

Hillingdon LINK Draft Model Constitution Framework v 3.1

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Document Purpose:	To provide contribution to the development of emerging CCG Constitution with regards to patient & public involvement. This draft document provides the basis for further discussions.
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Guidance

Section 14Z2(3)(a) of the 2006 Act (inserted by section 26 of the 2012 Act) requires clinical commissioning groups to include a description in their constitution of the arrangements they make under section 14Z2(2) of the 2006 Act (shown below) whilst section 14Z2(3)(b) of the 2006 Act (as inserted by section 26 of the 2012 Act) requires the group to include a “statement of principles” which it will follow in implementing these arrangements.

Section 14Z2(2) of the 2006 Act (inserted by section 26 of the 2012 Act), states

“The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information in other ways) -

- *in the planning of the commissioning arrangements by the group*
- *in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which services are delivered to the individuals or the range of service available to them, and*
- *in the decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact”*

Clinical commissioning groups should insert a **Statement of Principles** the group should follow in implementing these arrangements and what it will do to deliver its *statement*, for example

- working in partnership with patients and the local community to secure the best care for them
- adapting engagement activities to meet the specific needs of the different patient groups and communities

- publishing information about health services on the group's website and through other media
- encouraging and acting on feedback
- to identify how the group will monitor and report its compliance against this statement of principles (i.e. the committee / mechanism to oversee this)

Where it is intended that services will change, clinical commissioning groups are required to engage with the local authority(ies) health overview and scrutiny committees and, where they have to formally consult on changes, they will need to take account of the Cabinet Office's *Code of Practice on Consultation* ([click here](#)).

When completing your constitution remove this guidance box

5.2. General Duties - in discharging its functions the group will:

5.2.1. Make arrangements to **secure public involvement** in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements¹ by:

(the term "user" in this section will be considered to mean patients, potential future patients, carers/family members & organisations which represent and support patients).

- (a) Applying the following **Statement of Principles** for Patient & Public Involvement (PPI) in the operation of the CCG:
- (i) The CCG, its employees (including any sub-contractors/consultants) and its constituent member GP practices will be clear about what involvement means, have a strong commitment to involve users at all levels of the CCG and have a shared understanding of its purpose and be clear about the difference between working for and working with users.
 - (ii) The CCG will be clear about the objectives of any PPI work, its rational, relevance and connection to organisational and health priorities.
 - (iii) The CCG will be honest & transparent about what can change and what is not negotiable – and will communicate the reasons why.
 - (iv) The CCG is committed to the meaningful engagement of users (including Healthwatch) and will ensure that these views influence the commissioning of services by the CCG. The CCG will also ensure that the views of under-represented or hard to reach groups are fully incorporated into this process.
 - (v) The CCG fully recognise the vital contribution carers make to the local health economy. Therefore, the CCG is fully committed to ensuring that carers and their support/representative organisations are meaningfully involved in the commissioning process and are able to effectively influence the CCG's decision making process.

¹ See section 14Z2 of the 2006 Act, inserted by section 26 of the 2012 Act

- (vi) The CCG will ensure that patient experience and feedback from users (including Healthwatch) is measured and analysed effectively, and is used to influence the decision making process. The CCG is committed to providing and publishing evidence of how PPI is influencing its commissioning and decision making processes.
 - (vii) The CCG is committed to the principle that PPI begins early in the planning stages, so that the views of users are able to effectively influence decisions of the CCG prior to finalisation of commissioning plans.
 - (viii) The CCG will ensure that PPI is a continual, on-going involvement process and is committed to ensuring that PPI influences the CCG at all stages of the commissioning cycle (from planning to delivery & monitoring of services):
 1. Strategic planning: Engaging with communities to identify health needs and aspirations; and involving the public in decisions about priorities and strategies.
 2. Service (re)design: Involving users & patient organisations in service (re)design and improvement.
 3. Specifying outcomes and procuring services: Involving users and their representatives (including Healthwatch) in specifying service outcome measures for improving service quality; and patient centred procurement and contracting.
 4. Patient centred monitoring and performance management: Involving users and their representatives (including Healthwatch) in the monitoring and performance management of commissioned services and in managing service demand.
 - (ix) The CCG is committed to the principle that meaningful PPI will ensure that it is able to commission services that best meet the health needs of the community and is an essential tool in driving improvements in the quality of the services that the CCG will commission on behalf of its local community.
 - (x) The CCG recognises that this can only be achieved if we work in partnership with providers, strategic partners, patients, carers, patient representatives (including Healthwatch) and the wider community we serve. The NHS Constitution for patients states patients: *'have the right to be involved, directly or through a representative, in the planning of healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'*.
- (b)** The CCG will ensure that it has a systematic approach to co-ordinating the gathering, organising and analysing of user intelligence/experience. The CCG will ensure that effective structures and mechanisms are in place, and

adequately resourced, such that this information can be used in the commissioning processes in a timely & appropriate manner.

- (c) The CCG will establish a Patient & Public Involvement (PPI) sub-committee that will provide the CCG with assurance that the PPI Principles set out in section 5.2.1(a) are been applied throughout the workings of the CCG and to ensure that meaningful PPI is been effectively used to influence the commissioning processes. The PPI sub-committee will ensure that the PPI structures, networks and mechanism that are developed by the CCG continue to be fit-for-purpose. The PPI sub-committee membership will include patient representation, carers, LINK/Local Healthwatch (or any future, equivalent organisation), members of the voluntary sector, member(s) of the CCG Board and any other members that are appointed by the CCG as required. The PPI sub-committee will report directly to the CCG Board/committee.
- (d) The CCG will set out a **PPI Policy**, following consultation with key stakeholders (including users, carers, Healthwatch, & voluntary sector organisations). The PPI Policy document will clearly set out and define how the CCG will fulfil its statutory PPI duties. The CCG's PPI Policy document will be made publically available (including copies at GP practices and the CCG's website) and will be subject to review on an annual basis. Any significant or material changes to the PPI Policy will only be agreed following meaningful consultation with key stakeholders including Local Healthwatch, patient representatives, carers and the voluntary sector.
- (e) The CCG will ensure that it undertakes meaningful involvement with the practice-based Patient Participation Groups (PPG) and will ensure that these are adequately supported & resourced so that the CCG is interconnected with the views of its constituent practice populations. The CCG will ensure that these views are able to effectively inform on and influence the commissioning process. The CCG will also ensure that the views of the practice-based PPGs and other key stakeholders (including Healthwatch) are effectively used to improve the quality of GP services provided by the CCG's constituent practices.
- (f) The CCG, together with its PPI sub-committee, will publish a separate Annual **PPI Report** that sets out its PPI Policy; the CCG's future plans for meaningful PPI; as well as reporting on how the involvement and views of patients & the public has influenced the commissioning process, the decisions reached by the CCG, and the quality outcomes (patient/user experiences) of the services commissioned by the CCG. The Annual PPI Report will also set out how the views of practice-based PPGs have influenced the delivery of improved GP services. Where these views and/or decisions diverge, or where the quality of services delivered has been material affected; the Annual PPI Report will set out the rationale for any of the differences. The CCG will ensure that its Annual PPI Report is published in a manner which makes it readily, timely & easily accessible to the public, including placing a copy on the CCG website.

Hillingdon LINK GUIDANCE: The Health & Social care Bill 2012: 14Z15: “a clinical commissioning group must prepare a report (an “annual report”) on how it has discharged its functions” – and in this report they must in particular report how they have discharged their duty under 14Z2 (patient & public involvement). So, it should not be much more work for the CCG to publish a separate Annual PPI report?]

- (g) The CCG is committed to adopting and further developing the following locally-generated London Borough of Hillingdon policies:
- (i) The Carer’s Strategy
 - (ii) Older People’s Strategy
 - (iii) Disability Strategy
 - (iv) Any others ?????

The development & implementation of the above policies will be undertaken in partnership with the key stakeholders including users, carers, organisations representing patients and the London Borough of Hillingdon. These policies will be subject to annual review by the CCG to ensure that policies are been implemented and where necessary policies are updated following meaningful involvement of key stakeholders. The results of the CCG’s annual review of these policies; their implementation & progress updates will be published in Annual Reports that are made readily & freely available to the public (for example by publication on the CCG’s website).

- (h) The CCG will operate in a manner that ensures that its decisions and commissioning processes are made in an open and transparent way so that all stakeholders; including users, carers, organisations representing patients (including Healthwatch) and the public, can observe or be party to the process and understand the rationale for any decision. This will include ensuring that meetings of its key decision making bodies/boards are held in public (except where this is not in the best interests of the public) and meeting documents are made freely and readily available to the public (for example, by publishing meeting documents on the CCG’s website in a timely manner). The CCG will also ensure that users & members of the public are able to freely petition the CCG on issues of concern; that successful petitions will be fully considered by the CCG Board/Committee and the issues raised will form part of the CCG’s decision making process. This commitment to transparency in the way the CCG operates will include refraining from commissioning services that seek to restrict, in any form, the principles of transparency and accountability that the CCG upholds.
- (i) The CCG will ensure effective integration with the Health and Wellbeing Board.
- (j) The CCG will ensure that all current & future service providers commit to the CCG’s PPI Guiding Principles set out above. The CCG will also ensure

that all current & future service providers provide timely, user-centred feedback to inform on the quality of service provided and that service providers quantitatively demonstrate how they have used that information to improve the quality of the service(s) they delivery.

- (k) The CCG will ensure that there is an effective **Complaints Policy** and a robust reporting process. The CCG will ensure that the reporting process will capture & record compliments/complaints collected from all commissioned service providers (including commissioning support service organisations), from Healthwatch (or any future, equivalent organisation) and directly from patients & the public. The CCG will produce an Annual Complaints Report that will set out the number, range & type of complaints the CCG has gathered from each commissioned service provider (and other bodies e.g. Healthwatch); how many of those complaints were resolved to the satisfaction of the complainant; how many were un-resolved or are pending resolution; and what actions the CCG has taken to address the issues raised and/or how the CCG has undertaken lesson learning from this process. The Annual CCG Complaints Report will be published in a timely manner and made freely available to the public in an easy and accessible manner such as publication on the CCG's website and distribution to all the CCG's constituent practices.
- (l) The CCG will ensure that all users, carers and the public are fully informed of their right to choice in the health & care sectors, including shared decision making. The CCG will ensure that patients and the public have access to appropriate information on conditions, treatment, available services, safety, access, effectiveness and experience, and that information is available in a range of appropriate formats.