

# **NHS South Lincolnshire CCG**

## **Patient and Public Council**

### **TERMS OF REFERENCE**

#### **1. Introduction**

South Lincolnshire Clinical Commissioning Group's (SLCCG) Patient and Public Council is established as part of the governance arrangements and is accountable to the Quality and Patient Experience Committee.

#### **2. Purpose**

Through its representative members, the Council invites feedback from the patients and public of South Lincolnshire to ensure their voices are heard, enabling them to make an effective contribution to the prioritisation, design, planning and commissioning of health care services in alignment with the CCGs strategic objectives.

The Patient and Public Council also provides involvement, assurance and scrutiny in relation to the CCG's duties to communicate and engage with patients and the public under the Health and Social Care Act 2012.

#### **3. Remit and responsibilities**

- 3.1. Receive feedback on health and care services from the Patient and Public Council members on behalf of the groups they represent
- 3.2. Act as a voice of the patient for influencing and contributing to discussions and planning of the most effective health services for the local population
- 3.3. Support the CCG in its aim to ensure that all communication and engagement is fit for purpose, appropriate and accessible to all relevant groups
- 3.4. Act as a conduit for information between the CCG and wider communities, groups and networks of patients and the public
- 3.5. Establish and develop mutually advantageous relationships with a range of community groups, including Healthwatch, local Patient Participation Groups and others.
- 3.6. Champion and promote patient and public involvement and develop creative ways in which to engage with the local population
- 3.7. Provide opportunities for patient and public engagement and involvement in the prioritisation, design, planning and commissioning of health care services in line with the CCG's statutory responsibilities
- 3.8. Support consideration of a local response to national surveys and engagement programmes

#### **4. Accountability**

The Patient and Public Council does *not* have statutory delegated authority. It reports and is accountable to the Quality and Patient Experience Committee (QPEC) once a quarter.

#### **5. Membership**

Membership will be regularly reviewed to ensure that it remains a representative group. Patient and public representatives attend Patient and Public Council on behalf of the group or network they represent. Membership includes:

- Representative from each Patient Participation Group (PPG) within SLCCG
- Representative from a carers organisation
- Representative from a third sector organisation
- Representative from Healthwatch Lincolnshire
- SLCCG Lay Member for Patient and Public Involvement (Chair)
- SLCCG Deputy Director of Nursing and Quality
- SLCCG Head of Transformation or nominated deputy
- SLCCG Head of Commissioning and Contracting or nominated deputy
- SLCCG Engagement Manager
- Engagement Lead, Optum

Other co-opted representatives as required including; social care representative, Lincolnshire care homes and special interest groups

#### **6. Quorum**

No business shall be transacted unless at least the Chair (or an identified deputy), four members and one CCG officer are present.

#### **7. Reporting arrangements**

The Patient and Public Council agree to keep an active record of actions and issues being raised at the meetings. A summary of these issues will be presented to the Quality and Patient Experience Committee once a quarter and then reported to Governing Body through QPEC's agreed reporting processes.

#### **8. Frequency and servicing of meetings**

The Council will meet once a quarter, this will be reviewed annually.

The Council will be serviced by administrative support organised by the CCG.

Papers will be circulated to all members one week prior to each Patient and Public Council meeting. This will include an agenda of the meeting, draft notes from the previous meeting and relevant information as appropriate. Templates will also be circulated for patient and public representatives to provide feedback on the issues identified by the patient and public group they represent.

Notes from each meeting will formally be agreed and signed off at the following Patient Council meeting.

**9. Patient and Public Council Sub-group**

Patient and Public Council sub-groups may be established if required to provide an in-depth review of reoccurring themes. Membership of these sub groups will be identified when created, ensuring inclusivity and representation.

**10. Conduct at meetings**

By accepting the position of representative on the Patient and Public Council members are deemed to agree to the rules of conduct as stated below:

- All questions will be addressed through the Chair
- Members must at all times give other members the opportunity to finish expressing their opinion before commencing to add their own
- The opinions of every member will at all times be respected during open discussions
- Members must at all times keep to discussion of items included within the agenda, unless raised under any other business
- Members are restricted from divulging any information that is classified as confidential to any other source, unless prior approval has been obtained in writing from the Chair

**11. Review**

The Terms of Reference will be reviewed annually. Any suggested changes will be submitted to the QPEC for approval.

**Mr Preston Keeling**  
**Chair, SLCCG Patient and Public Council**

Date agreed:  
Last reviewed:  
To be reviewed: