



Candidate Information Pack for Clinical Commissioning Group Elections 2017

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References:

1. CCG Constitution

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=4360&type=0&servicetype=1>

2. Conflict of Interest Policy

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/how-we-meet-our-duties/conflicts-of-interest/>

Introduction

Thank you for expressing an interest in putting yourself forward as a Governing Body member.

This booklet provides information about Cambridgeshire and Peterborough Clinical Commissioning Group. It aims to help you to decide if you would like to put yourself forward for election.

Anyone wishing to become a CCG Governing Body representative should read this information carefully.

Your involvement as a member is important to us. However we recognise that standing for election will require time and commitment.

We hope you will want to get involved by standing for election. All information can be downloaded from www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/news-and-events/latest-news/gp-elections-2017/

Thank you for taking the time to read this booklet. We are happy to answer any questions. Please contact Sharon Fox, CCG Secretary, by telephone on 07506 867495 or by email on sharon.fox3@nhs.net

Dr Gary Howsam
Clinical Chair and Chief Clinical Officer
Cambridgeshire and Peterborough Clinical Commissioning Group

About Cambridgeshire and Peterborough Clinical Commissioning Group

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) is a statutory body set up to commission health services on behalf of the patients it serves. The CCG and GP member practices work together collaboratively to fulfil the purpose of the CCG. The CCG's Constitution sets out how the organisation is governed and how commissioning decisions are made.

The CCG is a membership organisation. We are one of the largest CCGs in England, by patient population. We have 103 GP practices as members, which cover all GP practices in Cambridgeshire and Peterborough, including three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford).

We have a patient population of approximately 950,000 which is diverse, ageing and has significant inequalities. We manage a budget of around £1 billion to spend on healthcare for the whole population of this area, which is just over £1,000 per person.

Vision

Cambridgeshire and Peterborough CCG will work in partnership to improve quality of care, to develop healthy communities through change and innovation, making wise decisions about how we use the resources available to us.

Our Mission

To empower our communities to keep healthy and to commission good quality healthcare for all those who need it.

Our Values

We are committed to being:

- Organised
- Honest
- Decisive
- Innovative
- Ambitious
- Compassionate

The responsibilities of Governing Body representatives

The members of the Governing Body are key appointments for our CCG. These are extremely high profile positions and require outstanding individuals.

The ideal candidates will be able to demonstrate that they are recognised and respected by their peers. All members should be able to demonstrate the leadership skills necessary to fulfil the responsibilities of these key roles and be able to establish credibility with all stakeholders and partners. Especially important is that the Governing Body remains in tune with member practices and secures their confidence and engagement. They will need to share responsibility with the other members for all aspects of our business. The individuals acting on behalf of member practices will bring the unique understanding of those member practices to the discussion and decision making process. The following attributes and competencies are therefore required:

- Have the confidence of the member practices in the CCG, demonstrating an understanding of all of the member practices, of the issues they face and what is important to them.
- Be competent, confident and willing to give an unbiased strategic clinical view on all aspects of CCG business.
- Be highly regarded as a clinical leader, beyond the boundaries of a single practice or profession – demonstrably able to think beyond their own professional viewpoint.
- Be able to contribute a generic view from the perspective of a member practice in the CCG, whilst putting aside specific issues relating to their own practice circumstances.
- Have an in-depth understanding of a specific locality(ies) if the CCG has decided to operate in this way.
- Be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value.

Please see Appendix A for the GP Governing Body Member Role Description.

The Composition of the CCG's Governing Body

As set out in the CCG's Constitution, the Governing Body shall not have less than 16 Members and comprises of:

- a) Lay Chair
- b) Eight representatives from member practices; one to be elected as Vice Chair
- c) Four Lay Members:
 - i. one to lead on Audit, Remuneration and conflict of interest matters,
 - ii. one to lead on Patient and Public participation matters,
 - iii. one to lead on Finance and Performance matters; and
 - iv. one to lead on Assurance.
- d) One Nurse Lead
- e) One Hospital Doctor
- f) Chief Officer (Accountable Officer)

g) The Chief Finance Officer

h) Other Individuals:

- i. The Co-opted Directors of Public Health
- ii. The Governing Body may agree to co-opt further individuals as appropriate.

You can find out more about our current Governing Body members and Governing Body meetings on our website at www.cambridgeshireandpeterboroughccg.nhs.uk.

The Nolan Principles

As set out in our Constitution, any individual working within the CCG will at all times observe accepted principles of good governance in the way it conducts its business. This includes the standards of behaviour published by the Committee on Standards in Public Life (1995) known as the 'Nolan Principles'. These are set out below:

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
- 6. 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.
- 7. Leadership** – Holders of public office should promote and support these principles by leadership and example.

Conflicts of Interest Policy

Overview

The CCG has refreshed its Conflicts of Interest Policy to ensure that the CCG meets the revised NHS England [Managing Conflicts of Interest Statutory Guidance](#) published in June 2016.

The Policy enables the CCG to demonstrate that it is acting fairly and transparently and in the best interest of our patients and local population. It is drafted to ensure that the CCG operates within the legal framework, but without being bound by over-prescriptive rules that stifle innovation. The Policy aims to:

- safeguard clinically led commissioning, whilst ensuring objective investment decisions;
- enable the CCG to demonstrate that it is acting fairly and transparently and in the best interest of our patients and local population;
- uphold confidence and trust in the NHS;
- support the CCG to understand when conflicts (whether actual or potential) may arise and how to manage them if they do; and
- ensure that the CCG operates within the legal framework.

Finally, it will uphold confidence and trust between patients and GPs, in recognition that individual commissioners want to behave ethically but may need support and training to understand when conflicts (whether actual, potential or perceived) may arise and how to manage them if they do.

Definition of an Interest

Conflicts of interest can arise in many situations, environments and forms of commissioning, with an increased risk in primary care commissioning, out-of-hours commissioning and involvement with integrated care organisations, as clinical commissioners could potentially find themselves in a position of being at once commissioner and a provider of services.

Conflicts of interest can arise throughout the whole commissioning cycle from needs assessment, to procurement exercises, to contract monitoring.

Interests can be captured in four different categories:

Financial interests: This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- 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 (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
- A management consultant for a provider.

This could also include an individual being:

- In secondary employment

- In receipt of secondary income from a provider;
- In receipt of a grant from a provider;
- In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) 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: 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, for example, include situations where the individual is:

- 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, British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
- An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE);
- A medical researcher.

GPs and practice managers, who are members of the Governing Body or Committees of the CCG, should declare details of their roles and responsibilities held within their GP practices.

Non-financial personal interests: 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:

- 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.
- Suffering from a particular condition requiring individually funded treatment.
- A member of a lobby or pressure group with an interest in health.

Indirect interests: 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) for example, a:

- Spouse / partner
- Close relative e.g., parent, grandparent, child, grandchild or sibling;
- Close friend;
- Business partner.

A declaration of interest for a “business partner” in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

A range of conflicts of interest case studies has been prepared by NHS England. This will be used to support training within the CCG. Further detail is provided in the [Policy](#).

Members and employees should use the Declarations of Interest Template set out in Appendix 1 of the Policy. A Register of Interests will be maintained by the CCG and will be published on the CCG's web-site.

Declarations

All CCG members and employees are required to declare any relevant and material personal or business interests and any relevant and material personal or business interest of their spouse; civil partner; cohabitee, family member or close friend which may influence or may be perceived to influence their judgement.

Decision-making in meetings

Where certain members of a decision-making group / meeting have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision-making itself (i.e., not have a vote). The chair of the meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting and published in the registers. The meeting will need to decide in advance who will take the chair's role for discussions and decision-making in the event that the chair of a meeting is conflicted, or how that will be decided at a meeting where that situation arises.

Secondary employment

The revised Policy also sets out some new requirements in relation to secondary employment. The CCG will require that individuals obtain prior permission to engage in secondary employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. CCGs should ensure that they have clear and robust organisational policies in place to manage issues arising from secondary employment. In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves, to be in receipt of payments from the pharmaceutical or devices sector. Further detail is set out in Section 9.2 of the Policy.

Regular review

The CCG will review its Register of Interests on a six-monthly basis.

All members and employees should declare their interests as soon as they become aware of it, and in any event, not later than 28 days after becoming aware.

If you are found to have accepted, or given, any bribe or inducement that is in breach of CCG policy, and/or the Bribery Act 2010 you will face action which may include an investigation by the Local Counter Fraud Specialist that could result in criminal and/or disciplinary action being taken against you in line with the CCG Disciplinary Policy or be referred to the appropriate regulatory body.

Further Information and Advice

In line with the revised Guidance, the CCG now has a Conflicts of Interest Guardian who:

- Acts as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest.
- Is a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy.
- Supports the rigorous application of conflict of interest principles and policies.
- Provides independent advice and judgment where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation.
- Provides advice on minimising the risks of conflicts of interest.

The role of Conflicts of Interest Guardian is our Lay Member (Governance and Audit Committee Chair) and is supported by the CCG Secretary / Deputy Director of Corporate Affairs. In the first instance, please contact Sharon Fox sharon.fox3@nhs.net if you do have any queries, or want to seek advice on the Conflicts of Interests Policy or any concerns that you may have.

References

Managing conflicts of interest: revised statutory guidance for CCGs (NHS England, June 2016)
<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/06/revsd-coi-guidance-june16.pdf>

CCG Conflicts of Interest Policy

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/about-us/how-we-meet-our-duties/conflicts-of-interest/>

How to apply

Nominations

If you are interested in standing for election please complete the Nomination Form and return it to Cambridgeshire LMC by email to admin@cambslmc.org by **5pm on Friday 21 July 2017**.

We are looking to attract well-respected and forward-thinking GPs who are passionate about ensuring we have sustainable health care for Cambridgeshire and Peterborough. We would also like to see the Governing Body represent the diverse nature of our population.

Eligibility

All practicing GPs working for a substantial amount of time in the Cambridgeshire and Peterborough Clinical Commissioning Group area (partners, salaried GPs and locums) are eligible to put themselves forward for nomination.

Governing Body members can be appointed for a maximum of two consecutive terms.

Duration of Office

Three years (to 2020).

Remuneration

Remuneration for all roles will be £285 per session (3.5hrs).

In line with recent HMRC guidance, the CCG Remuneration and Terms of Service Committee has agreed that there is an option for clinical leads to be employed on a fixed term basis by the CCG. This will be discussed further, if appropriate, following elections with successful candidates.

An annual performance appraisal will be undertaken.

Timetable for Nominations and Elections

7 July 2017	Call for nominations
Friday 21 July	Deadline for nominations to be received by LMC
24 July – 4 August	Election period (if required)
Tuesday 5 September 2017 (GB in public)	Outcome of elections to be announced - appointment commences (subject to formal ratification by GB in public)

You can find electronic copies of the following documents on the Healthcare Professionals' area of the CCG website:

- Nomination form
- Covering letter
- Candidate Information Pack

<https://www.cambridgeshireandpeterboroughccg.nhs.uk/health-professionals/news-and-events/latest-news/gp-elections-2017/>

Role Description

Title:	GP Governing Body Member
Time Commitment:	To be agreed (approximately 8 sessions per month)
Remuneration:	In line with the CCG's Remuneration Framework (agreed annually)
Tenure:	3 years

1. Introduction

All members of the NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) Governing Body will act in the interests of the corporate CCG and all the patients it serves. The primary roles of GP members are clinical leadership and governance of the organisation as a whole, though they also have a duty to represent and consult with the member practices on a wide range of issues.

2. Core attributes and competencies

2.1 Each individual needs to bring to the Governing Body the following core attributes and competencies:

- demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer;
- 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 [Standards for members of NHS Boards and Governing Bodies in England](#) 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;

2.2 As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, the individuals acting on behalf of Member Practices will bring the unique understanding of those member practices to the discussion and decision making of the Governing Body as their particular contribution. GP Members will therefore have the following specific attributes and competencies

- have the confidence of the member practices in the CCG, demonstrating an understanding of all of the member practices, of the issues they face and what is important to them;
- be competent, confident and willing to give an unbiased strategic clinical view on all aspects of CCG business;
- be highly regarded as a clinical leader, beyond the boundaries of a single practice or profession – demonstrably able to think beyond their own professional viewpoint;
- be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value; and
- be able to contribute a generic view from the perspective of a member practice in the CCG, whilst putting aside specific issues relating to their own practice circumstances.

3. Leadership Qualities

Each individual needs to bring to the Governing Body, the following leadership qualities:

- **creating the vision** - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations;
- **working with others** - effective leadership requires individuals to work with others in teams and networks to commission continually improving services;
- **being close to patients** - this is about truly engaging and involving patients and communities;
- **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;
- **demonstrating personal qualities** - effective leadership requires individuals to draw upon their values, strengths and abilities to commission high standards of service; and
- **leadership essence** - can best be described as someone who demonstrates presence and engages people by the way they communicate, behave and interact with others.

4. 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.

5. Core personal experience

Each individual should be able to demonstrate they are capable of acquiring the following personal experience:

- 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.

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