Application Pack:

Applicants for post of Lay Member – Governance and Audit
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1.0 Letter from Dr Paul Bowen, Clinical Chair of NHS Eastern Cheshire Clinical Commissioning Group

Dear Applicant

Thank you for your interest in the post of Lay Member – Governance and Audit on the Governing Body of NHS Eastern Cheshire Clinical Commissioning Group (CCG).

As a lay member on the CCG’s Governing Body this 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 external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit and remuneration. They will need to be able to chair a number of key CCG Committees. This person will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times. National guidance, and good practice, requires that post also has a specific role for the CCG in ensuring that appropriate and effective whistle blowing counter-fraud and managing conflicts of interest systems are in place.

As with all our Governing Body members, the post will have a key responsibility in ensuring the CCG has a strong focus on improving health outcomes, addressing inequalities and variations in health outcomes and experience and delivering value for the population of Eastern Cheshire.

Should you wish to be considered for the position, please read the supporting information in this pack carefully and submit your completed application by Friday 8th September 2017.

For an informal discussion please contact me, Dr Paul Bowen, Clinical Chair, in the first instance on 01625 663477 (e-mail paul.bowen@nhs.net) or Jerry Hawker, Chief Officer on 01625 663477 (e-mail jerry.hawker@nhs.net) before the closing date. This will play no part in the selection process.

We hope you find this an exciting opportunity to work in a dynamic environment influencing the future direction of the NHS and we look forward to receiving your application and meeting you in due course.

Yours sincerely

Dr Paul Bowen
Clinical Chair
NHS Eastern Cheshire Clinical Commissioning Group
2.0 Information about NHS Eastern Cheshire Clinical Commissioning Group

2.1 About NHS Eastern Cheshire CCG

NHS Eastern Cheshire Clinical Commissioning Group (CCG) is a membership organisation of 23 GP Practices working within five town based locality peer groups (Figure One). The CCG became a statutory NHS Body on 1 April 2013.

**Figure One**  GP Practices and locality peer groups in Eastern Cheshire

Our five localities, known as General Practice Locality Peer Groups, are:
- Alderley Edge, Chelford, Handforth, and Wilmslow
- Bollington, Disley, and Poynton
- Congleton and Holmes Chapel
- Knutsford
- Macclesfield.

The main purpose of the CCG is to plan, commission (buy) and monitor the highest quality of health care services within available funds, and monitor the quality of these services. We are responsible for commissioning health services to meet all the reasonable requirements of our local population, with the exception of certain services commissioned directly by NHS England, health improvement services commissioned by Cheshire East Council, and health protection and promotion services provided by Public Health England.

Our main commissioning responsibilities include:
- elective hospital care
- rehabilitation care
• urgent and emergency care, including GP Out of Hours and NHS 111
• most community health services
• mental health and learning disability services
• prescribing and medicine optimisation
• emergency and patient transport ambulance services
• NHS continuing healthcare and NHS funded nursing care.

We also have the responsibility for commissioning emergency and urgent care services for the population within our boundaries as well as for commissioning services for any unregistered patients who live in our area. A list of commissioning functions and duties for CCGs can be viewed at: http://www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf.

From 1 April 2016 the CCG has also undertaken delegated arrangements for the commissioning of Primary (GP) care medical services.

The CCG’s full statutory responsibilities are detailed within its constitution. The main responsibilities include:
• upholding the NHS Constitution,¹ CCG Constitution² and governance standards
• quality assurance and quality improvement of commissioned services
• quality improvement of GP services in partnership with NHS England
• safeguarding children and vulnerable adults
• reducing health inequalities
• Public Sector Equality Duty
• public involvement in CCG and promotion of choice
• training, innovation and research
• environmental sustainability
• delivering on relevant areas of the Governments mandate to NHS England and the NHS England planning guidance ‘Everyone Counts’³
• achieving financial balance.

2.2 Strategic Objectives
Our strategic objectives are:
• to lead the development of a shared vision for the health and social care economy
• to use the knowledge and experience of clinicians and managers to improve care
• to work effectively with our members
• to place patients at the centre of our commissioning decisions
• to commission safe, effective care that continues to improve patient experience
• to continue to develop the effectiveness of the organisation
• to ensure financial sustainability for the health economy.

2.3 Ambitions
The CCG has seven ambitions:
• increase the number of people having a positive experience of care
• reduce the inequalities in health and social care across Eastern Cheshire
• ensure our citizens access care to the highest standards and are protected from avoidable harm

¹ http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx
³ http://www.england.nhs.uk/everyonecounts/
• ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services
• increase the proportion of older people living independently at home and who feel supported to manage their condition
• improve the health-related quality of life of people with one or more long term conditions, including, mental health conditions
• secure additional years of life for the people of Eastern Cheshire with treatable mental and physical health conditions.

2.4 Plans on a Page
Appendix One shows the CCGs Operational Plan ‘Plan on a Page’ for 2017-19 which identifies our plans and priority areas for the next two year period.

2.5 Our structure
We employ more than 70 staff who work alongside the clinical staff of the 23 practices of the CCG. Our workforce has been aligned to deliver on the Corporate, Commissioning, Transformational and Finance functions and requirements of the CCG. With NHS South Cheshire CCG and NHS Vale Royal CCG we also employ joint teams around Medicines Management, and with NHS West Cheshire CCG and NHS Wirral CCG Continuing Healthcare. The management of the CCG is structured around the teams responsible for delivering these functions, and link into a number of developments with partner organisations.

2.6 Governing Body of NHS Eastern Cheshire CCG
As set out in the Health and Social Care Act 2012, each CCG must have a Governing Body. The Governing Body is the main decision making body of the CCG and its main functions are to ensure that the organisation is making best use of the money available, buying and developing health services that meet the needs of local people and is effectively delivering on its duties as a statutory NHS organisation, in accordance with any generally accepted principles of good governance that are relevant.

The Governing Body has the following key responsibilities:
• assurance, including audit and remuneration
• assuring the decision-making arrangements
• oversight of arrangements for dealing with conflict of interest
• agreeing the vision and strategy
• formal approval of commissioning plans on behalf of the CCG
• oversight of performance
• providing assurance of strategic risks.

The Governing Body meets both in public and in camera (closed meeting) on a monthly basis and always on the last Wednesday of each month.

The CCG Governing Body comprises 16 members, 14 of which have voting rights. The Governing Body is composed of the following positions:
• Clinical Chair of the Governing Body x1
• Accountable Officer (termed locally as the Chief Officer) x1
• Chief Finance Officer x1
• General Practice Locality Peer Group Representative x5
• Lay member with a lead role for governance x1
• Lay member with a lead role for patient and public involvement (PPI) x2
• Clinical member - Secondary Care Doctor x1
• Clinical Member - Registered Nurse x1
• Cheshire East Public Health representative x1
• Commissioning Director (unable to vote)
• Strategy and Transformation Director (unable to vote).

The Governing Body has a statutory requirement to have an Audit Committee, a Remuneration Committee and due to a delegation agreement with NHS England a Primary Care Commissioning Committee. The CCG has also opted to have Clinical Quality and Performance Committee. All of these Committees draw voting membership from the Governing Body and have decision making authority, as defined within their Terms of References. The Terms of Reference and duties of each of these Committees can be viewed at https://www.easterncheshireccg.nhs.uk/About-Us/our-structure.htm. The Governing Body also receives guidance and support from a number of advisory committees. The Governing Body is also supported by the Executive Team of the CCG and the three CCG directorates.

To view past Governing Body meetings and papers go to: https://www.easterncheshireccg.nhs.uk/Meetings/governing-body.htm

2.7 Further Information
For further information about the CCG please refer to our website: www.easterncheshireccg.nhs.uk or read the following key CCG documents that are available on our website:
• CCG Annual Report and Accounts 2016-17
• CCG Five Year Strategic Plan 2014/15 – 2018/19
• CCG 360 Stakeholder Survey Feedback 2017

The CCG also operates an extensive integrated multi-channel communications service that makes full use of both analogue and digital channels. As well as our website you can find out more about the CCG on the following digital forums/channels:

The CCG also has also published a number of films that provide insight into its structure, operation and intentions:
• Transforming care https://youtu.be/kBZ4f8AisfY
• Caring Together in Eastern Cheshire https://youtu.be/AF3wkYZxfBk
• Caring Together – Sheila’s story https://www.youtube.com/watch?v=6FFsDt5qTkw

2.8 About the Eastern Cheshire Healthcare Economy
The Eastern Cheshire region has a population of over 207,000 people. The region covers approximately 53% of the Cheshire east Council area. Health and social care spending on the residents of Eastern Cheshire is over £300m per year. Around a third of this is spent on hospital care, a thirteenth on GP practices (Primary Medical Care), one sixth on community care, one seventh on social care, one twentieth on mental health and the rest on other services such as prescribing and specialist care. Whilst over £300m is a large amount of funding for local health and care services, if demand for health and care services continues at the current rate and
services continue to be delivered as they always have been then there will be a predicted significant financial shortfall in Eastern Cheshire by 2018/19.

A range of health services are also commissioned by the local Public Health department of the council which span across and contribute to the local primary care, mental health and community care services e.g. NHS health checks, drugs and alcohol services, sexual health services and school health services. **Figure Two** provides a summary of key facts about the Eastern Cheshire healthcare economy, described within this section. The proximity of Eastern Cheshire to Greater Manchester provides Eastern Cheshire residents with significant access and choice of general acute hospital services and access to a range of specialist care providers (Figure Three). There is already an innovative model of providing specialist services locally with larger, specialist hospitals, like The Christie Hospital NHS Foundation Trust, enabling chemotherapy to be administered at East Cheshire NHS Trust, and a number of other locally delivered services.

In Eastern Cheshire there is much to be proud of. Our staff continue to work hard to provide good care of a high standard, local people are relatively healthy compared with other parts of the country and local organisations have a track record of working well together to meet the needs of local people, however we know that more needs to be done to improve our services. In this context, it is why the local NHS came together with Cheshire East Council and launched the Caring together programme to look at new ways of providing high quality care services locally and design an integrated care system (Appendix Two) for Eastern Cheshire. More information about the Caring Together programme can be found at [www.caringtogether.info](http://www.caringtogether.info) and by reading Caring Together in Eastern Cheshire: A Five year Forward View.

**Figure Two: Key facts about Eastern Cheshire**
2.9 Future of Health Commissioning in Cheshire

NHS Eastern Cheshire CCG is one of four CCGs that cover the population of Cheshire. The GP Chairs and Accountable Officers of the four Cheshire CCGs - West Cheshire, Eastern Cheshire, South Cheshire and Vale Royal - have discussed at length over the last 6 months the issue of closer working and joint commissioning between the four CCGs, including the establishment of a Joint Commissioning Committee as well as better utilising our collective resources and expertise to address the challenges that we all face across Cheshire. These conversations have reflected and have progressed on from many of the conversations held between the four CCGs since their establishment four years ago.

Throughout June and August 2017 each CCG Governing Body has received a further paper containing the proposed Terms of Reference for the Joint Commissioning Committee. Each Governing Body has now approved the Terms of Reference. Each CCG is now seeking throughout August and September the support of its member practices in approving revisions to their respective Constitutions ahead of seeking approval from NHS England.

Parallel to the ongoing discussions around collaborative commissioning, work is underway in the development of Accountable Care Systems/Organisations across Cheshire. The development of Accountable Care may well see a fundamental change to the way care is delivered and commissioned to help improve outcomes and performance.

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5 https://www.kingsfund.org.uk/publications/accountable-care-organisations-explained
Sustainability and Transformation Partnerships (STPs) were announced in the NHS Planning Guidance of December 2015. They are the new strategic planning framework for local health and care economies in England. They are place-based, multi-year plans built around the needs of local areas rather than the activities of individual organisations. They are intended to meet the following key challenges set out in the NHS Five-Year Forward View published in October 2014:

- **the health and wellbeing gap** - the need to reduce demand on the NHS by addressing health inequalities and preventing ill health
- **the care and quality gap** - reducing variations in quality, safety and outcomes through greater use of technology and innovation
- **the funding and efficiency gap** - securing the long-term financial sustainability of the NHS while ensuring that additional funding is used to improve efficiency and transform services.

STPs are also intended to strengthen local relationships by requiring CCGs, NHS providers, local authorities and other health and care services to work together in the 44 STP footprints to develop robust plans to transform how health and care services are delivered. STP footprints are based on natural communities, existing working relationships and patient flows.

Eastern Cheshire is part of the Cheshire and Merseyside STP - the second largest in England with 2.5 million people and 12 CCGs. Each STP is made up of a number of local delivery systems (LDSs). The LDS for Eastern Cheshire is Cheshire and Wirral. The purpose of LDSs is to enable organisations to collaborate on local challenge STPs are required to:

- cover the full range of footprint partners including primary and secondary healthcare, adult social care and public health services commissioned and provided by local government
- address how local partners will meet key national commitments including returning NHS organisations to financial balance, introducing seven-day services, achieving targets for cancer treatment and other clinical activities, investing in primary care and improving prevention.

To meet the above requirements, the Cheshire and Merseyside STP has agreed to focus on:

- reducing hospital demand and costs
- improving patient experience and reducing unwarranted variation in access to and quality of services
- improving health awareness and illness prevention
- using new technology to improve patient care
- improving ‘back office’ efficiencies (e.g. shared HR, legal and finance functions) and reducing waste.

Further details on the plans of the Cheshire and Merseyside STP can be found at: [https://www.easterncheshireccg.nhs.uk/About-Us/sustainability-and-transformation-plan.htm](https://www.easterncheshireccg.nhs.uk/About-Us/sustainability-and-transformation-plan.htm)

### 2.10 Why work and live in Eastern Cheshire

Our staff consider the CCG a great place to work. Watch a video via the link below to learn more about what we do and why our colleagues love working here: [https://youtu.be/y8Y37AQ50uQ](https://youtu.be/y8Y37AQ50uQ)

The Eastern Cheshire region is located in the North West of England and includes towns such as Alderley Edge, Bollington, Chelford, Congleton, Handforth, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow, as well as many villages and rural areas. It has a population of over 204,000 and most local people are classed as ‘white British’. The CCG area
has 53% of the population of Cheshire East Council. With NHS South Cheshire CCG, the CCG is co-terminous with the boundaries of the Council. Cheshire East is the third largest unitary authority in the North West next to Manchester and Liverpool.

Quality of Life
Cheshire East heads the list of the best places to live in the North West. The Halifax Quality of Life survey, now in its ninth year, is an indicator of life expectancy, family income, employment rate, exam performance, even sunshine and rainfall. The borough is ranked 100th out of the top 250 boroughs across the country. Also, an analysis based on a survey of more than 300,000 people across Britain by the Office for National Statistics found Cheshire East to the happiest place to live in England.

Economy
The Cheshire East economy boasts the strongest economy in the region with more than 10% of the UK’s leading 200 companies including Bentley Motors, AstraZeneca, Waters Corporation, Siemens, Airbags International and Oliver Valves. It has established itself as one of the UK’s major business hot spots with thriving business sectors, excellent jobs and business opportunities, together with a highly skilled and talented workforce.

Travel
Cheshire East benefits from excellent, extensive transport links and is served directly by the M6 and M56 motorways and regular mainline train services. It is also in close proximity to two of the fastest growing airports in Europe, Manchester International Airport and Liverpool John Lennon Airport.

Education
A full range of education services exist within Cheshire East, with Cheshire East’s schools (primary and secondary) ranked second best in England (over 90% of schools are rated good or outstanding).

Cheshire East also has the fewest NEET’s (young people not in education or employment or training) in the North West and last year nearly 4,000 young people were offered a sixth form or college place or a job with training – 99% of all school leavers.


Want to know more about the role of Lay members on the Governing body of a CCG? Then read: https://www.nhsc.org/networks/lay-members-network/
3.0 Job Description and Person Specification

Members of the Governing Body are key appointments for the 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 Governing Body members need to 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 its member GP practices and secures their confidence and engagement.

Individual members of the Governing Body will bring different perspectives, drawn from their different professions, roles, background and experience. These differing insights into the range of challenges and opportunities facing the CCG will, together, ensure that the CCG takes a balanced view across the whole of its business.

3.1 Core role outline – for all Governing Body members

CCG Governing Body member role descriptions need to be in line with the requirements of the national legislative framework for CCGs and there are certain elements that are desirable for all roles.

A core role outline for all Governing Body members and a core set of skills, competencies and attributes are described in this section. These are then supplemented for the Lay Member for Governance and Audit post by a set of specific attributes and competencies which may be appropriate to ensure the unique contribution of that individual member to the workings of the whole Governing Body.

As a member of the CCGs 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 on the Governing Body 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 nurtured and maintained that ensures the voice of the member practices is heard
• 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 health and wellbeing, supporting people to keep mentally and physically well, to get better when they are ill and when they cannot fully recover, to stay as well as they can to the end of their lives;
• 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.
Each individual on the Governing Body is expected to demonstrate high standards of corporate and personal conduct. All Governing Body members upon appointment are asked to subscribe to the Nolan Principles of Public Life (Appendix Four).

### 3.2 Core attributes and competencies

Each individual member of the Governing Body needs to:

- 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[^6];
- be committed to ensuring that the organisation values diversity and promotes equality and inclusivity in all aspects of its business;
- be able to give an independent view on possible internal conflicts of interest;
- be competent to chair meetings;
- 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:
  - **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.

### 3.3 Core understanding and skills

Each individual member of the Governing Body 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;

• an understanding of Conflicts of Interest management and mitigation. A key publication of note is ‘Managing Conflicts of Interest: revised statutory guidance for CCGs (June 2016)’\(^7\) All Governing Body members are required 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.
• a general understanding of financial management.
• 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;
• 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.

3.4 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.

In addition to the core role outline and the core skills, attributes and experience expected of all members of the Governing Body, supplementary information is provided below for the Lay Member – Governance and Audit post that is specified in the legislation.

3.5 Additional specific attributes and role outline – Lay Member Governance and Audit
As well as sharing responsibility with the other members for all aspects of the CCG Governing Body business, the role of this lay member will be to bring specific expertise and experience to the work of the Governing Body. Their 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.

As a lay member on the CCG’s Governing Body this 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 external view of the work of the CCG that is removed from the day-to-day running of the organisation. Their role will be to oversee key elements of governance including audit and remuneration. They will need to be able to chair a number of key CCG Committees. This person will have a lead role in ensuring that the Governing Body and the wider CCG behaves with the utmost probity at all times. National guidance, and good practice, requires that post also has a specific role for the CCG in ensuring that appropriate and effective whistle blowing counter-fraud and managing conflicts of interest systems are in place.

\(^7\) [https://www.england.nhs.uk/commissioning/pc-co-comms/coi/](https://www.england.nhs.uk/commissioning/pc-co-comms/coi/)
3.6 Specific attributes and competencies
Ideally this Lay member will have a CCAB accountancy qualification, although this is not essential.

They will, however,

- have the skills, knowledge and experience to assess and confirm that appropriate systems of internal control and assurance are in place for all aspects of governance, including financial and risk management;
- have an understanding of the role of audit in wider accountability frameworks;
- have an understanding of the resource allocations devolved to NHS bodies and a general knowledge of the accounting regime within which a CCG will operate;
- have the ability to chair meetings effectively;
- be able to give an independent view on possible internal conflicts of interest; and
- have recent and relevant financial and audit experience, sufficient to enable them to competently engage with financial management and reporting in the organisation and associated assurances.
- live within the local community or registered with an Eastern Cheshire GP practice and be able to demonstrate how they are otherwise able to bring that perspective to the Governing Body

3.7 Additional specific responsibilities

- as one of the Lay Members, the postholder may be asked to fulfil the role of Lay Member Deputy Chair of the CCG Governing Body. In circumstances where there is a conflict of interest present excluding a GP to be Chair of a Governing Body meeting, a Lay Member will be required to Chair the Governing Body meeting

3.9 Disqualification criteria for appointment

Schedule Five of The NHS CCG Regulations (2012) provide that some individuals will not be eligible to be appointed to CCG Governing Bodies. It is recommended that before considering applying, all potential applicants should view the Schedule Five at [http://www.legislation.gov.uk/uksi/2012/1631/pdfs/uksi_20121631_en.pdf](http://www.legislation.gov.uk/uksi/2012/1631/pdfs/uksi_20121631_en.pdf) so as to ensure that they are eligible for consideration upon application.
4.0 Appointment details
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.

4.1 Time Commitment
You will be expected to be available up to a minimum of **3.5 days per month**, including some possible evening engagements. Upon appointment, the specific time commitment will be agreed based upon agreed attendance at sub-committees, advisory boards/committees and meetings.

4.2 Remuneration
The remuneration for this post is **£267 per day**. Remuneration associated with this appointment is taxable under Schedule E and subject to Class 1 NI contributions. It is not pensionable.

4.3 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.

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

4.4 Period of appointment
If successful the individual will be appointed on a fixed term period of two years, with the option of a further two year extension subject to agreement between both parties.

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

4.6 Disqualification criteria for appointment
Schedule Four and Schedule Five of The NHS CCG Regulations (2012) provide that some individuals will not be eligible to be appointed as Lay Members to CCG Governing Bodies as well as those who are disqualified from being members of CCG Governing Bodies. It is recommended that before considering applying, all potential applicants should view the schedules at [http://www.legislation.gov.uk/uksi/2012/1631/pdfs/uksi_20121631_en.pdf](http://www.legislation.gov.uk/uksi/2012/1631/pdfs/uksi_20121631_en.pdf) so as to ensure that they are eligible for consideration upon application.

4.7 Conflict of Interest
The Lay Member for Governance and Audit plays a crucial role for the CCG in its duties and processes around Managing Conflicts of Interest. As with all Governing Body members and staff members, it is crucial that any prospective Governing Body member indicates at the earliest opportunity any potential conflict of interest to be considered.

For further guidance around CCG Conflicts of Interest management please refer to: [https://www.england.nhs.uk/commissioning/pc-co-comms/coi/](https://www.england.nhs.uk/commissioning/pc-co-comms/coi/)
5.0 Applying for the post of Lay Member – Governance and Audit

Individuals who wish to apply for the post will be required to complete and submit the following:

- a cover letter summarising:
  - why the individual feels that they have the experience and enthusiasm to meet the role requirements
  - the value they believe they can bring to the post
  - confirmation that the individual is eligible to be considered as a Governing Body member and does not meet any of the exclusion criteria as outlined within Schedule Four and Schedule Five of The NHS CCG Regulations (2012)
  - confirmation of availability on the identified date of interview

- a CV outlining relevant experience and two key referees

Applications for this post will need to be addressed to Dr Paul Bowen and submitted electronically to matthew.cunningham@nhs.net or via post to:

Matthew Cunningham
Head of Corporate Services
NHS Eastern Cheshire CCG
FREEPOST: RTGC-EBAX-HHZH
1st Floor West Wing, New Alderley House
Victoria Road, Macclesfield
Cheshire, SK10 3BL

Applications need to be submitted by 8th September 2017

Shortlisted applicants will be asked to attend an interview on 26th September 2017

Please bear these dates in mind when applying as alternatives cannot be offered to anyone unable to submit their application by or attend the interview on the dates stated.

Interested applicants wanting to know more about the role can contact:

Paul Bowen
Clinical Chair
01625 663477
paul.bowen@nhs.net

Jerry Hawker
Chief Officer
01625 663477
jerry.hawker@nhs.net

It is really important that when applying for posts with the CCG that you make sure your application does justice and provides you with the best possible chance of getting an interview. We get many applications for our advertised jobs and we want to employ the best. Help us to be able to see why you should be considered for interview. When reading your application we will be judging how well your application matches the requirements for the position you are applying for, and those applicants who demonstrate to us that they have the skills, experience and enthusiasm will be the ones that are likely to be shortlisted for interview.
At interview, you will be asked questions by the panel so they are able to assess whether you can demonstrate the qualities and expertise specified.

Unfortunately we are not able to reimburse any expenses incurred as a result of attending an interview.

The successful candidates will be contacted by the Chair or Accountable Officer in the week following the interviews.

Appointment offers are subject to the relevant reference checks.
Appendix One


Our Vision: ‘Inspiring better health and wellbeing’

Our CCG ambitions 2014-19:
1. Increase the number of people having a positive experience of care
2. Reduce the inequalities in health and social care across Eastern Cheshire
3. Ensure our citizens access care to the highest standards and are protected from avoidable harm
4. Ensure that all those living in Eastern Cheshire should be supported by new, better integrated community services
5. Increase the proportion of older people living independently at home and who feel supported to manage their condition
6. Improve the health-related quality of life of people with one or more long term conditions, including mental health conditions
7. Secure additional years of life for the people of Eastern Cheshire with treatable mental and physical health conditions

Key programmes of work 2017-19:
System Transformation:
1. Implementing our approach to preventing ill health
2. Supporting the delivery of high quality hospital services
3. Delivering the Caring Together Ambitions and Programmes including the development of Accountable Care Arrangements
4. Reforming the Commissioning system
5. Implementing the General Practice and Mental Health Forward View
6. Implementing new approaches to improving wellbeing

Effective Use of Resources:
1. Delivering our Quality, Innovation, Prevention and Productivity Programme to ensure services are delivering the maximum value for money for the outcomes
2. Reducing avoidable (inappropriate) variation
3. Reviewing and improving the effectiveness of Continuing Healthcare packages
4. Service optimisation: Redesigning musculoskeletal and Intermediate Care

Continuous Improvement:
1. Reduce Delayed Transfers of Care
2. Improve Accident and Emergency performance
3. Implement a new approach for the management and prevention of falls
4. Improve the early detection and treatment of cancer
5. Implement a new approach to quality surveillance of service providers
6. Improve care provided to people receiving wound management, stomal care, continence and nutritional services

How we will measure success:

Patient Experience:
- Achieve NHS Constitution standards
- Friends & Family Test
- Improve experience of making a GP appointment
- Feedback from Healthwatch
- Feedback from public and patients
- Staff survey results

Effective Processes:
- Deliver the financial plan
- Adherence to the Improvement Assessment Framework
- Improve the efficiency measures aligned to the RightCare priorities
- Deliver planned changes in hospital activity levels
- Reduce length of stay
- Improve Continuing Healthcare assessment processes
- Reduce inappropriate prescribing of antibiotics
- Reduce reliance on specialist inpatient care for people with a learning disability

Improving Outcomes:
- Perform well against other peer CCGs in the Improvement and Assessment Framework indicators
- Reduce Delayed Transfers of Care from Hospital
- Better access and outcome for people using Improving Access to Psychological Therapies (IAPT)
- Achieve targets for earlier diagnosis and treatment of cancer
- More effective prescribing of antibiotics to reduce bloodstream infections
- Improve the measures identified in the Integrated Care Framework
- Achieve the measures identified in Transforming Care (National Learning Disability programme)
Appendix Two: Eastern Cheshire Integrated Care System

Eastern Cheshire Integrated Care System

*Empowered Person*
People are empowered to take responsibility for their own health and wellbeing.
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 Four  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.
