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## Manchester Health and Care Commissioning

### Patient and Public Advisory Committee

#### Terms of Reference

#### 1.0 Introduction

The Patient and Public Advisory Committee forms a key element of the governance structure for Manchester Health and Care Commissioning (MHCC) – the partnership between NHS Manchester Clinical Commissioning Group (CCG) and Manchester City Council (MCC) which leads the commissioning of health, social care and public health services in the city of Manchester.

The Patient and Public Advisory Committee is a sub-committee of the MHCC Board, the Committee established by NHS Manchester CCG to oversee the commissioning of all services and functions in scope of MHCC.

#### 2.0 Name

The Committee will be known as the Patient and Public Advisory Committee.

#### 3.0 Overview

The Committee has those executive powers delegated to it by the Board within the CCG's Scheme of Reservation and Delegation and in these terms of reference, which will be reviewed on an annual basis.

#### 4.0 Purpose

The Patient and Public Advisory Committee has been established to:

- Provide assurance that the CCG is meeting its statutory duty to promote the involvement of patients and carers in decisions which relate to their care or treatment.
- Provide advice, guidance and assurance to the Board informing, reviewing and advising on CCG decision making from a patient, carer, public and community perspective.
- Provide advice to the Board and other decision-making bodies as appropriate.
- Support and offer assurance to MHCC board members and staff to ensure the implications for local people of commissioning activity are clearly understood, and that effective engagement with local people is delivered.

The Committee will make decisions and/or make recommendations to the Board on the areas that are defined as its responsibilities and within the delegation allowed for the Committee in the CCG's Scheme of Reservation and Delegation.

The Committee will establish such sub-groups as it deems necessary to support it to discharge its functions. The Committee will inform the Board of the establishment of such sub-groups and present to the Board the Terms of Reference of the sub-groups, ensuring compliance with the Scheme of Delegation.

This Committee currently has the following sub-groups:

- Access to General Practice

## **5.0 Responsibilities**

The Committee will:

- Deliver any activity within its terms of reference and produce an annual work programme to discharge its responsibilities;
- Inform the development of local strategies and service redesign;
- Receive, appraise and comment on reports detailing the patient and carers experiences of commissioned services;
- Contribute to the identification and appraisal of opportunities to effect change across the health and social care economy;
- Contribute to Board discussions about prioritising resources to meet the needs of local people;
- Identify and review the potential implications for people of Clinical Commissioning Group plans;
- Communicate the strategic direction and vision of the Board throughout the members' networks;
- Act as a 'sounding board' for issues and emerging ideas;
- Support the delivery of Equality Delivery System 2 process;
- Receive and advise on issues regarding public engagement raised by the Board or other decision-making bodies;
- Report to the Board;
- Support the decision-making processes of the Board and other sub-committees as required.

## **6.0 Lead Officer**

The lead officer for the Committee is the Senior Engagement Manager.

## **7.0 Membership**

The Committee will consist of the following voting members:

- Chair – Lay member for patient and public involvement

- Patient and Public Advisory committee volunteer members
- Representative (s) nominated by Manchester City Council

The following nominated deputies will attend for voting members not in attendance:

- Senior Engagement Manager attending for Patient and Public Advisory committee volunteer members
- To be identified – Manchester City Council

The following will be expected/invited to attend as non-voting members:

- Expert Panel members
- External Representatives from communities of identity and interest
- Voluntary and Community sector organisations
- Senior Engagement Manager
- Communications and Engagement Manager
- Healthwatch Manchester

Additional members may be co-opted onto the Committee at the discretion of the Committee or its Chair. Representatives may be asked to attend the meeting for ad-hoc requirements.

Patient and Public Advisory committee volunteer members can serve a maximum of three years on the committee.

## **8.0 Quoracy**

The quorum will be 7 members in attendance including the Chair or Deputy Chair and the lead officer.

## **9.0 Voting**

A decision will be carried by a simple majority of votes.

## **10.0 Frequency of Meetings**

The Committee will meet a minimum of 10 times per year. Additional meetings may be called at the discretion of the Chair if appropriate.

## **11.0 Attendance at Meetings**

Members are expected to attend 70% of meetings or, if this is not achievable, provide their apologies to the Chair in advance of the meeting.

Failure to attend for three consecutive meetings with or without providing an apology will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enroll a replacement.

Failure to attend two-thirds of meetings in a rolling year, with or without apologies, will lead to a discussion between the Chair and the absent Member and actions agreed to improve attendance or enroll a replacement.

## **12.0 Reporting**

The Patient and Public Advisory Committee's minutes will be formally recorded and they, or a summary note of business undertaken at the Committee, will be submitted to the MHCC Board or MCCG Governing Body as appropriate.

Any sub-groups of the Patient and Public Advisory Committee will report on its activities and decisions to its parent Committee at the next parent Committee meeting.

## **13.0 Conflicts of Interest**

Members are required to adhere to the Conflicts of Interest Policy. The Committee will ensure that CCG and NHS England requirements and statutory guidance on management of conflicts of interest is adhered to. In particular, the Committee will

- Maintain appropriate registers of interests and a register of decisions;
- Publish, or make arrangements for the public to access, those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;
- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England in relation to conflicts of interest.

## **14.0 Code of Conduct**

The Committee will conduct its business in accordance with the Code of Conduct and good governance practice in the Constitution.

## **15.0 Risk Management**

The Committee will adhere to the Risk Management Framework, review those risks on the risk register which have been assigned to it and ensure that appropriate mitigating actions are in place to manage risks. The Chair and Lead Officer are responsible for risk management on behalf of the Committee.

The Committee is required to give assurance to the Board that robust governance and management processes are in place to manage risk.

## **16.0 Recording of Meetings**

MHCC and the CCG are committed to being open and transparent in the way they conduct decision making. Recording of discussions is permitted and expected at many meetings, some of which are either open to the public, or with members of the public.

Generally minutes of meetings are taken and then typed up for ratification as a 'true and accurate record' of discussions. Where audio recordings are made, to aid the minutes or notes of the meetings, then whether or not the typed up version is 'word for word', or a 'précis', will depend on the audience and its agreed expectations.

For further details and examples of when exemptions may apply, refer to 'Procedure for Audio Recording Meetings'.

## **17.0 Amendments to the Terms of Reference**

The Lead Officer will consult the Head of Corporate Governance on any proposals to amend their ToR, to ensure compliance with the Scheme of Delegation and avoid duplication of purpose, responsibility or accountability. Amendments to the ToR will be presented to the Committee, considered and approved by the Committee.

The agreed amendments will then be reported to the Board and the ToR, as amended, published appropriately.

## **18.0 Date of Review**

The Terms of Reference will be reviewed on an annual basis to ensure that the Committee is achieving its functions effectively.

**Version:**

**Date approved by the Committee:**

**Date approved by the Board:**