

Role Title: Commissioning Locality Chair		
Responsible to: Clinical Chair	Place of Work: South Plaza/Relevant Locality Offices	Hours of Work: 3 Sessions per week
<p>Role Summary:</p> <p>The BNSSG CCG is responsible for commissioning health services for approximately one million people who live in Bristol, North Somerset and South Gloucestershire (BNSSG), in line with health needs and within available resources.</p> <p>Membership practices have established six commissioning locality groups: three in the Bristol area, two in North Somerset area and one in the South Gloucestershire area. Each locality is represented on the Governing Body by a Commissioning Locality Chair (South Gloucestershire whilst only having one locality has two representatives on the Governing Body).</p> <p>The commissioning locality groups provide the primary mechanism for ensuring member practices within the commissioning localities are engaged and involved in the work of the CCG.</p> <p>The Commissioning Locality Chair will:</p> <ul style="list-style-type: none"> • Provide leadership to, and chair, the commissioning membership forum and locality leadership group • Be the Governing Body member for that locality • Act as a champion for the Five Year Forward View, working closely with the Medical Director for Primary Care and Area Directors. • Work across BNSSG CCG to embed this approach, specifically working with all clinical lead roles to enable transformation and change. • Work proactively with relevant CCG and Local Authority (including Public Health) commissioner colleagues, and provider colleagues in primary and secondary care, community services, and voluntary sector to gain clinical engagement and representation for the relevant commissioning programme. 		
<p>Member of Governing Body Responsibilities:</p> <p>As a member of the CCG's 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's 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:</p> <ul style="list-style-type: none"> • a new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of 		

discussions and decisions;

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

Core Attributes and Competencies for a member of the Governing Body:

Each individual 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 <https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2> along with an ability to reflect them in his/her leadership role and the culture of the CCG.
- be committed to upholding the Professional Standards for members of NHS Boards and Governing Bodies in England <https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2&sfvrsn=2>
- be committed to ensuring that the organisation values diversity and promotes quality 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.

Leadership Qualities:

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.

Appointment to Governing Body roles – disqualification criteria

Schedule 5 of the NHS (CCG) Regulations 2012 state that the following are disqualified from membership of CCG governing bodies:

- MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
- Members including shareholders of, or partners in, or employees of commissioning support organisations;
- 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,
 - b) Outside the United Kingdom of any offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and
 - c) 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;
- A person subject to a bankruptcy restrictions order or interim order;
- A person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special Health and Social Care Agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority;
- A healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the persons fitness to practice of any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practicing the profession

in question or imposing conditions, where these have not been superseded or lifted;

- A person disqualified from being a company director; or
- A person who has been removed from the office of charity trustee or removed or suspended from the control or management of a charity, on the grounds of misconduct or mismanagement.