

TERMS OF REFERENCE

PENNINE LANCASHIRE TRANSFORMATION PROGRAMME

Group:	Together a Healthier Future Reference Group
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Responsible Person:	Communications and Engagement SRO (Chair)
Version Number:	0.2
Date Approved:	
Approval Group:	

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1.0	Authority, Accountability and Governance
1.1	The Together a Healthier Future Reference Group is a task and finish group which reports through the Communication and Engagement SRO to the Communications and Engagement Group and the Programme Executive Team.
2.0	Role and Functions
2.1	The main focus is to ensure that people are involved in the planning, preparation, review and reporting of any communication engagement and consultations.
2.2	Members will contribute their views about plans, documents, developments and proposals.
2.3	Members will support engagement by advising and helping to promote together a healthier future, and help encourage feedback from others.
2.4	Members will act as a conduit for public feedback about the programme, or related issues such as services being considered by the programme, and consider any issues that arise from public feedback.
2.5	Members will be advocates for the population of Pennine Lancashire and help guide the programmes' development based on their experiences and insight.
3.0	Chair and Membership
3.1	The group is made up of people with an interest in the transformation programme, and more generally in health and social care services in the area.
3.2	Representation will be sought from Patient Participation Groups in each locality, the two Healthwatch Blackburn with Darwen and Healthwatch Lancashire, and other relevant interest groups <ul style="list-style-type: none"> (i) Local Patient Participation Group representatives from: <ul style="list-style-type: none"> i. Blackburn ii. Burnley iii. Darwen iv. Hyndburn v. Pendle vi. Ribble Valley vii. Rossendale (ii) Healthwatch Blackburn with Darwen and Lancashire Representatives (iii) Other interest groups, specifically: <ul style="list-style-type: none"> i. Young people representatives ii. BME representatives iii. Carer representatives

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	(iv) Other representatives as and when required. Members can seek to co-opt others to the reference group. The group will be supported by the communication and engagement team.
3.4	Resignation from the group should be forwarded to the chair.
3.5	Each member of the group is responsible for ensuring that relevant information from the Group is fed back to their peers via an appropriate forum/group and that information relevant to the Project from each of those forums/groups is fed back to the Group
3.6	Additional membership will be agreed by the group, will be in line with developments and reflect partnership working.
4.0	Quoracy
4.1	TBA
5.0	Declaration of Interest
5.1	Members will be asked to declare any interests they have in matters to be discussed by the group and/or to take any necessary steps to resolve any conflicts which may arise, which may include leaving the meeting whilst the item in which they have an interest is discussed.
5.2	Where personal interests conflict with the best interests of the wider community, members are asked to consider their position very carefully and whether or not they can continue to act if their interest conflicts with the best interests of the Together A Healthier Future Reference Group.
5.3	Members will need to declare their interest as members to the other organisations or groups with which they are involved.
6.0	Access and Attendance
6.1	Meetings will normally be closed.
6.2	The group will meet monthly. The venue will be rotated around Pennine Lancashire with the schedule of meetings agreed at the first meeting. The meeting will be for a maximum of 2 hours duration and take place at a time which all members agree to.
6.3	Members will be kept informed of any news, information or developments in between meetings through the form of an email or written bulletin with the option to encourage group communication about particular matters.
7.0	Agenda and Minutes of Meetings
7.1	Agenda items will be accepted two weeks prior to meetings (urgent AOB items tabled on the day) and must be sent to the support officer to be agreed with by the Chair.
7.2	Agenda to be circulated one week prior to meetings by the support officer to the members.
7.3	Action notes will be produced after each meeting and circulated within two weeks by the support officer to the members.

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7.4	Representatives will be able to obtain expenses for attendance, and an expenses claim form will be available after each meeting.
8.0	Frequency of Meetings
8.1	Meetings will be held monthly or as otherwise required by the Programme.
8.2	The Chair may, at any time, convene extraordinary meetings to consider business that requires urgent attention or when required to manage significant risks.
8.3	An informal meeting will take place monthly to allow members to consider in workshop style any planning or delivery issue. As such, this informal meeting will have the option to be stood down as and when required.
9.0	Governance and Reporting Arrangements
9.1	The Communications and Engagement Group will report to the Pennine Lancashire Programme Executive Team.
10.0	Review
10.1	The Communication and Engagement SRO will provide an update report to the Communication and Engagement Group and the Programme Executive Team.
11.0	Code of Conduct
11.1	<p>Members shall abide by the Code of Conduct.</p> <p>Compassion in Practice is widely used by both the Department of Health, the CCGs, and providers. The 6 C's, as they are known, are structured around six areas of action where collectively and collaboratively we have the opportunity to make a real difference for people: these are used to form the basis of a Code of Conduct:</p> <p>Care</p> <ul style="list-style-type: none"> • Show respect and consideration in all interactions with each other, commissioners, providers and other stakeholders. • Be aware that correct/appropriate behaviour is our responsibility. <p>Compassion</p> <ul style="list-style-type: none"> • Seek to understand the experiences and views of others and help them to use these to inform /improve commissioning and service provision where possible. • Avoid situations where our personal interests conflict with those of the group and avoid using our position for personal benefit. <p>Communication</p> <ul style="list-style-type: none"> • Always seek to maintain constructive dialogue. • Ensure that the high expectations of people regarding the quality of services are communicated to commissioners and providers • Report concerns relating to safety, health and environment. • Only share confidential information on a need to know basis where they are entitled to get this information.

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Competence

- Display attitudes and behaviours which meet with the expectations and standards of our colleagues.
- Never misrepresent facts in any report, publication, record or other document
- Never collect more personal data than needed: process personal data in line with the scope the data was provided for and never store personal data longer than necessary.

Commitment

- Demonstrate that we are committed to improving care and service provision/delivery through our attitude and behaviours and by engaging and doing the right thing.
- Treat diversity as an asset and opportunity. Ensure we do not discriminate against anyone and speak up if we become aware of any discrimination or inequality

Courage

- Speak up when we believe in good faith that someone has done, is doing, or maybe about to do something that violates the notion of good care or the positive intentions of the group.
- Believe in the value of each of our contributions.

Conflicts of Interest

- Members will be asked to declare any interests they have in matters to be discussed by the diabetes group and/or to take any necessary steps to resolve any conflicts which may arise, which may include leaving the meeting whilst the item in which they have an interest is discussed.
- Where personal interests conflict with the best interests of the wider community, members are asked to consider their position very carefully and whether or not they can continue to act if their interest conflicts with the best interests of the diabetes reference group.
- Members will need to declare their interest as members to the other organisations or groups with which they are involved.

Leadership

- To promote and support the principles of leadership by example.
- To respect the role of the Chair.

Breach of this Code

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	<p>Where a member breaches any part of this Code then he/she agrees to consider whether or not he/she can continue to sit on the Group. If a member commits a serious breach or persistently breaches the Code, the Chair may consider whether or not the member may continue, provided that the member concerned has the opportunity to put their case to the reference group.</p>
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Reporting Group:			
Appendix A: Summary of Membership			
Name	Job Title	Organisation	Representative Role

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