

Prospectus for

CCG Elected Members

2021

**North East Essex Clinical Commissioning Group**

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Contents

|  |  |  |
| --- | --- | --- |
|  | Foreword | Page 3 |
|  | Our Vision and Values | Page 4 |
|  | A clinically-led organisation | Page 5 |
|  | Roles of elected members | Page 6 |
|  | Skills | Page 7 |
|  | Responsibilities | Page 8 |
|  | Personal development opportunities | Page 9 |
| Appendix 1 | How to apply | Page 10 |
| Appendix 2 | CCG Board, Committees and Groups | Page 11 |
| Appendix 3 | Nolan Principles for Standards in Public Life | Page 13 |

**Foreword**

Dear Colleagues,

Welcome to this prospectus for elections on the vital roles of GP Elected Members.

Over 355,000 people live in Colchester and Tendring. As a clinical commissioning group, we work hard not only to cater for their existing health needs, but to decrease health inequality between our communities through effective prevention.

In 2019 the CCG was awarded an ‘outstanding’ rating. To maintain these same high standards, we will need to overcome significant challenges, such as a growing population, the impact of Covid on our population, the impact of the white paper on our structure and governance and NHS financial pressures. However, in order to do this, we are also embracing exciting new opportunities such as coming together as an Integrated Care System and working alongside partners in the North East Essex Health & Wellbeing Alliance, focus on place will be a key part of the role of the elected members.

By working in a smarter, more efficient way, and alongside our provider and primary care colleagues, we will continue to deliver high-quality care that is sustainable for the future. You can get up to speed with our commissioning plans at <https://neessexccg.nhs.uk/library> (look for the ‘Plans and Strategies’ section) and on our NEE Alliance website <https://neessexccg.nhs.uk/alliance>

Our GP Elected Members are vital to these plans. They make up one of our strongest assets, and we are keen to both develop and fully utilise their skills. This prospectus outlines the roles and responsibilities of both GP Elected Members and the CCG.

If you would like to join us, we are seeking four colleagues from our member practices to help shape our plans, provide crucial critical feedback and help us stay closely connected to our member practices. For good representation, we are asking our members to elect two colleagues from Colchester and two from Tendring. The tenure is expected to be until April 2023\*.

The elections are being organised and facilitated by North Essex LMC. Details on how to apply, including the pre-selection process, can be found in Appendix 1. If you have any questions, please email me at [hasan.chowhan@nhs.net](mailto:hasan.chowhan@nhs.net).

We look forward to receiving your applications.

HMC

**Chairman North East Essex Clinical Commissioning Group**

\*Subject to National Guidance, at which point a notice period would be given

**Values Values**

**Our Values**

|  |  |  |
| --- | --- | --- |
| **What it means for local people** | **CCG Values** | **What it means for our team** |
| We work in the spirit of PUBLIC  SERVICE, PROFESSIONALISM and SELFLESSNESS to serve our local population | **INTEGRITY** | Be HONEST with ourselves and each  other. Decisions will be made on MERIT.  Always CHALLENGE each other in a  respectful way |
| We ensure services RESPOND to  people as INDIVIDUALS,  INVOLVING them in care decisions  and planning of services | **PERSON**  **CENTERED** | People are our biggest asset. Select  and encourage people to be BETTER  THAN US, create OPPORTUNITIES for  them to grow |
| Our decisions are driven by the  NEEDS OF THE WHOLE POPULATION  and prioritises the  GREATEST IMPROVEMENTS | **INCLUSIVE** | LISTEN to what people tell us, SEEK  OUT their views. CELEBRATE our joys  and successes |
| Our communities require HIGH  QUALITY SERVICES. We will  seek to always IMPROVE QUALITY  and embrace innovation to do this | **IMPROVEMENT** | DREAM BIG! Pursue THE BEST for  local people. REFLECT on what works;  stop doing what doesn’t!  LEAD BY EXAMPLE |

**The CCG promotes and abides by the Nolan Principles for Standards in Public Life –**

**see Appendix 3**

**Our Vision – Embracing better health for all**

Traditionally, health and social care has been organised more around specific services, rather than the needs of each individual person.

We want to work in partnership with public, patients and carers in North East Essex to help them have greater choice, control and responsibility for health and wellbeing services, promoting place and the development of the population health management locally:

* People will be encouraged and supported to look after their own health and social care needs including their mental health and emotional well being
* Carers will receive the support they need.
* Patients, public and community groups will take up opportunities to be involved in planning and developing services and feeding back on their experience of care
* Services will be centred around the patient and will be high quality, evidence based, cost effective and sustainable across all our providers including primary care
* People will receive seamless and joined up services across their health and social care needs

**A clinically led organisation**

NE Essex CCG became a statutory organisation on 1st April 2013

Understanding that clinicians need to understand and be consulted on what the issues and potential solutions could be – it simply raises clinicians’ antibodies to be told “this is the problem and this is the solution” not view these leadership  positions as transitional along differences between a PCT and CCG are:

A

A **A clinically-led organisation is one where**

* **clinical focus is first and foremost**
* **there is a collaborative and bottom up approach to improving services for patients and carers**
* **local clinicians, supported by managers, lead the transformation agenda**
* **patients and carers are partners at the centre of what we do**

**Overview of roles for elected members**

We are looking to fill 4 roles as Board Members and Alliance Committee (AC) Members. Details about purpose, frequency and length of meetings are shown in Appendix 2.

To apply you must be GMC registered (and remain so during your tenure) and be currently actively working within a primary care role within the NEE System.

**Governance members** – your main duties will be as a CCG Board member plus a member of Alliance Committee. You will have a key role in ensuring that the CCG carries out its statutory functions and you will have an interest in the organisation as a whole and the development of the NEE Alliance, in addition to a focus on clinical excellence and engagement plus visits to provider units.

You will also take a leadership role in supporting the development of the NEE Health and Wellbeing Alliance via our key priorities of work linked to the Alliance delivery plan.

The Governance arrangements will remain flexible and will be in future linked to the Governance structure as outlined within the DHSC white paper. This may mean role descriptions and links to ICS and Alliance boards may be subject to change during your tenure subject to a notice period

System Resilience

Prevention

Equality and Diversity

Neighbourhoods

Development of the Live Well

Domains

All elected members will be expected to attend Board development sessions and to attend the Clinical Reference Group meetings when not attending Board or AC. We will also encourage you to take up opportunities for personal development - see p9.

***If you are interested in applying for Elected member roles, please see Appendix 1.***

***We are also looking for non-elected clinical members to be specialty leads for specific projects now and in the future, these will be advertised separately and will be for a fixed term of 1 year in the first instance.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ROLES | SESSIONS | DUTIES | | | | |
| Governance members | 4 per month\* | Board PLUS  AC | CRG | Elected members meetings  Practice | NEE Alliance development | Board and  Personal development |

\*1 session lasts for 4 hours

Remuneration will be at the following rate: £90 per hour for GP’s and £37 per hour for all other clinical staff.

**We are looking for people with the following skills…….**

**……and we will help you to develop these**

**Responsibilities**

|  |  |
| --- | --- |
| Your responsibilities to the CCG | |
| Be a positive ambassador for the NHS and our CCG including the Health and Wellbeing Alliance | Challenge thinking in a constructive way |
| Own the CCG’s agenda | Help to find and develop solutions |
| Support the CCG to deliver its strategy | Communicate effectively with primary care & patients |
| Give a clinical perspective as we work together | Be a champion for the patients of NE Essex |
| Lead and support innovation and improvement in services | Leave your practice interests at the door |

|  |  |
| --- | --- |
| Our responsibilities to you | |
| Help you keep up to date with national and local initiatives | Support you in your personal development as a clinical commissioner |
| Involve you in the development of strategy and plans | Give you the tools you need to be a clinical commissioner |
| Seek out your views and listen to your advice | Involve you in service development initiatives |
| Give you opportunities to use and develop your leadership skills | Give you opportunities to act as an ambassador for the CCG/Alliance |
| Help you develop your management and project skills | Support you in your work with member practices and providers |

**Personal development**

We recognise that it takes time to fully develop into the role of an elected CCG member and so we take personal and organisational development seriously.

The CCG will provide you with development opportunities, for up to 10% of your contracted hours as follows:-

|  |  |  |  |
| --- | --- | --- | --- |
| 5% of contracted hours | Structured development | Eg courses, conferences, CCG Board Development sessions | Courses and conferences will need to be agreed in advance with the AO in terms of relevance and cost |
| 5% of contracted hours | Individual development | Eg Research, study, job shadowing |  |

Where additional hours are required to undertake structured development, these will be considered by the Accountable Officer on a case by case basis

**Board development**

Board development sessions take place bi-monthly and we have a programme of both internal and external speakers. Sessions are interactive, with plenty of time for questions and discussion.

**Appendix 1 – How to apply**

1. **To be an elected member**

The job descriptions and person specification are embedded below:-

   

Please email your application form, (and CV where applicable) to:

[**Annette@essexlmc.org.uk**](mailto:Annette@essexlmc.org.uk)

with “NEE CCG Elections” in the subject line by close of business on **28th May 2021.** When completing your application your answers should demonstrate:-

* How you can contribute to delivering the CCG and Alliance vision
* Your skills and experience in:-
  + Leadership, eg practice meetings, working groups, Alliance development
  + Service development, eg QP pathways
  + Engagement and communication, eg patient and professional groups

All applications will be acknowledged.

An Equal Opportunities Monitoring Form can be found below.

*(Completion is optional).*



All applications will be assessed against the person specification by a Panel convened by the LMC. The Panel will comprise representatives from NHS England, Secondary Care, Essex County Council and South Essex LMC.

Applicants who the Panel consider meet the requirements of the Person Specification will be eligible to stand for election, should this prove necessary. All applicants will be informed of the outcome of the LMC assessment by 8th June 2021

**Appendix 2 – Summary of role of CCG Board, Committees and Groups**

|  |  |  |
| --- | --- | --- |
| **Board / committee / group** | **Main functions** | **Frequency (and length of meetings)** |
| CCG Board | Commissioning those services within its remit, making optimal use of resources to meet the reasonable needs of all patients in NE Essex | Bi-monthly (4 hours) |
| Clinical Audit | Assure quality and contractual compliance with contracts | Hours as required, depending on scope of audit |
| Contracts meetings  There are meetings with each provider | To ensure that all services delivered under the contract attain the appropriate levels of quality and are compliant with all aspects of the Contract | Monthly or quarterly (dependant on provider) (2 hours) |
| Clinical Quality Review Groups x 4   1. ENEFT 2. ACE/NICS 3. OOH 4. EPUT | To provide the Contract Performance Monitoring Group with an independent and objective review of all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients | Each Group meets monthly  (2 hours) |
| Clinical Reference Group | To provide clinical support to CCG through weekly meetings | Tuesday PM (4 hours) |
| Elected Members meetings | To provide updates and allow time for discussions with senior managers on specific issues | Monthly (1.5 hours) |
| NE Essex Health Forum | Public membership organisation that works with the CCG to ensure that the patient, carer and public voice is heard | Forum Committee meets monthly (2 hours) and the three Local Engagement Forums each meet bi-monthly (2 hours) |
| Quality Committee | To provide the CCG Board with an independent and objective review of all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients | Monthly (3 hours) |
| Quality, Innovation, Productivity and Prevention | The QIPP Programme Board is authorised by the CCG Executive to oversee QIPP delivery and performance, encompassing finance and performance information. | Monthly (2 hours) |
| Practice Visits | Peer quality reviews and support | One per practice per annum (1 hour each) |
| Programme Board | Ensure delivery of CCG’s Integrated Plan | Monthly (1.5 hours) |
| Alliance Committee | To manage the delivery of the commissioning plan on behalf of the CCG Board | Monthly (4 hours) |
| System Resilience Group | Developing and overseeing implementation of urgent care strategy for NE Essex | Weekly (2 hours) |

**Appendix 3 Nolan Principles for Standards in 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 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 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.