Supporting Information Pack for Applicants

NHS Leeds CCG
Lay Member – Primary Care Co-Commissioning and Deputy Chair

Closing Date: 5pm on Friday 2 March 2018
Interview date: Tuesday 13 March 2018
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Letter from the Clinical Chair Elect of NHS Leeds CCG

Dear Applicant

Thank you for showing an interest in this post and taking the time to read this information pack.

As well as sharing responsibility with the other members for all aspects of the CCG’s business, lay members will bring specific expertise and experience to the work of the governing body. The focus will be strategic and impartial, providing an external view of the work of the CCG that is removed from the day-to-day running of the organisation.

The Lay Member – Primary Care Co-Commissioning will act as chair of the Primary Care Commissioning Committee. They will also chair Governing Body meetings as required, in the absence of the Clinical Chair.

The successful candidate will need the following specific competencies and qualifications for the role:

- ability to chair committees effectively;
- experience of chairing meetings held in public; and
- experience of the commissioning environment, with a particular focus on primary medical care.

This is a high profile position, therefore the ideal candidates will be able to demonstrate that they have the leadership skills necessary to fulfil the responsibilities of the role, and be recognised and respected by their peers.

We hope you find this an exciting opportunity to work in a dynamic environment influencing the future direction of the NHS.

If you would like to find out if this role is right for you, for an informal discussion please contact my PA Ela Kassemoff on 0113 8435505 or e-mail: ela.kassemoff@nhs.net before the closing date. This will play no part in the selection process.

I look forward to receiving your application and meeting you in due course.

Yours faithfully

Dr Gordon Sinclair

Clinical Chair Elect
About Clinical Commissioning Groups

As part of the NHS reforms, Clinical Commissioning Groups (CCGs) were set up to locally commission services for patients.

CCGs were authorised as statutory bodies under the Health and Social Care Act 2012. The Act puts local GPs and healthcare professionals at the forefront of commissioning services for local people. Each CCG is required to appoint a secondary care consultant to its governing body to bring specific expertise and experience to the work of the governing body.

The three CCGs in Leeds became NHS organisations in their own right from 1 April 2013. The CCGs have been working closely together and formed the NHS Leeds CCGs Partnership from 1 April 2017. The CCGs will formally merge on 1 April 2018 to form NHS Leeds CCG, covering the population of the city.

The profile for each of the CCGs can be found on our websites:

www.leedsnorthccg.nhs.uk
www.leedssouthandeastccg.nhs.uk
www.leedswestccg.nhs.uk
On appointment
This role is an appointment and not a job. It is therefore not subject to the provisions of employment law except where discrimination is alleged.

Time Commitment
Lay members will be expected to contribute a minimum of 3 days per month, including some possible evening engagements.

Remuneration
The remuneration for this role is to be confirmed. Remuneration is taxable under Schedule E and subject to Class 1 NI contributions. It is not pensionable.

Impact of appointment on people in receipt of benefits.
Your appointment may have an effect on your entitlement to benefits. If you are in receipt of benefits you should seek advice from the Department of Work and Pensions.

Members are also eligible to claim allowances for travel and subsistence costs incurred necessarily on CCG business.

Period of appointment
Successful candidates will be appointed for up to 3 years in the first instance. After this you may be considered for a further term, subject to consistently good performance and the continued operation of the CCG.

Training and development
This will be discussed in line with individual requirements.

Standards in public life
You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the Nolan Principles of Public Life (Appendix 1).

You should note particularly the requirement to declare any conflict of interest that arises in the course of governing body business and the need to declare any relevant business interests, positions of authority or other connections with commercial, public or voluntary bodies.
Disqualification for appointment

Regulations provide that some individuals will not be eligible to be appointed to CCG governing bodies. Full details are included in schedule 5 of The National Health Service (Clinical Commissioning Groups) Regulations 2012.

The regulations state that the following are disqualified from membership of CCG governing bodies:

- MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
- members including shareholders of, or partners in, or employees of commissioning support organisations;
- a person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—
  (a) in the United Kingdom of any offence,
  (b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
- a person subject to a bankruptcy restrictions order or interim order;
- a person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: NHS England, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board, or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for the Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special health and social care agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority;
- a healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practising the profession in question or imposing conditions, where these have not been superseded or lifted;
- a person disqualified from being a company director; and
- a person who has been removed from the office of charity trustee, or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement.
In addition:

The following cannot be lay members of CCG governing bodies:

- employees of local authorities in England and Wales (or equivalent bodies in Scotland and Northern Ireland) and PCTs;
- an officer or employee of the Department of Health;
- a member or employee of the Care Quality Commission or Monitor;
- a chairman, director, member or employee of an NHS body (other than a CCG, PCT or FT);
- a chairman, director, governor, member or employee of an NHS foundation trust;
- providers of health services commissioned by CCGs or NHS England, or their employees, partners, or shareholders;
- providers of social services, or their employees who contract with a local authority; and
- persons employed by parties to arrangements to provide primary medical services, ophthalmic services, dental services or pharmaceutical services in Scotland or Wales who are employed for purposes connected with the provision of those services.
Applying for the post

How we will handle your application

This section outlines the timetable you should expect if you apply for this post.

After the closing date for applications:

- We will acknowledge receipt of your application form by email.
- Your application will first be checked for completeness and eligibility.
- The Selection Panel will then assess your completed form to assess the extent to which you have the qualities and expertise specified for the role.
- It is anticipated that shortlisting will be completed by 7 March 2018. Shortlisted candidates will be informed as soon as possible after this by telephone if they have been selected for interview and the interview details will be confirmed by email/letter.
- If you are not shortlisted for interview, you will be informed by email.
- At the time of the formal interviews, as a source of external validation as part of their due diligence checks on candidates, the Selection Panel will require 2 references for all shortlisted candidates. References will be sought in advance of the interviews so please ensure your referees are advised of this.
- The interviews will take place on Tuesday 13 March at WIRA Business Park, West Park Ring Road, Leeds, LS16 6EB. You will be asked questions by the panel so they are able to assess whether you can demonstrate the qualities and expertise specified.
- The Selection Panel will make the final appointment.
- The successful candidate will be contacted by the CCG’s Clinical Chair Elect.
- All unsuccessful interview candidates will be advised of the outcome of the selection process by email.

How to respond

To apply for this post you will need to complete the application form by 5pm on Friday 2 March 2018. Please send your completed application form and your CV to Laura Parsons, Head of Corporate Governance, NHS Leeds CCGs Partnership, WIRA Business Park, West Park Ring Road, Leeds, LS16 6EB or email to laura.parsons2@nhs.net

Alternative formats such as Braille, large print and tape versions of this information pack and the application form are available by contacting Laura Parsons on laura.parsons2@nhs.net or 0113 8435488.
Appendix 1

The Seven Principles of Public Life

All applicants for public appointments are expected to demonstrate a commitment to, and an understanding of, the value and importance of the principles of public service. The seven principles of public life are:

Selflessness

Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.

Integrity

Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.

Objectivity

In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.

Accountability

Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

Openness

Holders of public office should be open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands it.

Honesty

Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

Holders of public office should promote and support these principles by leadership and example.
Appendix 2
The Good Governance Standard for Public Services

Adapted from *The Good Governance Standard for Public Services*

**Good governance means focusing on the organisation’s purpose and on outcomes for citizens and service users**
- Being clear about purpose and intended outcomes for citizens and service users
- Making sure that patients receive a high quality service
- Making sure that taxpayers receive value for money

**Good governance means performing effectively in clearly defined functions and roles**
- Being clear about the functions of the governing body
- Being clear about the responsibilities of individual roles and making sure that those responsibilities are carried out
- Being clear about relationships between the organisation and the public

**Good governance means promoting values for the whole organisation and demonstrating the values of good governance through behaviour**
- Putting organisational values into practice
- Individuals in leadership roles behaving in ways that uphold and exemplify effective governance

**Good governance means taking informed, transparent decisions and managing risk**
- Being rigorous and transparent about how decisions are taken
- Having and using good quality information, advice and support
- Making sure that an effective risk management system is in operation

**Good governance means developing the capacity and capability of the governing body to be effective**
- Making sure that members of the governing body have the skills, knowledge and experience they need to perform well
- Developing the capability of people with governance responsibilities and evaluating their performance, as individuals and as a group
• Striking a balance, in the membership of the governing body, between continuity and renewal

**Good governance means engaging stakeholders and making accountability real**

• Understanding formal and informal accountability relationships
• Taking an active and planned approach to dialogue with, and accountability to, the public
• Taking an active and planned approach to responsibility to staff
• Engaging effectively with stakeholders