

# Governing Body

## Summary sheet

**Date of meeting:** 6 April 2021

**For:** Public session (Part 1)

**For:** Discussion

**Agenda item:** Citizen advisory panel update

**Author(s):** Sally Turner, chair

**Presented by:** Sally Turner, chair

**Lead director/GP from CCG:** Paul Hulme, interim director of people and corporate services

**Clinical lead:** not applicable

## Executive summary

- 1 Approve the citizen advisory group (CAP) Terms of Reference (appendix 1) and CAP member role description and specification (appendix 2) agreed at the 16 March 2021 People and Organisational Governance Committee meeting.
- 2 Request the NHS Kernow Governing Body signs up to the 15 co-create principles (appendix 3)
- 3 **CAP work plan:** for information and discussion

### CAP membership

- agreed an interim CAP Chair be elected at the April 2021 meeting to replace Sally Turner who is stepping down
- new membership application form drafted
- recruitment drive for new CAP members -bulletins, media etc.

### Public and community involvement/engagement and co-production

Autumn Conference(s) discussions and planning are in progress:

- broader reach than Patient Participation Groups (PPGs) to include key people from communities and specific groups
- Integrated Care System (ICS), opportunity for public engagement and discussions – part of co-production
- Voluntary sector - raise people's knowledge, awareness and experiences of services – learn from their co-production work

- people and community stories
- streaming/recording of proceedings to increase reach

### **ICA (Integrated Care Area) PCNs (Primary Care networks) and PPGs**

- work with Carolyn Andrews, Paula Bland, Rachel Murray and Donna Chapman to increase/devise opportunities for GP practices/PCNs/ICAs/ICS and the public/communities to engage and co-produce needs/services required at PLACE – bearing in mind the 3 ICAs are at different stages of development and one size does not fit all

### **Research and discussions**

- engage with wider public and independent service providers -care homes, police, fire service, parish & County Councillors, etc. to increase knowledge and understanding of communities/place
- seek input from Health and Social Care stakeholders and from system programme boards to get a picture of what needs prioritising
- be open to specific asks from NHS Kernow's executive team, including POG (People & Organisational Governance) Committee

It is CAP's hope that during the transition period over the next twelve months, as Cornwall & the Isles of Scilly consolidates and builds on the work already in progress to becoming an official Integrated Care System, that:

- CAP will be seen as an integral part of both the ICS NHS and ICS Health and Care Partnership – the overall ICS.
- the voice of the wider public be given every opportunity to be listened to and taken into account through co-production utilising appropriate language and a variety of engagement and communication methods and techniques.
- ICS NHS & ICS Health and Care Partners be unequivocally accountable to the public, and each other, for their decisions and actions.
- a culture of trust is grown through open and honest dealings and dialogue

Despite many obstacles, not least the lack of funding, better outcomes can be achieved, and are already being achieved, for people, from cradle to grave, in Cornwall and the Isles of Scilly. But, a co-create culture of mutual trust can only evolve if we all keep working at it and stay focused on it - resulting in a measurable happier, healthier workforce and population.

'Knowing is not enough; we must apply. Willing is not enough; we must do' (Goethe)

## **Recommendations and specific action the Governing Body needs to take at the meeting**

The Governing Body is asked to:

1. Note the revised CAP terms of reference and agreed person specification.
2. Confirm agreement to NHS Kernow adopting the 15 co-create principles.

# Appendix 1

## Citizen Advisory Panel (CAP)

### Terms of reference

#### 1 Introduction

- 1.1. The Citizen Advisory Panel (CAP) is a sub-group of NHS Kernow's People and Organisational Governance (POG) committee. These terms of reference set out CAP's membership and remit.
- 1.2. The CAP is not a decision making body. It reports bi-monthly into POG as part of the communications and engagement section of the meeting.
- 1.3. The chair of CAP, or the deputy chair, attends NHS Kernow's Governing Body meetings.

#### 2 Committee's purpose

- 2.1. The CAP provides an independent view and critical friendship on matters relating to health and care in Cornwall and Isles of Scilly. In particular, the CAP is intended to help advocate that the voice of the local population is heard and influences health and care developments. The CAP supports the health and care system to ensure opportunity is created for meaningful, targeted and proportionate public engagement, across all local communities and this is given equal importance to the work that is done with professional health and care partners.
- 2.2. In addition, the CAP will support NHS Kernow's following aims to:
  - i. ensure it meets its statutory requirements to meaningfully engage patient, carers and the public in the planning and development of services across Cornwall and the Isles of Scilly (CIOS);
  - ii. support NHS Kernow in strengthening its approach to equality, diversity, disability and inclusion;
  - iii. review stakeholder engagement plans related to service transformation proposals – at the outset to provide advice and during to ensure its robustness;
  - iv. comment on and promote innovation and improvement in stakeholder engagement;
  - v. review (often complex) service related and / or financial information to ensure it is easily understandable and clear before being shared with the public;
  - vi. through members' links with emerging community networks around [integrated care areas \(ICAs\) and primary care networks \(PCNs\)](#), help

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- to enable the wider local patient, carers and public voice is heard in order to inform the planning and shaping of future services;
- vii. assist and advocate for protected and other “seldom heard” groups so they are given appropriately tailored opportunities to help shape future services;
- viii. ensure NHS Kernow follows the “co-create” [15 principles for sustained change](#), produced by CIOS health and care partners, enabling co-production and public engagement to be embedded across health and care;
- ix. share any local issues which may have some bearing on proposed service changes or identify where services may warrant redesigning;
- x. within the bounds of confidentiality rules, maintain active links with other bodies, strengthening networks and acting as a conduit between the CCG and those bodies

### **3 Governance**

- 3.1. The CAP shall be supported by an NHS Kernow director (or occasionally one of their deputies) as well as an NHS Kernow Governing Body lay member.
- 3.2. The Chair is responsible for establishing the agenda, with input from CAP members as well as input and advice from NHS Kernow’s management team, as required.
- 3.3. Administrative support for the CAP shall be provided and will include circulating papers and producing notes of the meetings.
- 3.4. A declaration of interests register will be maintained and shall be reviewed and updated at the start of each meeting.
- 3.5. Approved notes from the meeting shall be shared with POG, for information and action, as appropriate.
- 3.6. Approved notes from the meeting will be published on the CAP webpage of NHS Kernow’s website. Those relating to communications and engagement shall be shared as part of the CAP chair’s report to POG.
- 3.7. Approved notes from the POG meeting, which relate to communications and engagement, will be shared with CAP.
- 3.8. The CAP will agree a work plan which shall be reviewed and updated on a regular basis and shared with POG.
- 3.9. The CAP chair will provide updates on its work plan with the POG Committee on a bi-monthly basis, or more frequently if needed.
- 3.10. Following the end of each financial year, the CAP will produce an annual report that is presented to the Governing Body.

## **4 Membership**

- 4.1. The CAP membership is expected to comprise:
- A chair elected from its lay members
  - A vice chair, elected from its lay members
  - 10 to 15 lay members – where possible some of these shall represent seldom heard groups
  - An NHS Kernow Governing Body lay member
  - An NHS Kernow director (or, on occasion, a deputy)
- 4.2. Members of CAP will come from a variety of backgrounds and will include, whenever possible, 2 members from each integrated care area representing their local communication and engagement forum.
- 4.3. In addition, there will be attendees of the CAP such as:
- Members of Healthwatch, the Voluntary Sector Forum (VSF), Volunteer Cornwall, Hearing Loss Cornwall and/or other community and voluntary sector groups, as relevant
  - Adhoc representatives and attendees according to the work plan
  - An NHS Kernow communications and/or engagement lead
- 4.4. The chair and vice chair of the CAP are elected by CAP members for 2 years with the ability to hold the role for a further 2 years if agreed with members. After this period, the chair and vice chair are able to apply for a vacant CAP lay member role.
- 4.5. The CAP lay members are appointed for 2 years with the ability to be re-elected for a further 2 years. After this period the role will be publicly advertised and lay members may reapply.
- 4.6. In exceptional circumstances, it might be necessary to request that CAP members are no longer part of the group. NHS Kernow reserves the right to remove membership from these individuals and will explain their rationale before doing so.

## **5 Quorum**

- 5.1. The quorum for conducting the meeting shall be:
- At least 5 lay member representatives, and,
  - Either the NHS Kernow Governing Body lay member or director (or their deputy).

## **6 Frequency and notice of meetings**

- 6.1. The CAP will meet monthly for up to 3 hours at a time which best suits members and maximises engagement opportunities.

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- 6.2. In exceptional circumstances an additional meeting may be requested through the chair to address particular issues arising and judged sufficiently urgent that waiting for the next scheduled meeting would not be appropriate.
- 6.3. If an agenda indicates the requirement for a private and confidential discussion, no notes of the item shall be produced.
- 6.4. Papers for the meeting shall, typically, be circulated 7 days in advance of the meeting.

## **7 Review**

- 7.1. Annually, the CAP shall assess its achievements against the workplan and use that review to inform its terms of reference and future work plan.
- 7.2. These terms of reference will be reviewed at least annually or in response to changes requested by the Governing Body or changes to legislation with the next review date being inserted into the terms of reference.
- 7.3. Any suggested changes to its terms of reference shall be represented to the POG for formal approval.

### **Status of these Terms of Reference:**

- Finalised – March 2021.

## Appendix 2

### Citizen Advisory Panel (CAP)

#### CAP member role description and person specification



This document is reviewed annually.

#### What is the CAP?

The CAP provides an independent view and critical friendship on matters relating to health and care in Cornwall and Isles of Scilly. In particular, the CAP is intended to help advocate that the voice of the local population is heard and influences health and care developments. The CAP supports the health and care system to ensure opportunity is created for meaningful, targeted and proportionate public engagement, across all local communities and this is given equal importance to the work that is done with professional health and care partners.

The CAP is not a decision making body. It reports bi-monthly into POG as part of the communications and engagement section of the meeting. The chair of CAP, or the deputy chair, attends NHS Kernow's Governing Body meetings.

For more information about the role of CAP please review the Terms of Reference and/or the dedicated [CAP webpage](#).

#### CAP membership

CAP lay membership is for a term of 2 years with the ability to be re-elected for a further 2 years. After this period the role will be publically advertised. CAP members can choose to reapply.

The chair of CAP is elected by members for 2 years with the ability to be re-elected for a further 2 years. After this period the chair is able to apply for a vacant lay member role.

CAP membership will be broadly representative of the Cornwall and Isles of Scilly population. Membership spans the three integrated care areas (west, north/east and central) as well as the Isles of Scilly. Members are independent lay people from the Cornwall and Isles of Scilly community. Members will have well-established networks and connections within their communities and will enable meaningful community engagement for health and care services, and the development of these services. CAP members will act as one of the conduits between NHS Kernow and communities.

CAP membership will endeavour to help communities to be represented and their voices heard Support will be given to ensure traditionally under-represented groups are able to join CAP and participate in meetings, including:

- young people
- Gypsy Roma Traveller communities
- Black, Asian and Minority Ethnic (BAME) communities
- people with physical and/or learning disabilities
- people who are clinically extremely vulnerable and/or who have been shielded during the COVID-19 pandemic
- people who are digitally excluded
- people who are currently serving in, or are former members of, the Armed Forces

Others to attend CAP meetings to provide support to the group include:

- NHS Kernow Governing Body lay member for public involvement and engagement
- A senior NHS Kernow director or their deputy
- an NHS Kernow communications and/or engagement lead

### **How are CAP members appointed?**

There will typically be between 10 and 15 CAP lay members at any one time. NHS Kernow, on behalf of Cornwall and Isles of Scilly health and care partnership, is responsible for the official appointment of CAP members (and any agreed sub-groups). This will be conducted in line with NHS Kernow's HR processes.

In addition to CAP lay members there will also be attendees invited to attend CAP on a regular or ad hoc basis. Attendees will include partners such as Healthwatch, the Voluntary Sector Forum (VSF), Volunteer Cornwall, Hearing Loss Cornwall and others according to CAP's work plan. The CAP chair will extend invites to these attendees as required.

Selection of CAP members will be by a designated panel comprising the CAP chair, CAP members and an NHS Kernow officer or a Governing Body member. (This recognises it may not be necessary to include all CAP members in the recruitment process.)

The chair and vice chair of the CAP are elected by CAP members for 2 years with the ability to be re-elected for a further 2 years if members are in agreement.

### **Support and training, including mandatory training**

CAP support and any training for CAP members will be provided by NHS Kernow, including bespoke engagement training and other areas deemed appropriate.

CAP members will be required to undertake mandatory training within the required timeframes, to ensure NHS Kernow discharges its statutory responsibilities, including equality, diversity and human rights and information governance mandatory training.

## **Meetings and time commitment requirements**

Typically there is a monthly CAP meeting that lasts for a maximum of 3 hours. CAP members are expected to be active in their communities and provide a regular update to the CAP meeting as part of the CAP's agreed work plan and reporting to POG. This will also inform reporting by the CAP chair to NHS Kernow's Governing Body and the production of CAP's annual report.

Members are required to attend at least 9 meetings per year unless in exceptional circumstances, otherwise membership may be revoked. Where a CAP member has not attended 3 consecutive meetings they will be temporarily withdrawn from the CAP paper distribution list until their continued membership is confirmed by the chair.

Meetings will continue to take place virtually via Microsoft Teams during 2021 until further notice, in line with national government guidance around public meetings and social distancing measures during the COVID-19 pandemic.

CAP members are not remunerated for their role or their time. However, reasonable expenses shall be reimbursed in accordance with NHS Kernow's policies and procedures,

## **Honorary contract and confidentiality clause**

Members of CAP need to be able to discuss most matters freely with the public and others to ensure that they are able to represent views fully and accurately. However it is understood that, in its role as critical friend, there will be times when confidential information which includes issues of commercial or personal sensitivity are discussed before they can be shared with the wider community. Therefore all members of the CAP are required to sign an honorary contract with confidentiality clause.

An honorary contract requires CAP members to:

- abide by the terms contained within the honorary contract and represent NHS Kernow appropriately, in accordance with the organisations principles, vision and values
- comply with the relevant organisational policies and procedures
- raise any concerns they may have with the CAP chair or designated NHS Kernow officer
- provide information on request to NHS Kernow's HR team, to facilitate any required pre-engagement checks, such as criminal record checks
- complete a conflict of interest declaration

In exceptional circumstances, it might be necessary to request that CAP members are no longer part of the group. NHS Kernow reserves the right to remove membership from these individuals and will explain their rationale before doing so.

## CAP person specification

It is important that members of the CAP share a balanced set of skills, knowledge, experience and the necessary level of commitment and representation. Applicants will be selected based on the following key values, skills and experience:

- A commitment to [the values of the NHS constitution](#)
- A commitment to [the 7 principles of public life](#): selflessness, integrity, objectivity, accountability, openness, honesty, leadership
- A commitment to the [15 principles for sustained change](#), produced by Cornwall and Isles of Scilly health and care partners, enabling co-production and public engagement to be embedded across health and care
- Pre-existing contacts and networks across your community with the ability to receive and share information appropriately, and take into account the need for confidentiality
- Involvement and engagement experience and an understanding of the [statutory duties of the NHS to engage and consult](#)
- Ability to display sound judgement and objectivity
- Respectful and inclusive behaviours
- An ability to represent Cornwall and Isles of Scilly population including under-represented groups and communities
- Have an awareness of, and commitment to, equality and diversity and the importance of equality impact assessments
- A commitment to the time required to attend CAP meetings and advocate for health and care engagement within the emerging community networks around [integrated care areas \(ICAs\) and primary care networks \(PNCs\)](#)
- An ability to interact with diverse stakeholders

## Appendix 3

### Co-Create: 15 principles for sustained change

Given below are the “co-create” [15 principles for sustained change](#), produced by Cornwall and the Isles of Scilly (CIOS) health and care partners, enabling co-production and public engagement to be embedded across health and care.

1. Listen. To everyone. Equally.
2. Be open and receptive.
3. Trust people.
4. Start small and try things step by step
5. Just do it! And do it now.
6. Be honest, realistic and tell it like it is.
7. Show your working and provide feedback regularly.
8. Be joined up and work in partnership as default.
9. Use plain language and check your understanding.
10. Make things accessible and respect preferences.
11. Be inquisitive.
12. Go to where the people are.
13. Recognise it's hard for everyone.
14. Cast the net wider and always be aware of who's not in the room,
15. Allow time, space and resources for people to explore.

**NHS Kernow's Governing Body is asked to commit to the above principles.**