

Terms of Reference: Gateway Meeting

(1) Purpose

The purpose of the Gateway Group is to provide assurance to the Governing Body of NHS South Warwickshire Clinical Commissioning Group (the CCG) that:

- Commissioning/decommissioning proposals are developed with appropriate and sufficient public engagement plans and activities;
- Commissioning/decommissioning proposals are reviewed from a patient and public perspective.

(2) Membership

CCG Head of Planning and Policy (Chair)

CCG Lay Member for Public and Patient Involvement – the Lay Member will provide a conduit between the Governing Body and the Gateway Group.

CCG Planning Manager

GP Representative

Chair of CCG Public and Patient Participation Group

Practice Nurse Representative

Practice Manager Representative

Patient Group Representatives x 6

Others may attend for specific items e.g. CCG commissioning managers, patients who have specific insight/experience in relation to relevant service areas.

(3) Quoracy

The Gateway Meeting will be quorate when there are at least 5 members present.

(4) Frequency and Timing of Meetings

Meetings will take place on a monthly basis.

(5) Administrative Support

The Gateway Group will be supported in its work by a CCG officer who will:

- Prepare meeting agendas and ensure the agenda, together with any supporting papers, are received by members at least five working days before a meeting;
- Check quoracy before each meeting;
- Prepare minutes for the Chair's approval and issue approved minutes alongside the agenda and supporting papers.

(6) Functions and Remit

- I. To receive commissioning/decommissioning proposals and specifically;
 - a. To review and challenge the content of the proposals;
 - b. To provide feedback on the alignment of the proposals with the stated priorities of the CCG as articulated in strategic documentation (strategy, operating plan, commissioning intentions, etc.);

- c. To provide insight on the merits and drawbacks of the proposals from a patient and public perspective; and
 - d. To make recommendations as to how proposals can be developed or amended in order to enhance their value.
- II. To provide insight in relation to service areas that are the subject of individual proposals (such insight may arise from personal experience, understanding gained through participation in the practice level Patient Participations Groups (PPGs) etc.).
- III. To assist project leads to establish the communication and engagement requirements for individual proposals through application of a locally developed Engagement Assessment Tool (EAT).
- IV. To receive draft engagement plans and to give feedback on the content, confirming in particular that the planned activity meets the requirements established through the application of the EAT (see II above) and providing challenge back to project leads in relation to any identified areas of concern.
- V. To use the expertise of group members to make informed suggestions and recommendations to improve engagement plans and other project documentation.
- VI. In relation to individual projects, to receive evidence that patients and the public have been appropriately involved (in line with the associated engagement plan) and to provide challenge back to project leads in relation to any identified areas of concern.
- VII. To remain sighted on the progression of individual projects acting as a critical friend to project leads throughout the life of the project, re-applying the input outlined in (I) above.
- VIII. To produce an annual activity report to the Governing Body.

(7) Accountability, Decision Making and Issue Resolution

- I. The Gateway Group is an advisory body and does not have decision making powers.
- II. It reports to the Governing Body through Lay Member for Public and Patient Involvement.
- III. Members will raise issues of concern with the rest of the Group based on information provided by project leads. Where any issues of concern are identified, these will be referred back to the project lead for further consideration. It is anticipated that the majority of issues will be resolved in this way.
- IV. The CCG's Public and Patient Participation Group (3PG) will receive a regular update on items discussed in the Gateway meeting.
- V. The Group will submit an annual activity report to the Governing Body.

(8) Conduct of the Group

Members of the Gateway Group will be involved in the discussion of commissioning/ decommissioning proposals before they are communicated to the general public, consequently there is an expectation that information and/or materials shared within the meetings will be treated as confidential unless otherwise indicated by the Chair or the presenter. It is also important that in any discussion individual patients and members of staff are not referred to by name but simply generically e.g. a neurology out-patient.

For conflicts of interest, see **Appendix 1**.

(9) Term of Office

Appointments will be for a period of three years which an option for a second successive three year term of office subject to a dialogue between the CCG and the individual to confirm that both are content for the appointment to continue.

(v1.0 November 2017)

APPENDIX 1

Declarations of Interest:

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. **Where possible, any conflict of interest should be declared to the Chair of the meeting as soon as it is identified in advance of the meeting.** Where this is not possible, it is essential that at the beginning of the meeting a declaration is made if anyone has any conflict of interest to declare in relation to the business to be transacted at the meeting. An interest relevant to the business of the meeting should be declared whether or not the interest has previously been declared.

Where a declaration is made, the following should be recorded:

- Name of the person declaring the interest;
- Position within, or relationship with, the CCG;
- Type of interest e.g., financial interests, non-financial professional interests;
- Description of interest, including for indirect interests details of the relationship with the person who has the interest;
- Dates interest relates to (from; to); and
- The actions to be taken to mitigate risk.

Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (of more than 5% of the issued shares), partner or owner of a private or not for profit company, business or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A consultant for a provider; • In secondary employment; • In receipt of a grant from a provider; • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for CQC or NICE; • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • A member of a political party; • Suffering from a particular condition requiring individually funded treatment; • A financial advisor.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). This should include:</p>

	<ul style="list-style-type: none">• Spouse / partner;• Close relative e.g., parent, [grandparent], child, [grandchild] or sibling;• Close friend;• Business partner.
--	---