

NHS Lancashire and South Cumbria Integrated Care Board

Public Involvement and Engagement Advisory Committee Terms of Reference

1. CONSTITUTION

- 1.1. The Public Involvement and Engagement Advisory Committee (the Committee) is established by the Integrated Care Board (the Board or ICB) as an advisory committee of the Board in accordance with its Constitution.
- 1.2. These Terms of Reference (ToR), which must be published on the ICB website, set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.
- 1.3. The Committee is a non-executive chaired committee of the Board, and its members are bound by the Standing Orders and other policies of the ICB.

2. PURPOSE OF THE COMMITTEE

- 2.1. The Public Involvement and Engagement Advisory Committee has been established to support the ICB in ensuring the voice of local people and residents is actively embedded and valued in decision making of the ICB and at all levels of the system, particularly in relation to inequalities and those who are seldom heard.
- 2.2. The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

3. DELEGATED AUTHORITY

- 3.1. The Public Involvement and Engagement Advisory Committee is a formal advisory committee of the ICB and holds no decision-making powers.

4. MEMBERSHIP AND ATTENDANCE

- 4.1. The Committee members shall be appointed by the Board in accordance with the ICB Constitution.
- 4.2. The Board will appoint at least seven members, including one Non-Executive Member and the Chief Nursing Officer of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

4.3. When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

4.4. The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

4.5. Chair and vice chair

4.5.1. The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

4.5.2. If a Chair has a conflict of interest, then the vice-chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

4.6. Members

- Non-Executive Member (Chair)
- ICB Chief Nursing Officer or representative from the ICB Quality Committee
- Representatives from place-based partnership boards
- Communications and engagement function representatives
- Representative from local authority
- Non-Executive Member with a role for patient experience or public engagement from an NHS provider
- Representative from primary care
- It is recommended that in the development period a core group, as described above, will be established, and will developed by the committee as the ICB develops.

Attendees to include:

- Healthwatch representative
- VCFSE representative
- Ambassador (via the ICB/Healthwatch Ambassador programme)
- Associate Director of Customer Care and Engagement
- Associate Medical Director – Population Health

5. MEETING QUORACY AND DECISIONS

5.1. The Public Involvement and Engagement Advisory Committee shall meet on a bi-monthly basis. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair.

5.2. Quoracy

5.2.1. There will be a minimum of one ICB Board members, plus at least two representatives from Place-based partnerships and a representative from the communications and engagement function.

5.2.2. Where members are unable to attend, they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

5.2.3. Part 2 meetings may take place where due to a confidential nature the item requires restricted membership. Where such a meeting is called, only members may attend the meeting and no named deputies will be permitted.

5.3. Decision making and voting

5.3.1. No formal decisions will be taken by the committee and the committee will ordinarily reach conclusions for any recommendations to the ICB by consensus.

6. RESPONSIBILITIES OF THE COMMITTEE

6.1. The Committee members will use their knowledge, experience and stakeholder contacts to ensure the views of patients, carers and members of the public are captured and used to inform ICB processes. The committee will define best practice in terms of public engagement, involvement and communications and support other committees and parts of system in how the local voice is embedded and valued in all aspects of the ICB at different levels of the system including within place-based partnerships. The Committee will propose frameworks and approaches for involvement and engagement which build on good practice.

6.2. The Committee will recommend the mechanisms and approaches to making sure people in Lancashire and South Cumbria are informed about health services, health and care and how they can improve their health and wellbeing.

6.3. The Committee will support the ICB in ensuring the principles for working with people and communities are intrinsically in place across all parts of the organisation and wider integrated care system and therefore exceeding the requirements of national legislation for involvement and engagement.

6.4. The Committee will take a role in ensuring the weight of public voice has significant value within the ICB Board, ICB leadership teams and staff. This includes ensuring the ICB is listening and in dialogue with local people and taking appropriate action to improve satisfaction and influence quality improvement of services.

6.5. The Committee will support the ICB in delivering against its ambitions in relation to working with people and communities and how it deploys its function for involvement,

engagement and communications to deliver best value and greatest level of impact for the population of Lancashire and South Cumbria.

7. ACCOUNTABILITY AND REPORTING ARRANGEMENTS

7.1. The Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded, and a summary report prepared for the next ICB Board. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

8. BEHAVIOURS AND CONDUCT

8.1. ICB Values

8.1.1. Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

8.2. Equality and diversity

8.2.1. Members must demonstrably consider the quality and diversity implications of decisions they make.

9. DECLARATIONS OF INTEREST

9.1. All members, ex-officio members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

10. SECRETARIAT AND ADMINISTRATION

10.1. The Committee shall be supported with a secretariat function which will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead.
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements.
- Records of members' appointments and renewal dates are held, and the Board is prompted to renew membership and identify new members where necessary.
- Good quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- A Summary Report of the minutes, including key discussions, decisions and any areas of concern or assurance is prepared for the Chair to present at the Board.

- The Chair is supported to prepare and deliver reports to the Board.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.

11. REVIEW

11.1. The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

11.2. These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

11.3. The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

Date of approval: May 2023

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