NHS Croydon Clinical Commissioning Group

Lay Member – Patient and Public Involvement (PPI)

Information Pack

Deadline for Submission of Applications
Friday 4 November 2016
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Dear Applicant,

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

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 please contact Elaine Clancy, Director of Quality and Governance, for an informal discussion: Tel. 020 8274 1328 or e-mail: elaine.clancy@croydonccg.nhs.uk before the closing date. Alternatively if you would prefer to discuss the role with the Chair, Dr Tony Brzezicki, this can be arranged for you. This will play no part in the selection process.

The selection and appointment will be carried out by representatives from NHS Croydon CCG.

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

Yours faithfully

Paula Swann
Chief Officer

Dr Tony Brzezicki
Chair

Dr Agnelo Fernandes
Assistant Clinical Chair
Introduction to Croydon Clinical Commissioning Group

Croydon Clinical Commissioning Group (CCG) was established on 1 April 2013 in line with the Health and Social Care Act. The CCG is made up of 57 GP Practices in Croydon, and is co-terminus with Croydon Local Authority boundaries.

Croydon CCG is a clinically led organisation and has GP members holding key roles as full members of the Governing Body.

The Governing Body provides strategic direction and leadership for the CCG and is supported by the Clinical Leadership Group which ensures decisions are clinically informed by seeking to engage grass root GPs in the decision making process.

The Governing Body comprises 5 elected GP members:

Dr Tony Brzezicki, Chair
Dr Agnelo Fernandes, Assistant Clinical Chair
Dr Atif Hasan, GP Governing Body Member
Dr Yogesh Patel, GP Governing Body Member
Dr Emily Symington, GP Governing Body Member

Non GP Governing Body Members are the:
Chief Officer
Chief Finance Officer
Director of Commissioning
Director of Quality and Governance
2 lay members
1 lay member Registered Nurse
A Secondary Care Consultant

In attendance:

Director of Public Health
Executive Director of People, LA
Healthwatch Representative

The Clinical Leadership Group is comprised of 6 elected GPs who are responsible for 6 clinical networks.
NHS Croydon Clinical Commissioning Group

Who we are and what we do

NHS Croydon Clinical Commissioning Group (CCG) is a clinically-led membership organisation bringing together 57 GP practices in the borough of Croydon into one commissioning organisation. Croydon CCG was established by the 2012 Health and Social Care Act and was authorised by NHS England in 2013.

The CCG is made up of six geographically-based localities each with a GP lead – who is also a member of our Clinical Leadership Group. The CCG’s Governing Body is responsible for overseeing its commissioning and statutory functions.

We are responsible for overseeing the local NHS budget (over £450 million in 2016/17) for hospital, community and mental health services. Our role is to make sure that our budget is spent on the right health services to meet the needs of people in Croydon. Our main local providers of healthcare include:

- Croydon Health Services NHS Trust
- St George’s University Hospitals NHS Foundation Trust
- Kings College Hospital NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- Care UK
- Virgin Care.

Our vision is for longer healthier lives for all the people in Croydon. We will achieve this by working with our diverse community, our providers and partners, using our resources wisely, to transform and provide safe, effective, high quality, patient-centred services.

Health and wellbeing of our population

We serve a population of over 398,000 (registered) in Croydon, which is growing by about one percent per year. Nationally, the population is ageing as life expectancy increases and the baby boomer generation approaches older age. Compared to other areas, however, Croydon has a relatively young population. The present high birth rate and effects of migration are expected to result in growth in younger as well as older age groups in the coming years.

Life expectancy is higher in Croydon than the England average, but is 9.1 years lower for men and 7.7 years lower for women in the most deprived areas than in the least. One in four children aged four to five years and one in three children aged ten to eleven are overweight or obese. An estimated 62% of adults are overweight or obese.

Our priorities and transformation plans

We are facing many challenges in delivering good health and healthcare for the people of Croydon over the coming years. As well as expanding, our population is becoming more diverse. Historically, there has been less investment than needed in community services, primary care and mental health services. As a result there are variations in the quality and
performance of our services leading to varying experiences of care and outcomes for our patients.

We need to transform local health services so that we deliver the best possible care for local people while also making services sustainable in the longer term. This is imperative in light of our current financial position – see below.

Nationally health and care systems are coming together to accelerate transformational change. Along with the other five South West London CCGs we are working together to develop a five year Sustainability and Transformation Plan (STP). We are also working as part of the South East London STP to plan mental health and learning disabilities services.

Our local work and plans reflect feedback we have obtained through continuous engagement with patients, the public and our partners.

**Working in partnership**

We work with many partners including patients, the public, health care professionals from nursing, pharmacy and hospitals, social services and local partner organisations:

**Patients and the public**

We have established a framework for patient and public engagement that makes sure patients and the local community can play an active role in our decision making processes and that their views are integral to our commissioning decisions.

**Health and Wellbeing Board**

We work with other Croydon organisations as part of the Health and Wellbeing Board to ensure people in Croydon can live healthier lives, enjoy better health outcomes and have a positive experience of the health and care system.

**Public Health**

We work with Public Health (Croydon Council) to understand how best to meet the health needs of local people and on our joint priorities set out in the health and wellbeing strategy.

**Healthwatch Croydon**

Healthwatch Croydon regularly contributes to Governing Body meetings, and offers valuable local intelligence and support for our Patient and Public engagement work programme.

**Community, Voluntary and Faith Sector Organisations**

Our clinicians and commissioning leads work closely with our voluntary sector partners on decision making, and initiatives targeting specific communities.

**Improving our financial position**

When it was formed in 2013, Croydon CCG inherited a hugely challenging deficit which we have been working to address since our establishment. We were also historically funded to a lower level than we should have been to meet the health needs of our population. It is now close to the expected level, following the five year allocations announced in January 2016 including £16 million additional funding in 2016/17.

In July 2016, NHS Improvement and NHS England announced a range of new measures to help address the financial challenges faced by a number of NHS organisations across the country. As part of this, Croydon CCG and Croydon Health Services NHS Trust were identified as requiring additional support to close our long-standing financial deficits.
As a result of our financial performance in the first quarter of this financial year, we have been put in financial special measures. This means that NHS England will be providing us with extra support to help our senior team to further develop our financial recovery plan and take steps to reduce our deficit.

We have made clinically-led savings of £72 million over the last five years and consistently met our financial targets whilst improving quality and performance each year.

We will continue to address our financial challenges with our providers, Croydon Council and NHS England to make sure we do everything we can to bring our expenditure within our allocations.

For further information about Croydon CCG, please read the following key documents on the CCG’s website at www.croydonccg.nhs.uk

Annual Report and Accounts 2015/16
Annual Operating Plan 2016/17
Croydon Clinical Commissioning Group

Vision, Values and Behaviours

As part of the CCG’s Organisational Development Programme the CCG has developed the values and behaviours it expects staff and CCG representatives to demonstrate.

Following a process of engagement involving GP members as well as a survey for staff, partners and members of the public the following Vision and Objectives were agreed for the organisation. There is also a Behaviours and Values Framework which sets out expected behaviours for all staff and GP members, managers and clinical leaders, senior managers and Governing Body members.

The CCG’s Vision is:

Longer healthier lives for all the people in Croydon

Through an ambitious programme of innovation and by working together with the diverse communities of Croydon and with our partners, we will use resources wisely to transform healthcare to help people look after themselves, and when people do need care they will be able to access high quality services.

Objectives

1. To commission high quality health care services that are accessible, provide good treatment and achieve good patient outcomes.
2. To reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital for physical and mental health.
3. To achieve a breakeven position in year 2017/18 and sustainable balance by 2020/21.
4. To support local people and stakeholders to have a greater influence on service we commission and support individuals to manage their case.
5. To have all Croydon GP practice actively involved in commissioning services and develop a responsive and learning commissioning organisation.
Applying for the Post

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

- Deadline for receipt of application is **Friday 4 November**
- We will acknowledge receipt of your application form.
- 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 soon after the deadline. 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.
- 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 may be sought in advance of the interviews so please ensure your referees are advised of this.
- The interviews will likely take place between 21 and 29 November 2016 at Bernard Weatherill House, 8 Mint Walk, Croydon, CR0 1EA.
- 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 Chair or Accountable Officer of the organisation
- All unsuccessful interview candidates will be advised of the outcome of the selection process by telephone/letter.

How to respond

To apply for this post you will need to complete and return the application form and your CV, by **Friday 4 November 2016**

Please send completed applications

Please send completed applications to **Maureen Glover, Business Manager, Croydon CCG, Bernard Weatherill House, Floor 2, 8 Mint Walk, Croydon, CR0 1EA**, or email them to Maureen.glover@nhs.net.
NHS Croydon Clinical Commissioning Group

Lay Member – Patient and Public Involvement (PPI)

Role Description

1) Role Summary

The CCG Lay Members will share responsibility with the other members of the NHS Croydon Clinical Commissioning Group for all aspects of the CCG’s business, to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG constitution as agreed by its members.

2) Core Functions

As a member of the Croydon CCG’s Governing Body each individual will share responsibility as part of the team to ensure the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG constitution as agreed by its members. Each individual is there to bring their unique perspective, informed by their expertise and experience. This will support decisions made by the governing body as a whole and will help ensure that:

- A new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of discussions and decisions
- The Governing Body and the wider CCG act in the best interests with regard to the health of the local population at all times
- The CCG commissions the highest quality services with a view to securing the best possible outcomes for their patients within their resource allocation and maintains a consistent focus on quality, integration and innovation
- Decisions are taken with regard to securing the best use of public money
- The CCG, when exercising its functions, acts with a view to securing that health services are provided in a way which promotes the NHS Constitution, that it is there to improve our health and wellbeing, supporting us to keep mentally and physically well, to get better when we are ill and when we cannot fully recover, to stay as well as we can to the end of our lives
- The CCG is responsive to the views of local people and promotes self-care and shared decisions making in all aspects of its business
- Good governance remains central at all times

3) Diversity and equality of opportunity

Croydon CCG values and promotes diversity and is committed to equality of opportunity for all and appointments are made on merit.
4) **On appointment**

The role is as an Office Holder and it is therefore not subject to the provisions of employment law except where discrimination is alleged.

5) **Time Commitment**

You will be expected to be available for 26 sessions per year (1 session is equivalent to 4 hours), including some possible evening PPI engagements.

6) **Remuneration**

Remuneration is subject to the decision of the Remuneration Committee and will take in to account experience. Remuneration is taxable. It is not pensionable.

7) **Impact of appointment on people in receipt of benefits**

Your appointment may have an effect on your entitlements 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.

8) **Period of Appointment**

The successful candidate will be appointed for 3 years. After this you may apply to be considered for a further term, subject to consistently good performance and the needs of the organisation.

9) **Training and Development**

This will be discussed in line with individual requirements.

10) **Confidentiality**

In the performance of the duties outlined in this Role Description, the role holder will have access to confidential information regarding the organisation, its partner organisations and stakeholders. All such information for any source is to be regarded as strictly confidential. The Lay Member will be required to adhere to the Confidentiality Code of Conduct.

Information relating to patients, carers, colleagues, other staff or the business of the organisation, or related organisations, may only be divulges to authorised persons in accordance with the organisation’s policies and procedures relating to confidentiality and the protection of personal and sensitive data.
11) Conflicts of Interest

Governing Body members are required to declare any relevant and material personal or business interests for them or close relatives and will be required to abide by the Conflict of Interest Policy.

12) 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) and The Good Governance Standard for Public services (Appendix 2).

The role holder should note particularly the requirement to declare any conflicts of interest that arise 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.

13) 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 commission support organisations
- A person who, within the period of five years immediately preceding the date of the propose appointment has been convicted:
  - In the United Kingdom of any offence
  - 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 care, the final outcome of the proceeding 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 proposed appointment has been dismissed (other than because of redundancy), form paid employment by any of the following: the Board, 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 practice 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 professional in question or imposing conditions, where these have not been superseded or lifted
- a person disqualified from being a company director
- 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

It is also likely that the regulations will require that only one partner or spouse can be on the governing body.

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
- A provider of health services commissioned by CCGs or the NHS Commissioning Board, or their employees, partners or stakeholders
- Providers of social services, or their employees who contract with a local authority
- 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
Lay Member – Patient and Public Involvement

Additional Specific Role Information

This CCG Lay Member will bring specific expertise and experience, as well as their knowledge as a member of the local community, to the work of the governing body. Their focus will be strategic and impartial, providing an independent view of the work of the CCG that is external to the day to day running of the organisation.

In relation to Patient and Public Involvement the Lay Member will:

- Help to ensure that in all aspects of the CCG’s business the public voice of the local population is heard and that opportunities are created and protected for patient and public empowerment in the work of the CCG.
- Public and patients’ views are heard and their expectations understood and met as appropriate
- The CCG builds and maintains an effective relationship with Local HealthWatch and draws on existing patient and public engagement and involvement expertise
- The CCG has appropriate arrangements in place to secure public and patient involvement and responds in an effective and timely way to feedback and recommendations from patients, carers and the public
- Have demonstrable understanding of the local arrangements for listening and responding to the voices of patients, carers and patient organisations
- Have a track record of successfully involving patients, carers and the public in the work of a public sector organisation
- Have an understanding of effective involvement and engagement techniques, and how these can be applied in practice
- Live within the local community or be able to demonstrate how they are otherwise able to bring that perspective to the governing body

It is not intended that this role should have executive oversight of patient and public engagement, rather the individual ensures, through the appropriate governance processes, that this function is being discharged effectively.

The Lay Member also needs to bring to the Governing Body:

- Strategic direction – the ability to think and plan ahead, balancing needs and constraints.
- Holding to account – the ability to accept accountability, and probe and challenge constructively.
- Effective influencing and communication – be able to influence and persuade others.
- Team working – be committed to working as a team member.
- Self-belief and drive – the motivation to improve NHS improvement and the confidence to take on challenges.
- Intellectual flexibility – the ability to think clearly and creatively.

**Residency**

*The National Health Service (Clinical Commissioning Groups) Regulations 2012* require that the appointed individual must have knowledge of the area specified in the CCG’s constitution such as to enable them to express informed views about the discharge of the CCG’s functions.
Appendix 1

The Nolan Principles

The Seven Principles of Public Life

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 material 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 as 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.

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.

These principles apply to all aspects of public life. The Committee has set them out here for the benefit of all who serve the public in any way.
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 the organisation’s purpose and its intended outcomes for citizens and service users
- Making sure that users 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 non-executives and the executive, and making sure that those responsibilities are carried out
- Being clear about relationships between governors 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
- Individual governors 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 appointed and elected governors 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 institutional stakeholders