

# Surrey Downs, Sutton and Merton Clinical Commissioning Groups Stakeholder Reference Group (SRG) Terms of Reference (13 June 2018)

## Preamble

The Stakeholder Reference Group has been set up to help ensure appropriate stakeholder involvement in the development of local health services.

Work being undertaken by the Improving Healthcare Together 2020- 2030 programme may result in formal public consultation at some point in the future.

The membership of the SRG will comprise a number of representatives from different communities of interest in the local area including patient groups, community groups, voluntary groups etc. who indicate that they wish to be involved in the programme.

Members will be encouraged to bring the views of their communities to the table rather than their own personal views. They will also be encouraged to share the thinking of the SRG with their respective communities between formal SRG meetings.

## Objectives

The SRG will offer advice, views, suggestions or opinions on:

- The plans for public engagement, including pre-consultation engagement and any subsequent consultation activities that may be undertaken.
- The language, tone and style of public consultation materials including, for example, consultation documents and leaflets.
- Which seldom-heard groups should be consulted and what forms of consultation would be most appropriate for these groups.

(Note: People in seldom-heard groups face multiple barriers affecting access to public consultations. The term 'seldom-heard groups' refers to under-represented people who use or might potentially use health services and who may be less likely to be heard by decision-makers.)

## Principles

The programme is committed to a best practice, transparent approach which engages and involves local people and communities at every step of the programme. NHS England recommends an approach based on co-production with patients and the public.

Our communications and engagement will follow the six principles of:

1. Transparency: information about the programme will be freely available online
2. Inclusivity: we will seek to involve local people and stakeholders at every stage

3. Listening: considering all feedback, publishing it and responding to it
4. Partnership: all partners in the programme will work to an agreed protocol
5. Meeting best practice: we will meet and where possible exceed our legal responsibilities under the Health and Social Care Act and the Equality Act.

### **Chair and format**

The SRG will be independently chaired.

The format of the meeting will vary depending on the size of the membership, which may change as the programme progresses. The format will be decided by the chair.

### **Working groups**

A number of working groups may be formed to discuss specific elements of the programme.

The SRG chair will suggest a chair for each sub-group. All sub-group chairs will report to the SRG chair.

The sub-groups will follow the same objectives, matters for consideration and process described on this document.

### **Matters for consideration by the SRG**

Advice, views, suggestions or opinions from SRG will take full account of the following established criteria:

- Engagement and/or consultation should include some traditional activities (e.g. drop in events) and some more innovative activities.
- Engagement and/or consultation should be proportionate (i.e. neither excessive nor modest in scale).
- Consultation communication should be clear, concise and as easy to comprehend as possible.
- Documents intended specifically for the public should be jargon free and couched in plain English.
- Any public consultation document should be accessible and not too long.
- Any more detailed information should be published on the consultation website.

### **Process**

- The SRG will meet every four to six weeks through to the end of any public consultation period.
- Meetings of the SRG will be supported by the Improving Healthcare Together 2020- 2030 programme which will provide secretariat support, circulate agendas and take minutes for approval by the SRG.
- Any advice, views, suggestions or opinions expressed by the SRG will be presented to the Improving Healthcare Together 2020- 2030 programme.
- The Improving Healthcare Together 2020- 2030 programme will respond to any SRG recommendations in writing in order to establish a clear two-way audit trail.
- The SRG may call upon independent experts to provide evidence or advice if required, through its Chair, as well support from the programme, in order to ensure it fulfils its obligations.

## **Outputs**

The SRG has an extremely important role in being an independent voice in any potential changes to services.

The SRG will be encouraged to submit advice, views, suggestions or opinions on how high quality, safe and sustainable healthcare services can be delivered to local people in the years ahead.

It might also include how the Programme can work as effectively as possible with its residents.

Through the process outlined above, this feedback will inform into the development of the emerging thinking of the Programme and the resulting scenarios.

## **Constitution, decision making and behaviours**

Members act as ambassadors for the programme and representative of their organisation. They are responsible for engaging with colleagues within their constituent organisation.

Where possible, the Group will reach consensus in deciding recommendations and will act in an advisory capacity. The Group will have no powers other than those included in this Terms of Reference.

Members will be expected to provide information as required to support accurate analysis and decision making.

Members will be expected to respect different views, speak through the independent Chair and allow everyone to have their say.

Attendance is by invitation only. It is not a meeting in public, nor a public meeting. There will be no recording, audio or visual, at the meeting.

## **Conclusion**

The role of the SRG is to offer advice, views, suggestions or opinions on the matters described in these terms of reference.

Consideration of any options for change that may be taken to public consultation in due course is a matter for local health commissioners. Individual members will be free to express their own personal views.

**Document last reviewed: At the SRG meeting on 19<sup>th</sup> September 2018**