1. INTRODUCTION

1.1 Blackpool Clinical Commissioning Group and Fylde and Wyre Clinical Commissioning Group have established a patient and public engagement forum in line with the CCGs’ constitution and legal duty to involve.

1.2 These terms of reference set out the membership, remit responsibilities and reporting arrangements of the group.

2. PURPOSE

2.1 The Patient and Public Engagement and involvement forum (PPEI) is established to act as an advisory body and has no decision making powers. Its purpose is to support, advise and guide NHS Blackpool CCG and NHS Fylde and Wyre CCG and their Governing Bodies and committees on Patient and Public engagement and involvement. The group will provide challenge to ensure we are engaging appropriately and meeting our legal duty to involve as set out by NHS England. The group will ensure that the voice of the CCGs’ patients, their carers, and the public, including the seldom heard groups is embedded in the business of the CCGs, embracing the “no decision about me without me” promise. The group will actively promote the principles and values of the NHS Constitution.

1. ACCOUNTABILITY

The group is accountable to the Fylde and Wyre CCG Quality improvement, governance and engagement committee (QIGEC) and to the Blackpool CCG Quality and Engagement Committee.

2. DUTIES

3.1 Engagement

a. To encourage and enable patient and public participation from all sectors of the Fylde Coast population, including seldom heard groups in the work of the CCGs.

b. To suggest or develop creative means of engaging local people and investigate innovative public consultation methodologies.

c. To monitor the performance of engagement, patient experience and the quality of services.

d. To ensure effective two-way dialogue between patient groups and the CCGs
e. To ensure that patient feedback is integral to the commissioning of services.
f. To ensure that the CCG systematically provides updates on the impact of patient feedback on the development of plans, policies and services.
g. To challenge the CCGs where it is felt engagement processes could be improved to ensure the CCGs are meeting their legal duties with regards to public and patient participation.

3.2 Involvement

a. To provide patient and public input to the CCGs’ awareness campaigns and actively promote public awareness of health and social care issues.
b. To consider and provide input to responses to local, regional and Governmental, Department of Health and NHS consultation exercises.
c. To act as a repository for patient and public feedback or local intelligence, including results from surveys, questionnaires, citizen panels, focus groups, patient opinion postings, PALS and complaints.
d. To ensure that these are received by the CCGs and actioned in an appropriate manner.
e. To receive local intelligence and feedback from Healthwatch and provide a draft response for discussion at the QIGEC and Quality and Engagement committee.
f. To act as champions disseminating information and good practice as appropriate.
g. To act as champions of neighbourhood plan development ensuring that patient engagement evolves to support empowered communities and co-production approaches.
h. To support the development of patient shared decision making.

3.3 Influence

a. To act as a mechanism for local information and public expression to influence effectively all aspects of CCGs’ policies and practices, including any changes in vision, values and objectives and ensuring equality and inclusion are properly accommodated.
b. To support the CCGs’ assurance process by ensuring communications and engagement approaches meet the NHS England standards required for effective engagement.
c. To provide patient and public feedback on all aspects of service provision.
d. To ensure that quality improvements based on patient experience data are implemented effectively.
e. To provide patient and public views on commissioning prioritisation and the methodologies developed to achieve it.
f. To formulate and recommend areas for service change and to have input into all disinvestment proposals.
g. To consider decisions from the Quality Improvement Governance and Engagement Committee, (NAME OF Blackpool Committee) and Governing Bodies and advise on wider engagement.

3. MEMBERSHIP

The committee of the Patient and Public Engagement Group will be made up as follows:

- Governing Body lay member (leading on PPE) - Chair
- Healthwatch Lancashire and Healthwatch Blackpool
  - Patient representatives
  - Chief Officer/CCG Manager
  - Patient Engagement Officer
  - Older People’s representation
  - Practice Manager Representative
  - GP representative
  - Acute and community provider patient experience lead
  - Children and Young People representative
  - Disability representative
  - Blackpool, Fylde and Wyre Council Volunteer Service representative
  - Public Health Representative
  - Social care/Local authority (upper tier or lower tier) representative
  - LGBTQ+ representation
  - BAME representation
  - PPG Neighbourhood representation
  - Pregnancy and maternity representation
  - Other personnel with relevant skills, experience or expertise

4. QUORUM

The minimum attendance required is the Chair (or nominated deputy) plus two other members. It will be the discretion of the joint Chair to determine whether any particular agenda item should be deferred due to insufficient representation.

5. FREQUENCY OF MEETINGS

The committee will meet monthly on the second Thursday of each month.

7. CONDUCT OF BUSINESS

- An agenda and supporting papers will be distributed as least 5 days before meetings.
- The agenda will be agreed with the joint Chair prior to the meeting. The Patient engagement officer will ensure appropriate administrative support is provided to the group.
- The group will formally record minutes of the meetings and submit a summary of these to the Fylde and Wyre CCG Quality Improvement, Governance and Engagement Committee and the Blackpool CCG Quality and Engagement Committee.
- Conflicts of interest must be managed in accordance with the CCGs’ policies and procedures.
- Declaration of interests will be invited at each meeting in accordance with the CCGs’ policies and procedures.
• The group will bring to the attention of the Quality Improvement Governance and Engagement Committee, Quality and Engagement Committee and Governing bodies in a separate report, any specific items of concern which require corporate approval to act.
• To provide exception reports to the Quality Improvement Governance and Engagement Committee and Quality and Engagement Committee highlighting any key developments / achievements or potential risks/issues.
• Members are expected to attend 75% of meetings, having read all papers beforehand.
• Members will identify any agenda items to the secretary ten working days before the meeting.

8. EQUALITY AND DIVERSITY

The CCGs are committed to ensuring that they treat patients, carers, and the public and employees fairly, equitably and reasonably and that there is no discrimination against individuals or groups on the basis of ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation.

9. CONFIDENTIALITY

Members will be required to sign a confidentiality agreement where the potential for access to information of a sensitive nature exists.

10. REVIEW DATE

These terms of reference will normally be reviewed annually. Last review date November 2018.
Appendix

The ‘Ladder of Engagement and Participation’

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The ‘Ladder of Engagement and Participation’ is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein†). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Devolving</td>
<td>Placing decision-making in the hands of the community and individuals. For example, Personal Health Budgets or a community development approach.</td>
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<tr>
<td>Collaborating</td>
<td>Working in partnership with communities and patients in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.</td>
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<tr>
<td>Involving</td>
<td>Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered. For example, partnership boards, reference groups and service users participating in policy groups.</td>
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<tr>
<td>Consulting</td>
<td>Obtaining community and individual feedback on analysis, alternatives and / or decisions. For example, surveys, door knocking, citizens’ panels and focus groups.</td>
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<tr>
<td>Informing</td>
<td>Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities, solutions. For example, websites, newsletters and press releases.</td>
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