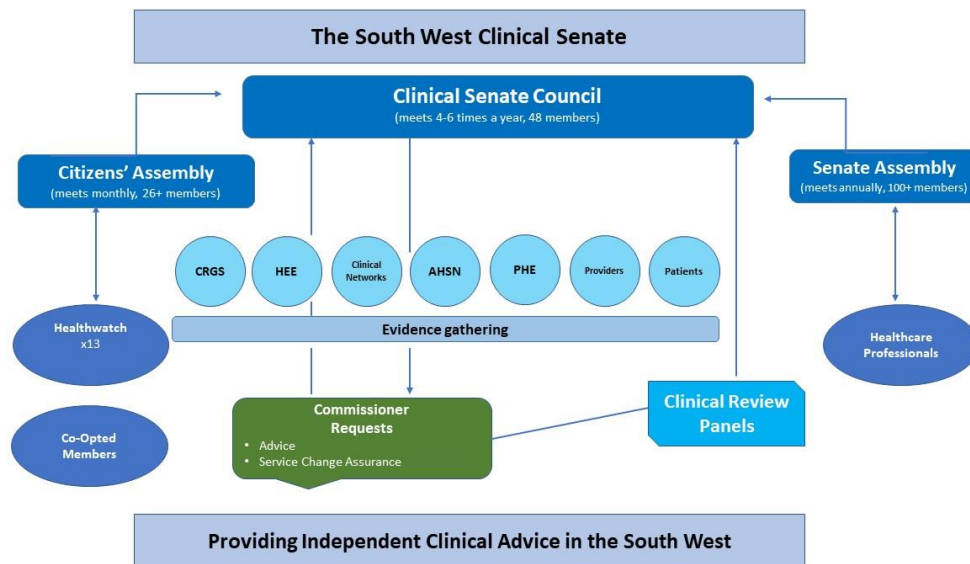


# South West Clinical Senate Assembly

## Terms of Reference



### Overview

- 1.1 The South West Clinical Senate Clinical Senate's Citizens' Assembly (CA) is a unique patient and public engagement body which brings together representatives drawn from the 13 Healthwatch organisations and other co-opted members agreed by assembly members, to ensure that the patient and public voice is embedded within the work and recommendations of the South West Clinical Senate
- 1.2 The prime source of the membership draws on the Healthwatch organisations' network. Two representatives from each Healthwatch are invited to sit on the CA. In addition, membership can be widened to include Co-Opted members. Its core function is to bring the patient and the public voice to both Senate Council deliberations and to Clinical Review Panels. The CA is led by a paid Lay Chair.

### Role of the Citizens' Assembly

- 1.3 As an integral part of the South West Clinical Senate infrastructure, the CA will support the Senate Council's work programme to deliver independent clinical advice to commissioners and the wider healthcare system.
- 1.4 The CA debates and collates views on Senate Council topics and contributes at Senate Council meetings, contributes to Clinical Review Panels and shares regional information to identify areas of concern to patients and the public. As such this ensures the patient and public voice is represented in all Clinical Senate Recommendations.

- 1.5 The CA is led by a paid Chair who is supported by a Deputy Chair (who is appointed from the CA membership using a transparent and fair recruitment and selection process).
- 1.6 The CA has two places on the Senate Council (at least 1 member is chosen according to subject content of the Council meeting and is to support the Chair). Two CA representatives are invited to sit on Clinical Review Panels.

## Role of the Citizens' Assembly representatives

- 1.7 **At Senate Council meetings:** The core role of the CA member at Senate Council meetings is to contribute relevant patient experience information to meeting topics, as discussed and agreed at CA meetings. This will be presented by the CA Chair on behalf of the CA. This contribution relies on the knowledge of CA members gained through their links with their local Healthwatch, other relevant organisations, contacts and any additional research the CA agrees to undertake, in preparation for a topic.
- 1.8 **At Clinical Review Panels:** The core role of a CA member at Clinical Review Panels is to provide the patient and public perspective on the clinical model being presented. It is **not** to comment on public engagement and consultation which is addressed through a separate part of the assurance process. NB. Clinical Review Panels are set up to inform the NHS England assurance process which considers whether proposals for large scale service change meet the Department of Health's 5 tests for service change prior to going to public consultation. The Senate principally considers tests 3 and 5; the evidence base for the clinical model and the 'bed test' to understand whether any significant bed closures can meet one of 3 conditions around alternative provision, treatment and bed usage.

## Responsibilities of the Citizens' Assembly members

- 1.9 To attend at least 50% of Citizens' Assembly meetings per year
- 1.10 To stay engaged with health and social care issues either via their local Healthwatch or other appropriate channels.
- 1.11 To bring patient, carer and public perspective perspectives and appropriate challenge to the development of Clinical Senate recommendations and advice. This may include suggesting topics or questions to Commissioners or the Senate Council, to go forward to deliberative Senate Council meetings.
- 1.12 To read papers and proposals which may be circulated via email and give a service user or carer perspective on the contents.
- 1.13 To consider issues being discussed from a wide perspective (not only representing a personal experience).
- 1.14 To champion the diversity of patient and public views (not only represent their personal experience)
- 1.15 To communicate with, and seek feedback from, Healthwatch and other appropriate organisations and sources as well as wider patient networks regarding plans and proposals.

- 1.16 Circulating recommendations from Senate Council meetings to Healthwatch and relevant patient /carer networks.
- 1.17 From time to time, to join workshops or events across South West England, where participation would support the patient voice in regional decision-making.
- 1.18 To comply with The Seven Principals of Public Life (Appendix A) and respect the confidential nature of discussions and business when it is made clear by the chair that this is required.
- 1.19 To identify own support, training and development needs, and seek appropriate support from the chair and the Clinical Senate Management Team.
- 1.20 Participation in Senate Council deliberations and Clinical Review Panels as agreed at CA Meetings, debating issues of strategic importance and considering wide areas of concern to patients and the public across South West England.
- 1.21 Supporting the provision of a link CA member to each of the four South West Clinical Networks who will be available to attend meetings and whose role will then be to ensure information is shared between the Clinical Senate and Clinical Networks. Additionally, the CA will respond to regional and national projects where appropriate.
- 1.22 Agree the Terms of Reference for the CA and reviewing on an annual basis.

## Appointment of Citizens' Assembly members

- 1.23 The CA comprises a core membership of up to two nominated representatives from each of the 13 Healthwatch organisations in South West region and co-opted members as agreed by the Assembly. These representatives should be volunteers/lay members able to present independent and objective views. The overall numbers of the Group will be kept to a manageable size paying attention to geographic representation.
- 1.24 The CA Chair and Senate Management Team will liaise with Healthwatch organisations, to represent nominations to vacant posts. CA members are also expected to work with their local engagement networks to highlight vacant posts and seek nominations for CA members.
- 1.25 When applying a CV should be submitted by interested new nominees, with the name of at least one referee who has knowledge of the nominee`s relevant experience, skills and knowledge as well as the named Healthwatch or other organisations nominee with a commitment to support that individual.
- 1.26 Membership to the CA should be for an initial period of two years. Members will then be confirmed annually through informal conversations between the Senate Management Team and the CA member, the CA chair and the local HW or appropriate organisation or contact.
- 1.27 Recruitment and end of tenure of CA membership will be ideally staggered, to avoid disruption to the CA.

- 1.28 CA members will be supported in training and development, with at least one day per annum devoted to this activity.

## Role and recruitment of Citizens' Assembly Chair

- 1.29 The Chair is to provide strong, coordinated and coherent leadership of the CA and will be a standing member of the Senate Council. This role will also undertake other tasks as required by the Clinical Senate and Clinical Networks, where Citizen representation is invited or required. The post holder should also delegate tasks to CA members as appropriate.
- 1.29.1 The Chair may speak at a local Healthwatch and/ or other public engagement organisation meetings about the CA and its work.
- 1.29.2 The Chair is accountable to the Chair of the Clinical Senate, the Head of the Clinical Senate and to members of the CA.
- 1.29.3 The post is appointed to by formal application and interview for a fixed term of two years.
- 1.29.4 The post is paid up to £6000 per annum, plus traveling and other agreed expenses, for up to 25-30 days' work per annum. This salary includes payment for involvement on Clinical Review Panels.
- 1.29.5 The Deputy Chair is appointed by application and will succeed the incumbent Chair (at the end of their two-year term).

## Ways of working

- 1.30 The CA will be provided with Senate Council topics as far in advance as possible. The CA will discuss, with the Clinical Senate Management Team, how the CA can best input to each topic/deliberation. It may emerge that working groups or further engagement work with relevant groups or organisations is required between meetings, at the discretion of the CA, noting that time is voluntary.
- 1.31 CA member input to Clinical Review Panels will be agreed at CA meetings and feedback shared afterwards. A Clinical Review Panel Member's Handbook is available to help prepare for these meetings.

## Accountability

- 1.32 The CA is accountable to the Senate Council and CA members are accountable to their Healthwatch organisation. For members nominated from outside of the Healthwatch, they are accountable to the person or organisation that nominated them.

## Membership

- CA Chair (appointed)
- Deputy CA (Chair appointed)
- Up to 26 CA members nominated from each of the 13 Healthwatch organisations across the South West (two from each).
- Other co-opted members

- Clinical Senate Chair
- Head of Clinical Senate
- Senate Project officer
- An Administrator will be in attendance

## Frequency of meetings

- 1.33 The CA meets monthly as virtual meetings on MS Teams. These meetings have an alternating monthly agenda between “standard business” and “development”.

## Confidentiality and conflicts of interest

- 1.34 The Senate Management Team may on occasion, share confidential information with CA members either via email or at meetings. CA members will be notified which materials are confidential materials and are asked not to share. CA members should also follow NHS England and NHS Improvement’s confidentiality policy when discussing confidential matters.
- 1.35 CA members may also take part in clinical reviews where information and discussions are confidential. Again, CA members are expected to follow NHS England and Improvement’s confidentiality policy.
- 1.36 The Chair will ask for conflicts of interest to be declared at both Senate Council meetings and Clinical Review Panels. The Senate Council’s Conflict of Interest policy applies to CA members.

## Administration of expenses

- 1.37 The CA meetings will be supported by the CA Chair and the Senate Management Team.
- 1.38 Papers for the meetings will be normally sent out 7 working days in advance. Notes of the meeting will be normally processed within two weeks. Previous meeting documents will be made available via the Clinical Senate Website here: [http://www.swsenate.org.uk /citizens-assembly/](http://www.swsenate.org.uk/citizens-assembly/)

## Remuneration and expenses

- 1.39 Apart from the Chair, membership of the CA is voluntary. Expenses for travel to meetings will be paid as per the NHSE expenses policy for Patient and Public Voice (PPV) partners.
- 1.40 One Hundred and Fifty pounds (£150 .00) is fee payable to CA members who participate in a Clinical Review Panel. In addition, all reasonable expenses incurred by panel members so far this does not exceed agreed rates (See Clinical Review Panel Members Handbook for details). Receipts are required for all expenses claimed.
- 1.41 The details of this are in line with the NHS England PPV expenses policy which we can supply to you if required.

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