Lay Member: Patient and Public Involvement

Background and context

<table>
<thead>
<tr>
<th>Job title</th>
<th>Lay Member on the City &amp; Hackney Clinical Commissioning Group Governing Body - Patient and Public Involvement champion</th>
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</thead>
<tbody>
<tr>
<td>Remuneration</td>
<td>£18000 per annum</td>
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<tr>
<td>Reports to</td>
<td>Chair of City &amp; Hackney Clinical Commissioning Group</td>
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<tr>
<td>Accountable to</td>
<td>Chair of City &amp; Hackney Clinical Commissioning Group</td>
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<tr>
<td>Hours</td>
<td>5 sessions per month</td>
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<tr>
<td>Tenure</td>
<td>2 year appointment</td>
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Introduction

As a member of the Clinical Commissioning Groups (CCG) governing body each individual will share responsibility as part of the team 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. 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 democratic 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 and reflects the CCG’s constitution;
- The CCG is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business;
- And good governance remains central at all times.

City and Hackney CCG Board

The governing Board of City and Hackney CCG is made up of:

- Three of the GPs elected to the Clinical Executive Committee (one of whom will be the Clinical Chair);
- Two Lay Members, one for Patient and Public Involvement and one for Governance;
- Secondary Care Consultant;
- Registered Nurse;
- Accountable Officer;
- Chief Financial Officer.

**Role description**

As well as sharing responsibility with the other members for all aspects of City & Hackney CCG’s governing body business, the Lay Member - patient and public involvement champion, on City & Hackney CCG’s governing body will be required to 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 City & Hackney CCG that is external to the day-to-day running of the organisation.

They will also fulfil the role of Chair of the governing body when the GP Chair has a conflict of interest and cannot chair the discussion.

This person 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. In particular, they will ensure that:

- Public and patients' views are heard and their expectations understood and met as appropriate;
- The CCG builds and maintains an effective relationship with our two local Healthwatches and draws on existing patient and public engagement and involvement expertise; and
- 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 and that these are reflected in our commissioning arrangements.

The Lay Member Patient and Public Involvement champion 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 culture is developed that ensures the voice of the member practices of City & Hackney CCG is heard and the interests of patients and the community remain at the heart of all 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;
City & Hackney 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;

City & Hackney 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;

City & Hackney CCG is responsive to the views of local people and promotes self-care and shared decision-making in all aspects of its business; and

Good governance remains central at all times.

The PPI Lay member will:

- Chair the PPI Sub-committee and lead on PPI work.
  - The role of this sub-committee of the CCG governing body is to ensure that the CCG has an embedded culture of “you said, we did” to respond to patient feedback and to ensure that we can capture all sources of user views to inform our plans;
- Attends the Clinical Executive Committee.
  - This brings the CCG Programme Board Leads and Consortia Leads together to debate and drive toward our clinical ambitions.
- Is a member of the CCG Remuneration and Audit Committees where they will bring an important lay role of enquiry scrutiny and assurance.

Core Attributes and Competencies

Each individual needs to:

- Demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer;
- Ensure they act within and follow the CCG constitution;
- Embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny;
- Demonstrate commitment to clinical commissioning, the CCG and to the wider interests of the health services;
- Be committed to ensuring that the governing body remains “in tune” with the member practices;
- Bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution;
- Demonstrate a commitment to upholding The Nolan Principles of Public Life along with an ability to reflect them in his/her leadership role and the culture of the CCG;
• Be committed to upholding the proposed Standards for members of NHS Boards and Governing Bodies in England as currently being developed by the Council for Healthcare Regulatory Excellence;
• Be committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business;
• Consider social care principles and promote health and social care integration where this is in the patients’ best interest; and bring to the governing body, the following leadership qualities:
  o Creating the vision - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations;
  o Working with others - effective leadership requires individuals to work with others in teams and networks to commission continually improving services;
  o Being close to patients - this is about truly engaging and involving patients and communities;
  o Intellectual capacity and application - able to think conceptually in order to plan flexibly for the longer term and being continually alert to finding ways to improve;
  o Demonstrating personal qualities - effective leadership requires individuals to draw upon their values, strengths and abilities to commission high standards of service; and
  o Leadership essence - can best be described as someone who demonstrates presence and engages people by the way they communicate, behave and interact with others.

Core understanding and skills

Each individual will have:
• A general understanding of good governance and of the difference between governance and management;
• A general understanding of health and an appreciation of the broad social, political and economic trends influencing it;
• Capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform CCG deliberations and decision-making, and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions;
• The confidence to question information and explanations supplied by others, who may be experts in their field;
• The ability to influence and persuade others articulating a balanced, not personal, view and to engage in constructive debate without being adversarial or losing respect and goodwill;
• The ability to take an objective view, seeing issues from all perspectives, especially external and user perspectives;
• The ability to recognise key influencers and the skills in engaging and involving them;
• The ability to communicate effectively, listening to others and actively sharing information;
• And the ability to demonstrate how your skills and abilities can actively contribute to the work of the governing body and how this will enable you to participate effectively as a team member.

Core personal experience

• Previous experience of working in a collective decision-making group such as a board or committee, or high-level awareness of ‘board-level’ working;
• And a track record in securing or supporting improvements for patients or the wider public.

Length of Tenure

2 years.

Appraisal arrangements

By the CCG Clinical Chair annually and via a 360 degree appraisal framework.

Time Commitment

The sessional commitment is five per month, reflecting the role and responsibilities taken up by each Board member and is subject to agreement with the CCG Chair.

Disqualification Criteria

Individuals disqualified from membership of CCG governing bodies;

1. A Member of Parliament, Member of the European Parliament or member of the London Assembly.
2. A member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland.
3. (1) An individual who, by arrangement with the CCG, provides it with any service or facility in order to support the CCG in discharging its commissioning functions, or an employee or member (including shareholder) of, or a partner in, a body which does so.
   (2) The services and facilities mentioned in sub-paragraph (1) do not include services commissioned by the CCG in the exercise of its commissioning functions.
   (3) In this paragraph, the “commissioning functions” of a CCG are the functions of the group in arranging for the provision of services as part of the health service.
4. 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, or
   (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.

5. A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986(33), sections 56A to 56K of the Bankruptcy (Scotland) Act 1985(34) or Schedule 2A to the Insolvency (Northern Ireland) Order 1989(35) (which relate to bankruptcy restrictions orders and undertakings).

6. (1) A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any of the following(36)—
(a) the Board
(b) a CCG
(c) a Strategic Health Authority(37)
(d) a Primary Care Trust(38)
(e) an NHS Trust(39)
(f) an NHS Foundation Trust
(g) a Special Health Authority(40)
(h) a Local Health Board established under section 11 of the National Health Service (Wales) Act 2006
(i) a Health Board or Special Health Board constituted under section 2 of the National Health Service (Scotland) Act 1978(41)
(j) a Scottish NHS Trust established under section 12A of the National Health Service (Scotland) Act 1978(42)
(k) a Health and Social Services Board constituted under the Health and Personal Social Services (Northern Ireland) Order 1972(43)
(l) the Care Quality Commission established by section 1 of the Health and Social Care Act 2008(44)
(m) the Health Protection Agency established by section 1 of the Health Protection Agency Act 2004(45)
(n) Monitor(46)
(o) the Wales Centre for Health established by section 2 of the Health (Wales) Act 2003(47)
(p) the Common Services Agency for the Scottish Health Service constituted by section 10 of the National Health Service (Scotland) Act 1978(48)
(q) Healthcare Improvement Scotland, established by section 10A of the National Health Service (Scotland) Act 1978(49)
(r) the Scottish Dental Practice Board constituted under section 4 of the National Health Service (Scotland) Act 1978(50)
(s) the Northern Ireland Central Services Agency for the Health and Social Services established under the Health and Personal Social Services (Northern Ireland) Order 1972(51)
(t) the Regional Health and Social Care Board established under section 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009(52)
(u) the Regional Agency for Public Health and Wellbeing established under section 12 of the Health and Social Care (Reform) Act (Northern Ireland) 2009
(v) the Regional Business Services Organisation established under section 14 of the Health and Social Care (Reform) Act (Northern Ireland) 2009
(w) Health and Social Care trusts (formerly known as Health and Social Services trusts), established under the Health and Personal Social Services (Northern Ireland) Order 1991(53)
(x) Special health and social care agencies (formerly known as Special health and social services agencies), established under the Health and Personal Social Services (Special Agencies) (Northern Ireland) Order 1990(54)
(y) The Patient and Client Council established under section 16 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 and;
(z) The Health and Social Care Regulation and Quality Improvement Authority (formerly known as The Northern Ireland Health and Personal Social Services Regulation and Improvement Authority), established under the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003(55).
(2) For the purposes of sub-paragraph (1), a person is not to be treated as having been in paid employment merely because of being—
(a) in the case of a body listed in sub-paragraph (1) which is not an NHS Trust or an NHS Foundation Trust, its chairman, or one of its members whom it does not employ;
(b) in the case of an NHS Trust, its chairman or one of its non-executive directors;
(c) in the case of an NHS Foundation Trust, its chairman or one of its governors or non-executive directors.
7. A health care professional (within the meaning of section 14N of the 2006 Act)(56) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (“the regulatory body”), in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was—
(a) the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated
(b) the person’s erasure from such a register, where the person has not been restored to the register
(c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
(d) a decision by the regulatory body which had the effect of imposing conditions on the person’s practice of the profession in question, where those conditions have not been lifted.
8. A person who is subject to—
(a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986(57) or the Company Directors Disqualification (Northern Ireland) Order 2002(58), or
(b) an order made under section 429(2) of the Insolvency Act 1986(59) (disabilities on revocation of administration order against an individual).
9. A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales(60), the Charity Commission, the Charity Commission for Northern
Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

10. A person who has at any time been removed, or is suspended, from the management or control of any body under—
   (a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(61) (powers of the Court of Session to deal with the management of charities), or
   (b) section 34(5)(e) or (ea) of the Charities and Trustee Investment (Scotland) Act 2005(62) (powers of the Court of Session to deal with the management of charities).

(Detail taken from the NHSCCG Regulation 2012 No.1631)
Person Specification

Lay Member - patient and public Involvement champion

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<th>Criteria</th>
<th>Essential</th>
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<tbody>
<tr>
<td>Qualifications</td>
<td>N/A</td>
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| Experience, Knowledge, Understanding | • Previous experience of working in a collective decision-making group such as a board or committee, or high-level awareness of ‘board-level’ working;  
• A track record in securing or supporting improvements for patients or the wider public;  
• A general understanding of health and an appreciation of the broad social, political and economic trends influencing it;  
• A general understanding of good governance and of the difference between governance and management;  
• 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;  
• Be competent to chair meetings. |
| Leadership and Motivation       | • The ability to demonstrate how your skills and abilities can actively contribute to the work of the governing body and how this will enable you to participate effectively as a team member. |
| Strategic and Analytical Thinking | • Capability to understand and analyse complex issues, drawing on the breadth of data that needs to inform CCG deliberations and decision-making, and the wisdom to ensure that it is used ethically to balance competing priorities and make difficult decisions;  
• The ability to take an objective view, seeing issues from all perspectives, especially external and user perspectives;  
• Able to give an independent view on possible internal conflicts of interest. |
| Communication and influencing   | • The confidence to question information and explanations supplied by others, who may be experts in their field;  
• The ability to influence and persuade others articulating a balanced, not personal, view and to engage in |
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<th>Constructive debate without being adversarial or losing respect and goodwill;</th>
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<td>- The ability to communicate effectively, listening to others and actively sharing information;</td>
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<td>- The ability to recognise key influencers and the skills in engaging and involving them.</td>
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<tr>
<td>Personal</td>
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<td>- Live within the local community or be able to demonstrate how they are otherwise able to bring that perspective to the governing body.</td>
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May 2014