These must be provided to the Engagement Manager at least a week before the agenda is due to be circulated.
- 4.3 Minutes of the meetings will be available for members to share with their organisations and will also be available to the wider public through the CCG's internet site.

### **5. PURPOSE AND OUTCOMES**

- 5.1 The West Hampshire CCG's Involvement Strategy Group is responsible for:
- setting and monitoring standards and principles for patient and public engagement in West Hampshire;
  - overseeing all strategies for patient engagement;
  - reviewing and monitoring the engagement elements of all proposed projects and programmes;

- looking for examples of best and/or innovative engagement practice in other parts of the NHS;
- encouraging and supporting active participation in engagement with the CCG amongst their own organisations and communities.

5.2 The Group will also ensure that engagement takes place in an environment where there is sufficient clear and straight forward information for individuals and groups to be able to understand the issues and all aspects of impact of any decision.

5.3 The following issues are outside the scope of this Group's responsibilities:

- Formal complaints about the NHS
- Direct involvement in day to day or operational engagement, which will be carried out by CCG staff working to the overall standards and principles set by the Group.

## **6. REPORTING ARRANGEMENTS**

6.1 The activities of the Group will be reported formally to the CCG Board every two months by the Clinical Executive Director for Patient and Public Engagement as part of the standard Communications and Engagement report, following the agreed process for report approval.

6.2 Matters of an exceptional nature highlighted by the group may require a wider management review will be highlighted at meetings of the CCG's Senior Management Team

## **7. REVIEW**

7.1 The Terms of Reference will be reviewed by the group on an annual basis.

**Date Approved:**

**Date for Review:**