

PATIENT AND PUBLIC VOICE ASSURANCE GROUP FOR SPECIALISED COMMISSIONING

TERMS OF REFERENCE - FINAL

Updated December 2020

Objective:	Deliver a "critical friend" function to NHS England and NHS Improvement's Specialised Commissioning Directorate in respect of patient and public participation.
	Provide levels of assurance to the NHS England and NHS Improvement Specialised Commissioning and Health and Justice Strategy Group around key areas of work.
	Offer appropriate challenge and potential solutions as and when required.
	4. Monitor the implementation and operation of NHS England and NHS Improvement's Patient and Public Participation Policy and the Participation Framework for Specialised Commissioning.
	Ensure that patients and members of the public are actively involved in service design, development and review.
	6. Act as a central point of reference for patient and public participation across NHS England and NHS Improvement's Specialised Commissioning Directorate.
	Raise and escalate issues and concerns in respect of patient and public participation.
Accountability	The Assurance Group will be directly accountable to the NHS England and NHS Improvement Specialised Commissioning and Health and Justice Strategy Group.
	The Senior Responsible Officer in respect of the work of this Group will be the NHS England and NHS Improvement Director of Specialised Commissioning.
	The Group will provide regular assurance updates to the NHS England and NHS Improvement Specialised Commissioning and Health and Justice Strategy Group and pro-actively highlight

emerging issues and concerns from a patient and public voice perspective. The appointed Chair of the Assurance Group and one additional member of the Group will be members of the NHS England and NHS Improvement Specialised Commissioning and Health and Justice Strategy Group. The second nominated representative will be the Independent Chair of the Armed Forces Patient and Public Advisory Group for Health. **Principles** The Assurance Group will operate with due regard to the following principles: 1. Transparency and openness in all aspects of its business. 2. Shared common purpose. 3. Building positive relationships with stakeholders. 4. Promoting a culture of equality and inclusivity. 5. Having due regard for the need to address health inequalities by ensuring voices of seldom heard communities are represented. 6. Parity of esteem. 7. Accountability. 8. Acknowledging personal and professional conflicts of interest and managing these appropriately and transparently in all aspects of its work, in line with NHS England and NHS Improvement policy and guidance. **Duties** 1. Provide a level of assurance around communication and engagement plans supporting key areas of work within the NHS England and NHS Improvement Specialised Commissioning Directorate, including an overview of the work of Regional Teams as well as national programmes. 2. Provide a level of assurance around NHS England and NHS Improvement's published responses to consultations and how the views of patients and members of the public have been incorporated into key plans, strategies and policies. 3. Maintain oversight of the implementation and operation of the NHS England and NHS Improvement Participation Framework for Specialised Commissioning. 4. Provide advice and guidance to the NHS England and NHS Improvement Specialised Commissioning and Health and Justice Strategy Group around issues relating to patient and public participation.

5. Escalate key issues and concerns from a patient and public perspective as and when required and in line with the agreed escalation process. 6. Provide a central mechanism for patient and public participation within the NHS England and NHS Improvement Specialised Commissioning Directorate, to ensure that a wide range of views are represented in all aspects of their work. 7. Develop positive and pro-active relationships with a range of key stakeholders. 8. Link to other strategic PPV Groups as these emerge across NHS England and NHS Improvement. 9. To work strategically with key decision makers within the NHS England and NHS Improvement Specialised Commissioning Directorate and on a wider level within NHS England and NHS Improvement. 10. Offer appropriate challenge and potential solutions to NHS England and NHS Improvement as and when required. 11. Contribute to the production of the PPVAG Annual Report. Permanency This is a permanent Group. The role and purpose of the Group will be reviewed on a regular basis to reflect organisational and policy changes within NHS England and NHS Improvement. The Terms of Reference for this Group will be formally reviewed on an annual basis but may be amended at any point through prior discussion with the Group. Role of Chair The Independent Chair of the Assurance Group should be appointed via a clear and transparent external process to an agreed role and person specification. The Chair will: Oversee the Assurance Group, chair meetings and delegate actions as necessary. • Offer independent assurance and feedback on 13Q assessments linked to policy proposals and service specifications outside the Assurance Group meeting cycle. These will be reported for information to the next meeting of the Assurance Group. Facilitate contributions from members ensuring equity amongst stakeholders. Provide support and guidance to all members of the Group and pro-actively address issues and concerns as they arise.

- Undertake an annual review of the membership.
- Provide representation on behalf of the Group as and when required, including attendance at the NHS England and NHS Improvement Specialised Commissioning and Health and Justice Strategy Group.
- Have responsibility for escalating key issues and concerns within NHS England and NHS Improvement.
- Maintain pro-active relationships with a range of key stakeholders, including patients, patient groups and interested organisations.
- Oversee the production of an Annual Report which will be presented to the NHS England and NHS Improvement Specialised Commissioning and Health and Justice Strategy Group.
- Maintain oversight of the Participation Framework for Specialised Commissioning.

The Independent Chair of the Armed Forces Patient and Public Advisory Group for Health, NHS England and NHS Improvement, will be the designated Vice Chair of the Assurance Group. The Vice Chair will assume responsibility for chairing meetings in the absence of the Chair.

Role of members:

All members will:

- Act as champions in developing a culture in NHS England and NHS Improvement where embedding Patient and Public Voice (PPV) becomes "business as usual".
- 2. Act as PPV ambassadors.
- 3. Represent a patient and public voice from their constituent areas, shaping and guiding the PPV agenda.
- 4. Members may need to clarify which of the above roles they are delivering in relation to specific agenda discussions. Both roles are highly valuable, but in the interests of transparency, members may need to specify if they are speaking from a wide PPV ambassador role or as an individual from a particular area of focus.
- 5. Act as advisors on PPV matters for the NHS England and NHS Improvement Specialised Commissioning Directorate.
- 6. Collate information from their constituent groups and provide regular feedback following Assurance Group meetings.

- 7. Attendance levels will be monitored and any issues arising from this will be addressed by the Chair in accordance with PPV policy.
- 8. Members will adhere to an agreed Code of Conduct at all times. This covers their participation in Assurance Group meetings as well as external representation on behalf of the Group.
- Routinely declare Conflicts of Interest on appointment and as part of each meeting and seek advice and guidance on how these can be managed to maintain a transparent decisionmaking process.

Members:

Membership of the Assurance Group will be drawn from appointed PPV representation across the NHS England and NHS Improvement Specialised Commissioning Directorate. This will consist of:

- The Chair (or nominated PPV representative) of the Clinical Priorities Advisory Group (CPAG).
- The Chair (or nominated PPV representative) of the Rare Diseases Advisory Group (RDAG).
- The Chair (or nominated PPV representative) of the NHS England and NHS Improvement Individual Funding Request (IFR) Panel.
- A PPV representative from each of the Programmes of Care (six representatives).
- A PPV representative from the two Clinical Programme Boards (Gender Dysphoria and Genomics)
- A PPV representative from the national Specialised Commissioning Quality Assurance Group.
- The Independent Chair of the Armed Forces Patient and Public Advisory Group for Health
- Minimum of six independent members who will be appointed via an open and transparent recruitment process.
 Independent Members will not be eligible to become a member of any other board or committee within the Specialised Commissioning, Armed Forces and Health and Justice Directorate unless it directly links to their role on the Assurance Group. The appointment of independent members will be on a staggered basis with set periods of appointment to ensure both consistency and increased opportunities for participation.

All appointments to the Assurance Group will be in line with NHS England and NHS Improvement's policy on Patient and Public Participation. The following will be in attendance at meetings but will not take part in any formal decision-making process: The Head of Engagement – NHS England and NHS Improvement, Specialised Commissioning Directorate. Other NHS England and NHS Improvement representatives, including representatives from the Specialised Commissioning and Medical Directorates, national/ regional commissioners and Programme of Care Leads will also attend as and when required. The NHS England and NHS Improvement Director of Specialised Commissioning will also be invited to attend Assurance Group meetings on a regular basis. The Assurance Group total membership should comprise a minimum of 20 voting members. PPV members from other Groups within the NHS England and NHS Improvement Specialised Commissioning Directorate will be appointed via a clear and transparent process within their specific group. These members will be expected to represent the collective views and concerns of the wider PPV membership of their Group. Programme of Care Board/ Clinical Programme Board. PPV representatives will be expected to pro-actively link with PPV representatives within Clinical Reference Groups aligned to their specific Programme of Care Board. In attendance Officers from NHS England and NHS Improvement and other health and social care system partners can participate in all sessions of the Group in attendance (in limited number). Experts may be invited to meetings or sessions of meetings on an ad-hoc basis to provide opinion, information and evidence on specific matters. The Chair will determine seven days prior to the meeting if there is Quorum sufficient attendance to represent a quorum.

	The meeting will be deemed quorate if attendees present include the Chair and at least seven other members. One of these members must be an independent member.
Voting arrangements	Members should normally aim to arrive at decisions by a consensus. In the event that a consensus is not achieved Group members will be asked to vote on the issue. Those members identified as being in attendance at the meeting will not be eligible to participate in any vote. In the event of voting being balanced the Chair will have the casting vote. All decisions made by the Group will be clearly recorded in the minutes of each meeting.
Secretariat	Secretariat to be provided by the Specialised Commissioning Directorate in NHS England and NHS Improvement.
Frequency of meetings	Monthly. Meetings may also be held remotely.
Public service principles	 Members must at all times: Observe the highest standards of impartiality, integrity and objectivity in relation to the advice they provide. Be accountable for their activities and for the standard of advice they provide to NHS England and NHS Improvement and act in accordance with NHS England and NHS Improvement policy on openness, and comply fully with the Code of Practice on Access to Government Information and any relevant legislation on disclosure of information. Follow the Seven Principles of Public Life set out by the Committee on Standards in Public Life (see Annex 1), as they apply to service on the Group. Comply with the requirements outlined in this document, and ensure that they understand their duties, rights and responsibilities, and that they are familiar with the functions and role of the Group and any relevant statements of policy.

5. Act in accordance to the principles and values set out in the NHS Constitution for England. 6. Not misuse information gained in the course of their public service for personal gain or for political purpose, nor seek to use the opportunity of public service to promote their private interests or those of connected persons, firms businesses or other organisations. 7. Not hold any paid or high-profile posts in a political party, and not engage in specific political activities on matters directly affecting the work of the Group. When engaging in other political activities, members should be conscious of their public role and exercise proper discretion. Declaration of Upon appointment all members of the Assurance Group will be formally required to complete a Declaration of Interest Form and a interest Register of Members Interests will be established and updated on an annual basis. It is the responsibility of members to declare any new interests as and when they arise and to ensure that the Register of Members Interests is kept up to date. Declarations of Interest will be a standing agenda item for each meeting and recorded within the minutes of the meeting. The Chair will be responsible for managing declarations of interest and any conflicts of interest within the meeting and determine on what basis a member declaring a relevant interest can participate in discussion and decision making. The process for managing declarations of interest will be reviewed in line with the publication of further guidance and policy from NHS England and NHS Improvement. Draft minutes will be drawn up and ordinarily approved at the next Minutes of meeting. All minutes are subject to the redaction of any confidential Meetings

or otherwise exempt material.

Annex 1

The seven principles of public life¹

Selflessness

Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for awards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interests clearly demands.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interests.

Leadership

Holders of public office should promote and support these principles by leadership and example.

¹ Principles published by the Committee on Standards in Public Life