

Southwark Business Support Unit
Engagement and Patient Experience
Sub-Group

TERMS OF REFERENCE

1. Background

- 1.1. Between April 2011 and April 2013, Southwark Business Support Unit (BSU) will ensure the local delivery of corporate objectives for commissioning as part of the NHS South East London Cluster. Within this role the BSU will manage local commissioning and support the transition to Clinical Commissioning, working to support Southwark's first wave GP Consortium pathfinder.
- 1.2. Over the transition period the PCT Board (NHS Southwark) remains the statutory body with responsibility for local health commissioning and will operate as part of the Joint Cluster PCT Boards for South East London. The PCT Board will delegate, in the first instance, responsibility for local commissioning budgets to borough based Local Clinical Commissioning Committees (LCCCs) as formal committees of that board. These responsibilities will then be delegated, over time, to the Clinical Commissioning Group. In Southwark the Board committee will be known as the Southwark Clinical Commissioning Committee (SCCC).
- 1.3. The SCCC has decided to establish a number of local sub-groups to oversee and carry out the day-to-day business related to the main areas of its delegated commissioning responsibility. The sub-groups are:
 - The QIPP Delivery group
 - The Engagement and Patient Experience group
 - The Integrated Governance group
- 1.4. Equity and Excellence: Liberating the NHS (Department of Health, July 2010) sets out a fundamental shift to more accountability towards local communities with a focus on informed local decision making.
- 1.5. The Operating Framework for the NHS in England 2011/12 signals the intention to 'create a revolution in patient power' and sets out some mechanisms to support this:
 - A new Outcomes Framework with a need to establish baselines for all indicators
 - Better collection of and timely action on patient experience and feedback
 - A new national information strategy to support better decision making
- 1.6. Clinical Commissioning Groups will inherit some of the existing PCT statutory functions in 2013, including the existing section 242 of the NHS Act 2006.

1.7. The duty requires specified NHS organisations to make arrangements in respect of the health services for which they are responsible, to involve users, or their representatives, (whether by being consulted or provided with information, or in other ways) in:

- a) the planning of the provision of those services;
- b) the development and consideration of proposals for changes in the way those services are provided, and
- c) decisions to be made by the organisation that affect the operation of services.

1.8. Duties under (b) and (c) above apply if the implementation of the proposal or decision would have an impact on:

- the manner in which the services are delivered to users of those services, or
- the range of health services available to those users

1.9. The Engagement and Patient Experience Group is established to assist the Southwark Clinical Commissioning Committee and Southwark Business Support Unit carry out the day to day management of these roles and monitor their effectiveness. The Southwark BSU has retained a local resource for this area of work and will operate alongside NHS South East London Cluster arrangements for these areas. It has been agreed in the revised governance structures that there is a need to maintain and continue a local Committee to monitor the impact of patient engagement and improvement of patient experience as well as to advise on further engagement in the implementation on Transforming Southwark's NHS programme.

2. Authority

2.1. The SCCC is the only local committee with delegated responsibility for decision making according to its Terms of Reference. SCCC Sub-groups will be advisory. The Engagement and Patient Experience Group will:

- Be a sub-group of the SCCC and be directly accountable to it.
- Act as an advisory committee and be able to put recommendations to the SCCC in relation to engagement and patient experience.
- Monitor engagement and patient experience activity

3. Purpose

3.1. The role of EPEG will be to:

3.1.2. monitor and act on patient experience information ensuring that a range of patient experience data is captured in a timely manner, collated and acted on to inform commissioning decisions at all stages of the commissioning cycle including service redesign projects; and to

3.1.3. monitor and advise on patient engagement ensuring statutory duties are met and building on local good practice, with a particular focus on the Transforming Southwark's NHS programme of work.

4. Roles

4.1. The group will act in an advisory capacity to the Southwark Clinical Commissioning Committee, make recommendations to it to enable it to take decisions to ensure that a consistent approach to engagement and use of patient experience data is maintained.

- Develop, drive forward and monitor the implementation of the Engagement and Communications Strategy.
- Examine how patient experience data is collated and used to inform commissioning strategies and decisions at a borough wide and locality level.
- Monitor trends in patient experience and make recommendations to the SCCC for areas for which they are responsible.
- Develop a strategic process of engagement, advising and making recommendations to the SCCC, ensuring engagement enables better decision making in commissioning and service redesign projects including the Transforming Southwark's NHS programme.
- Advise on the scope and inclusivity of engagement including those who are seldom heard and those with long term conditions
- Contribute to and reflect upon consultation and involvement outcomes.

5. Linkages

5.1. EPEG will have key relationships with the Locality Patient Participation Groups (PPGs) via the mandated representatives who sit on EPEG.

5.2. EPEG agendas will include an item for locality PPG representatives to report up issues into EPEG.

6 Reporting

6.1 The Committee will produce quarterly PALS and Complaints reports and annual patient experience reports which include complaints information and an annual report on consultation.

6.2. Recommendations and issues arising from the work of the committee will be reported to the SCCC. The minutes of EPEG meetings shall be formally recorded and submitted to the SCCC. Interim issues arising will be raised to the Clinical Commissioning Committee through exception reporting.

6.3. EPEG will act in an advisory capacity to the Clinical Commissioning Committee and make recommendations to it to ensure that there is an integrated approach to improving patient experience and ensuring on-going engagement informs decision making.

6.4. Locality PPGs representatives will have a responsibility to report back on issues discussed at EPEG to Locality PPGs, as all representatives have a duty to feed issues up and down to their constituent groups.

7. Frequency of Meetings

- 7.1. EPEG will meet at least quarterly to synchronise with the SCCC and the quarterly locality patient participation groups.

8. Membership and Quorum

- 8.1 The membership of the Group is as follows:

- Two GP Clinical Leads from the SCCC (Includes one Chair)
- Southwark Non Executive Director
- Southwark BSU Managing Director
- Two representatives from each of the four locality Patient Participation Groups
- One Southwark Local Involvement Network (LINK) Southwark representative
- One Community Action Southwark (CAS) representative
- One Forums for Equalities and Human Rights in Southwark (FEHRS) representative
- Southwark BSU Head of Communications and Engagement

- 8.2. The membership will be reviewed on an annual basis enabling the Locality PPGs to elect new representatives

- 8.3 To be quorate, membership shall be one BSU Director, one lead GP Commissioner, four patient group members and one other organisation (either LINK Southwark, CAS or FEHRS).

9 Review Date

- 9.1. The Terms of Reference were reviewed by the EPEG at its first meeting. The second review will take place on or before July 2012.