

## Role Description: Lay Member of the Northern Locality Clinical Board for NEW Devon CCG

<b>Role:</b>	Lay Member of the Northern Locality Clinical Board
<b>Reports to:</b>	Dr John Womersley (Clinical Chair) and Caroline Dawe (Managing Director)
<b>Mentored by:</b>	Alex Aylward (Non-executive member of the Governing Body) TBC
<b>Reimbursement:</b>	Travel and substitute care costs and agreed out of pocket expenses
<b>Period of appointment:</b>	One year but to be reviewed after 6 months

### 1. Introduction

The main aim of this role is to help ensure that, in all aspects of the localities business that the public voice of the local population is heard and to give a patient perspective to aspects of discussion and decision making.

It is important that opportunities are created and protected for patient and public empowerment in the work of the northern locality of the Northern, Eastern and Western Devon Clinical Commissioning Group. This role description is both interim pending legislation, and also developmental. Fundamental to the Board's ultimate success are your learning and development within the role and the Board's remit to develop from the learning.

### 2. What is the Northern Locality Clinical Board?

Northern, Eastern and Western Devon CCG is one of two clinical commissioning groups in Devon. As its names suggests, it is founded on three arms or localities, supporting the Northern, Eastern and Western parts of Devon. Each locality has its own clinical Board to ensure that decisions regarding services can be taken at a localised level as 'one size may not fit all' across the whole CCG. For those services commissioned at a CCG wide level, there is a Partnerships Directorate Board.

Our mission is to transform services, so that we support everyone to have access to high-quality sustainable services that promote wellbeing and care when people are unwell. We also want to design services that can, wherever possible, be delivered when, where and how people choose. Through our vision, mission and core strategies we will place patients and public at the heart of commissioning. We have enshrined this in our constitution and in our organisational design principles.

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### **3. Who sits on the Northern Locality Clinical Board?**

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The Clinical Board is made up of six nominated GP representatives from local member practices, one of whom is the Chair and one the Vice Chair. Joining the GPs are a number of other health professionals including the managing director for the locality, managers from patient quality and safety, commissioning, contracting, finance, medicines optimisation and 'business and governance', also sitting on the board is a representative from public health working for Devon County Council.

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### **4. What is the role of a lay member?**

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We are looking for applications from people with an understanding of what patients, carers and the public may consider to be important factors when considering commissioning healthcare.

Although their areas of expertise vary, all members of the board have equal status. A key role for lay members is to ensure that the broader public perspective informs the decisions that the Cabinet make. Part of the role of lay members will include:

- Reading papers submitted to the Board, preparing questions for the Board, and responding to questions as a representative of wider patient and public interest;
- Attending meetings of the Board and any project or working groups for which you volunteer;
- Ensuring that patient and carer perspectives are acknowledged and taken into account in Board discussions and when decisions are made;
- Challenging jargon and other discriminatory behaviours;
- Participate in the consideration and formulation of the Board plans, Priorities and budgets;
- The member should ensure that a balanced perspective is maintained towards fairness for patients and carers and the use of resources in the population as a whole;
- Liaising with Practice Patient Participation Groups across north Devon and the broader public.
- Liaising with voluntary organisations
- Enable a widening of engagement within the Locality.
- Enable the process by which consultation on CCG plans reaches a diverse cross-section of our local population and ensure that in all aspects of the Locality's business, the public voice of the local population is heard,

- Provide a community link, advice and guidance on local engagement issues / events.
- Ensure that the locality responds in an effective and timely way to feedback and recommendations from patients, carers and the public.
- Ensure that the public and patient's views are heard and their expectations understood and met as appropriate
- Ensure that the Locality has appropriate arrangements in place to secure public and patient involvement.

It is not intended that this role should have executive oversight of patient and public engagement rather that the individual ensures, through the appropriate governance processes, that this function is being discharged effectively. Lay members are not salaried members of staff and voluntarily provide a role to the CCG under agreed Terms and conditions.

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## **5. What Skills and Qualities Does a Lay Member Need?**

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No formal qualifications are required, but the following qualities are required:

**Essential:**

- Demonstrable understanding of the needs and experiences of patients, carers and patient organisations of the north Devon local community.
- Advocating balance at decision-making level if there are tensions between patient-centeredness, and other considerations;
- Ensure that patient outcomes and benefits for patients and or their carers are retained at the core of decision-making criteria;
- Advocate for transparency and openness in all Board business activities;
- Ability to articulate a balanced, not personal, view on patient and carer issues.
- Experience of and confidence to work with technical and complex data, and to assess and make (sometimes difficult) decisions relating to the clinical commissioning of healthcare, often in the absence of conclusive evidence.
- Experience of and confidence to work within and contribute to the Board.
- Time to attend and prepare for Board meetings on a regular basis.
- Ability to communicate via email between meetings.
- Ability to understand the resource allocations and responsibilities devolved to NHS bodies

**Desirable:**

Lay members are not appointed to act as representatives of a particular organisation but may have experience within a patient or corporate organisation or team and of committee work. An understanding of issues relating to equalities is important.

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**6. How will recruitment take place?**

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A selection panel will make appointments from a shortlisted field. Shortlisted applicants for this public volunteer role will be those whose skills and experience most closely reflect the criteria set out in the person specification as defined.

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**7. Length of Office**

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It is anticipated that a lay member will be appointed for 12 months and that a review will occur after six months to ensure suitability both to the organization and to the individual.

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**8. Reporting and supporting arrangements**

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Reports to the Chairs of the board and managing director of the locality, the role will be supported by management from the Locality Commissioning Team.

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**9. Expenses**

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Expenses will be reimbursed as per rates on the expenses claim form to cover the cost of travel to Board meetings. Agreed out of pocket expenses will be clearly defined and agreed between you and the Board.

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**10. Declarations of Interest or Conflict of Interest**

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A signed declaration of interest form will need to be completed. Should you experience tensions between your role as a Lay member and other roles you undertake, we ask that you disclose these and discuss them with your designated mentor or business manager. He or she will advise and if necessary seek guidance from the Accountable Chair or supporting manager.

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## **11. Confidentiality**

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All documents and draft recommendations for commissioning decisions should be treated as strictly confidential.

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## **12. Dealing with the Media**

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All approaches directly from the media should be referred back to the Communications Lead representing NEW Devon Clinical Commissioning Group.

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## **13. Freedom of Information**

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Members of the Board should consider that created documents and comments on draft documents could be disclosed to the public. Marking documents as 'confidential' does not automatically mean they are exempt from disclosure as defined by the Data Protection Act.

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## **14. Vicarious liability**

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Whilst you are carrying out this volunteering role, you will have the full protection of the NEW Devon Clinical Commissioning Group. For other roles you undertake, we ask that you disclose these and discuss them with your designated mentor / business manager. He or she will advise and if necessary seek guidance from the Accountable Chair.

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## **15. Grievances**

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In the first instance, please discuss with your supporting manager. If this is not comfortable for you, then talk to the Patient and Public Involvement Lead for the Clinical Commissioning Group, who will assist you in resolving your grievance.

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## **16. Induction**

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Your introduction to key stakeholders will be defined locally and arrangements will be made with you to meet these groups.

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## **17. Review of Role Description**

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It is the responsibility of NEW Devon Clinical Commissioning Group and the Locality Board to routinely review this role description to ensure that it remains consistent and fit for purpose within emerging NHS structures to involve, democratic processes, transparency and public accountability. You will be requested to take part in the review.

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