



## Constitution for the South East Oxfordshire Locality Group 2015/16

Oxfordshire Clinical Commissioning Group (OCCG) is made up of 76 practices across the county; practices are divided into 6 localities of which South East Oxfordshire is one. Practices across Oxfordshire are core members of OCCG.

The South East Oxfordshire Locality Group aims to work as part of OCCG to ensure equitable high quality, evidence based health services for the population of Oxfordshire.

South East Oxfordshire Locality Group supports the Vision, Mission and Values adopted by OCCG

<b>Vision</b>	By working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable	
<b>Mission</b>	We will work with the people of Oxfordshire to develop quality health services, fit for the future	
	Through clinical leadership we will: <ul style="list-style-type: none"> <li>• Achieve good health outcomes for us all within the money available</li> <li>• Balance the needs of you as individuals with the needs of the whole county</li> </ul>	
<b>Values (as seen below)</b>		
<b>Focused on Results</b>		
<b>Core Values</b>		<b>Desired Attitudes and Behaviours</b>
Creativity	Visionary	
	Resourceful	
	Excellent	
Integrity	Ethical	
	Candid	
	Committed	
Inclusivity	Responsive	
	Respectful	
	Loyal	
<b><i>“The NHS belongs to the people” (The NHS Constitution)</i></b>		

The South East Oxfordshire Locality Group has been established to:

- Represent the views of General Practices and patients across the South East of Oxfordshire when commissioning decisions are being made.
- Actively participate in planning health services for the future.
- Develop locality plans for implementing decisions made about changing care pathways.



- Work towards taking delegated responsibility for locality budgets/health planning.
- Support the Locality Clinical Director to: enable the effective performance management of locality practices to ensure the locality stays within its commissioning budget
- Deliver OCCG's 5 year plan and savings targets through a clinically lead project framework
  
- Strengthen patient and public engagement within the locality
- Produce and deliver a commissioning plan for the locality which delivers the aims, ambitions and objectives of the Oxfordshire Clinical Commissioning Group (OCCG)
- Deliver improvement of the quality of primary care within the locality

The Locality's aim is to act in the best interests of the population it represents (South East Oxfordshire) to further the health and wellbeing of its population in line with the targets set by the NHS. This includes making evidence based decisions where possible, tackling health inequalities and being mindful of value for money which the services commissioned will bring.

### **Patient and Public Involvement**

In line with the OCCG Constitution the public voice is a key influence in the commissioning of local services. Consultation will take place in any South East Oxfordshire commissioning proposals through practice patient participation groups, locality patient forum or other relevant groups.

### **Membership**

The 10 member practices of the South East Oxfordshire Locality Group are:

1. The Bell Surgery, Henley-on-Thames
2. The Hart Surgery, Henley-on-Thames
3. Sonning Common Health Centre
4. Goring and Woodcote Medical Practice
5. Nettlebed Surgery
6. Wallingford Medical Practice
7. Mill Stream Surgery, Benson
8. Watlington & Charlgrove Surgeries
9. Morland House Surgery, Wheatley
10. The Rycote Practice, Thame

Engagement with non-medical clinicians, patients and practice managers is encouraged by the locality. When appointed to the group these would be non-voting members.



## **Voting members**

Each practice will be represented by a GP (either principal or non-principal) on the locality group. This GP will be known as the Practice Commissioning Lead. The Practice Commissioning Lead will be expected to represent the views of the practice and its patient population in the locality commissioning meetings. Practice Commissioning Lead should nominate a GP Deputy Commissioning Lead to represent the practice in times of unavailability.

The Practice Commissioning Lead will have the authority to vote on behalf of the practice should SELG decisions require this. This authority will be delegated to the deputy as appropriate.

## **Non-voting members**

The South East Oxfordshire Locality Group welcomes wide involvement from stakeholders in local healthcare in carrying out its work.

Other non-voting members of the locality include a public representative and a practice manager representative with the potential for others to be invited as appropriate on a standing or ad hoc basis (for example, local authority, social services).

The public representative will assist in bringing the views of patients and the public and will represent the views of the locality patients and public forum.

All SE Practice Managers are able to attend and participate in Locality Meetings as non-voting members.

## **Locality Clinical Director and Deputy Roles**

The Locality Clinical Director and Deputy will be elected by practices votes (one vote per practice).

The Locality Clinical Director is a member of the OCCG Governing Body.

The process for elections to Locality Clinical Director and Deputy posts is shown at Appendix 2.

The Locality Clinical Director and Deputy who will have responsibility for the running of the South East Oxfordshire Locality and who collectively will be paid for 5 sessions a week. Together they will have responsibility for the financial running of the locality and also be responsible for the drawing up of meetings and reporting to the practice leads regularly.

The Locality Clinical Director and Deputy will be elected and will hold their posts for 2 or 3 years with elections on a rolling programme to avoid sudden loss of experienced



members.

### **Roles and Responsibilities of Member Practices**

Each practice signing up to this constitution is expected to commit to:

- Operate in accordance with the agreed principles set out within the document
- Maintaining a willingness to appreciate that commissioning is a shared agenda between the Locality and the County and will work collaboratively to allow progress to be made
- Agree to work towards the delivery of the QIPP savings targets and milestones through a clinically led project framework

### **Application for Membership**

Should any practice outside the current South East Oxfordshire Locality Group practices want to join the group, they should first speak to the Locality Lead or deputy and put their interest in writing. This will be considered at the next meeting of the Locality and the decision whether to accept the new practice will be confirmed following the meeting.

New practices may join the South East Oxfordshire Locality Group subject to two thirds of all practices already in the Locality approving entry by vote.

A new practice may join if they are

- already a member of Oxfordshire Clinical Commissioning Group
- willing to abide by the constitution and rules of the South East Oxfordshire Locality Group.

### **Voluntary Withdrawal**

Any practice wanting to leave the South East Oxfordshire Locality Group should first speak with the Locality Lead or their deputy. Attempts will be taken to try and resolve any issues if possible. Confirmation of the intention to leave should be followed up in writing. The member practice will also be required to inform the Oxfordshire Clinical Commissioning Group.

If a practice leaves the South East Oxfordshire Locality Group and then wishes to re-join, it will go through the application process set out in points above as if it were a practice that had no previous relationship with the Locality.

### **Structure**

Each practice will nominate 1 GP representative who will be the lead for each practice and will represent the practice and their patients at Locality meetings. The representative can nominate a deputy to represent them at meetings. It is expected that the practice lead will act as a conduit for the views of the practice and its population and will make sure that important matters are discussed within the practice and their Patient Participation Group as



appropriate so that the lead can put forward practice views at meetings.

The Locality Lead and Deputy will be supported by the Oxfordshire Clinical Commissioning Group which will include appropriate management and financial management support as necessary.

### **Responsibilities**

It is important that all those participating in decision making do so from a position of knowledge and understanding both of the issue and of the views of those they represent.

There is a responsibility on all to ensure that documents and papers are read and understood in advance of meetings and decision making.

Clarification should be sought in advance wherever possible. It will be the responsibility of the management of the Locality to ensure timely and useful information is provided to enable good decision making. It will then be the responsibility of the Practice Leads to work with their practice colleagues and patients (as appropriate) to make sure their views are represented.

**Locality Clinical Director and Deputy** need to allocate time and resources to:

- Contributing to the Locality's plan through proposals, actions and engagement
- Working to support the agreed locality aims, objectives, targets and actions
- Engaging member practices, their patient representatives and other key groups fully in developing aims, objectives, targets and actions for the locality
- Ensuring practices have timely, concise and useful information to enable good decision making
- Effective two way communication with the wider OCCG and the OCCG Board.

**Practice Commissioning leads and deputies** need to allocate time and resources to:

- Contributing to the Locality's plan through proposals, actions and engagement;
- Working to support the agreed aims, objectives, targets and actions for the locality;
- Prepare for meetings by reading relevant information, having regard to patients' views, engaging practice colleagues, raising queries with Locality Clinical Director and Deputy;
- Attending monthly locality meetings in full
- Responding to requests or comments from the locality between meetings wherever possible
- Following up agreed actions for them and their practices
- Abiding by confidentiality requirements for information circulated through the South East Oxfordshire Locality Group
- Providing monitoring data and other agreed information relating to their practice required for locality meetings or projects

**Non-voting representatives** including public and patients' representative(s) and practice



managers need to allocate time and resources to:

- Seek the views of those they represent
- Prepare for meetings by reading relevant information, engaging and seeking the views of those they represent, raising queries
- Respond to requests from Locality Clinical Director and Deputies for comments between meetings wherever possible
- Attend locality meetings wherever possible
- Follow up agreed actions
- Work to support the agreed locality aims, objectives, targets and actions

### Voting Structure

The principles and spirit underpinning the South East Oxfordshire Locality Group will encourage consensus working.

Where there is no consensus and there has been sufficient opportunity to consult with practice colleagues and patients (as appropriate) before the meeting, a vote will be taken at the meeting. The votes will be cast by the Practice Leads and will be weighted as one vote per practice. It is the responsibility of the practice lead to make sure they or a deputy is present at meetings to cast the votes. A decision will be binding if at least 50% of the locality population is represented by the practices present.

Practices should be represented by a clinician at all meetings; however, in exceptional circumstances, voting can be delegated to a named and nominated proxy which could be a non-clinician. In such circumstances the locality lead should be informed ahead of the meeting.

Where there is no consensus and there has been no opportunity to consult with practice colleagues and patients before the meeting, a vote will take place following the meeting via email. The votes will be cast by the Practice Leads and will be weighted by practice size.

In a vote of censure, 80% of the Locality population should be represented.

<b>Practice Name</b>	<b>Practice Population on 01.04.2015</b>
The Hart Surgery	10,318
Chalgrove and Watlington Surgeries	7,478
Morland House Surgery	10,571
Nettlebed Surgery	3,661
Sonning Common Health Centre	8,648
The Bell Surgery	8,770
Millstream Surgery	4,745



Wallingford Medical Centre	16,521
The Rycote Practice	11,408
Goring and Woodcote Medical Practice	9,612
<b>Total</b>	<b>91,732</b>

## Relationship with OCCG

The Locality Clinical Director will represent the locality on the Oxfordshire Clinical Commissioning Group Governing Body (OCCG). The South East Oxfordshire Locality Group has 1.27 votes at the OCCG Board meetings as South East Oxfordshire Locality Group represents 12.7% of the total Oxfordshire population. The Locality Clinical Director will ensure that the locality is represented at each OCCG Governing Body meeting, either personally or via a deputy should the lead not be available.

The Locality Clinical Director will represent the views of the SELG on the OCCG Governing Body and will make clear when they express a personal view.

The Locality representative at the OCCG Governing Body is authorised to make decisions on behalf of the locality without consultation where they feel it is appropriate to do so.

However Locality Clinical Directors have a role that is broader than representing their locality and will be leading work-streams that will require them to present proposals and make recommendations on behalf of the county. In doing this they will need to consider the views of all localities. As the South East Oxfordshire Locality Group has one Locality Lead this may, on occasion, present conflicts for the Lead, in these circumstances either the deputy should be asked to represent the views of the locality or written submission of the views of the locality should be made.

It is expected that, wherever possible, those leading projects needing decisions to be made by OCCG, will have built time into the project plan to share progress and seek views of the locality before decisions are required at OCCG Board.

It is accepted that this could be achieved in a number of ways and that using technology to support wider engagement is encouraged. Electronic voting via email and developing the South East Oxfordshire Locality Group sections of the website and intranet will be used to support timely decision making, effective communication and access to information.

Practice Commissioning leads will have access to the minutes of the OCCG board and can challenge whether wider consultation was/is appropriate both before Board meetings and after them.

Ideally, all decisions made at OCCG will be with a consensus of views from all localities. However, it is accepted that this will not always be the case and that voting will need to determine a majority decision at times when there is disagreement. To avoid introducing unnecessary delays and bureaucracy decisions should not routinely be deferred and Locality



Leads should attend OCCG already equipped with the view from their Locality which may have been determined by a vote.

Locality voting weightings -This allocation per Locality is based on practice list size as a percentage of the overall CCG population. The allocation below is as of 1/4/2015.

This allocation is reviewed and updated annually with the list sizes as of April 1<sup>st</sup> of that year:

<b>Locality</b>	<b>Population at 01.04.2015</b>	<b>% of CCG population</b>	<b>Votes</b>
North East Oxfordshire (10 practices)	81,090	11.3%	1.13
North Oxfordshire (12 practices)	108,566	15.1%	1.51
Oxford City (24 practices)	211,438	29.4%	2.94
<b>South East Oxfordshire (10 practices)</b>	<b>91,732</b>	<b>12.7%</b>	<b>1.27</b>
South West Oxfordshire (13 practices)	142,407	19.8%	1.98
West Oxfordshire (9 practices)	80,960	11.2%	1.12
<b>Total</b>	<b>720,029</b>	<b>100%</b>	<b>10</b>

It is acknowledged that there may be occasions where a decision is made for the county that does not have the support of the South East Oxfordshire Locality Group and that this majority decision should still stand and will need to be implemented.

It must also be accepted that there will be times when an immediate decision may be required at OCCG Governing Body that does not allow time for discussion at Locality level. At these times, the Locality Clinical Directors will have the authority to participate in that decision on behalf of the locality.

Please note that the OCCG constitution states 'there is no power of veto of Governing Body decisions. If two or more localities (through their locality clinical director) are opposed to a decision the Governing Body will review the decision at its next meeting with additional information on the proposal and counter arguments'.

### **Declaring interests**

OCCG is a commissioning organisation; members of the South East Oxfordshire Clinical Commissioning Group must declare an interest and exclude themselves from decisions, but not necessarily discussions, on matters where they might benefit financially.

All Locality Clinical Directors, Deputies and Practice Commissioning Leads need to be aware of their role in representing the South East Oxfordshire population and should be bound by the Nolan Principles in Public Life. Any interests which conflict with the commissioning





process need to be appropriately declared.

The South East Oxfordshire Clinical Commissioning Group maintains its own Register of Interests for its practices, practice leads and their deputies. This register is maintained by the Locality Co-ordinator. This register will be annually updated and be made available on the SE Locality page of the OCCG website [www.oxfordshireccg.nhs.uk](http://www.oxfordshireccg.nhs.uk) and in other formats and languages upon request or available to view at OCCG Headquarters.

### **Review**

This Constitution for the South East Oxfordshire Locality Group will reviewed by the end of March 2016 and more urgently before then if changes emerge from the legislative process.

FOR REVIEW



## Appendix 1: Process for Appointing the Locality Clinical Director or Deputy

1. When a Locality Clinical Director or deputy completes their term, or leaves office for any other reason there must be an election to fill the post.
2. A suitable person to oversee the election (Election Manager) will be identified to ensure a fair, recorded outcome which best represents the views of member practices.
3. Eligibility for election – please see OCCG-wide Job Description and Person Specification in Appendix 2.
4. The Election Manager will:
  - Announce the opportunity for candidates to stand for election
  - The process of election
  - Provide the most up to date job description
  - The election timeline including the dates in which votes can be cast with clear deadlines dates / times as to when votes can be cast.
5. Clinicians wishing to stand for election will complete an expression of interest (to be submitted to the Election Manager when requested, in accordance with any timescales advised) including:
  - a statement showing how they meet the person specification included in the job description for the role (Appendix 1) to enable the locality to assess their competence
  - the experience and direction they would offer to the locality
  - a declaration of potential conflicts of interest
6. A Competency Assessment Panel made up of the OCCG Medical Director (or their representative), and a member of the Locality Group (not standing for election), will assess whether the candidates meet the competence requirements for the post and can stand for election. They will do this by assessing the Statement in the candidate's Expression of Interest showing how they meet the person specification included in the job description for the role.
7. The Election Manager will circulate the list of candidates (assessed as eligible to stand for election by the Competency Assessment Panel) and their expressions of interest to Practice Leads at the launch of the election.
8. Locality Deputy Lead or Deputies will be elected by email to the Election Manager by either the Practice Commissioning Lead, or their deputy. The election will last for a minimum of 5 working days. Practices are permitted in this time to contact the



candidates standing for election to clarify any comments in their expression of interest.

9. Candidates will not be expected to make an additional presentation or answer questions about their candidacy at any other time.
10. Each practice will be able to vote for one candidate only. SELG operates a policy of 'one practice, one vote'. Ballots cast will identify practices, but will remain confidential to the Election Manager and their staff, and will be destroyed one month after the outcome of the election is confirmed.
11. Any practice is permitted to abstain from voting, however in this instance the Practice Lead will need to inform the Election Manager by email.
12. The election will be valid if the 80% of all practices take part in voting.
13. The Election Manager will calculate the votes for each candidate. The candidate that receives the majority of votes will be appointed.
14. In the unlikely event that two or more candidates tie in votes, the Election Manager will arrange and publicise a further election at the next locality meeting at which only the tied candidates may stand.
15. The Election Manager will announce the outcome to all member practices as soon as possible.
16. The appointment will be formally confirmed by OCCG and take effect from a date mutually agreed between the successful candidate and the OCCG Accountable Officer.
17. The previous incumbent will normally continue in post until that date to ensure continuity. Where there is a change of incumbent, the OCCG Accountable Officer and Locality Clinical Director will ensure appropriate induction and handover.

**Appendix 2: Locality Clinical Director and Deputy Job Description and Person Specification**

<b>JOB DESCRIPTION</b>
<p><b>Locality Clinical Director</b>  <b>Reports to:</b> OCCG Clinical Chair and OCCG Chief Executive  <b>Tenure:</b> £15,538 per session per annum  <b>Location / Base:</b> Jubilee House</p>
<b>Accountability</b>
<ul style="list-style-type: none"> <li>OCCG Board and relevant locality structures</li> </ul>
<b>Key Relationships</b>
<ul style="list-style-type: none"> <li>Oxfordshire GP practices</li> <li>OCCG Board</li> <li>Other Clinical Commissioning groups and their members</li> <li>NHS England</li> <li>The Commissioning Support Service and staff</li> <li>Oxfordshire County Council and Public Health</li> <li>Patient &amp; public stakeholders</li> <li>Healthcare providers including NHS, third sector and voluntary providers</li> <li>Relevant professional associations (e.g. LMC, LDC, LOC, LPC)</li> </ul>
<b>Main purpose of the post</b>
<ul style="list-style-type: none"> <li>To lead the commissioning of locality based services.</li> <li>Maintaining and developing an effective locality structure to involve and engage all practices within the locality and to ensure high quality locality commissioning.</li> <li>Provide clinical leadership within the locality and represent the locality at the Governing Body.</li> <li>Effective performance management of locality practices to ensure the locality stays within its commissioning budget.</li> <li>Delivery of QIPP milestones and savings targets through a clinically lead project framework.</li> <li>Leading patient and public engagement with the locality.</li> <li>Producing a commissioning strategy for the locality which delivers the mission, vision and values of OCCG.</li> <li>Improve the quality of primary care within the locality.</li> </ul>
<b>Principal duties and responsibilities</b>

### **Quality, Innovation, Prevention and Productivity (QIPP)**

- Responsible for delivery, agreement and monitoring of QIPP targets devolved to locality level.
- Working with practices to ensure delivery against QIPP targets.
- Ensuring all locality commissioning supports the five domains of the Commissioning Outcomes Framework
- Assuming clinical leadership for pan Oxfordshire service redesign work as appropriate.

### **Locality Development**

- Ensure continued development of an effective locality structure to involve and engage all practices within the locality in commissioning
- Have an effective strategy to ensure engagement and participation within the work of the locality and OCCG for all practices within the locality.
- Encourage non-medical clinical engagement in the work of the locality and OCCG.
- Ensure effective patient and public engagement within the locality.
- Ensure the development and adoption of the locality constitution which is reviewed in a timely manner.

### **Strategy**

- Develop and implement a locality commissioning strategy which delivers the mission, vision and values of OCCG.
- Ensure the locality commissioning strategy supports delivery of the OCCG Strategy and the Health and Well Being Strategy.

### **Financial and physical resources**

- To be responsible for locality commissioning budgets as required and ensure effective management of budgets by strict adherence to SOs, SFIs and working within the OCCG Scheme of Delegation

### **Staff Management**

- To manage the Deputy Locality Directors within the locality.
- To Manage the Assistant Director for Localities (as appropriate) with support from the Assistant Director Strategy.
- To participate in management arrangements of other Locality Support Managers.
- Sign up to the NHS Management Code of Conduct and adhere to the Nolan Principles of conduct in public life
- Be responsible for the process for identifying local clinical leadership potential and create an environment and opportunities in which such potential can flourish
- Be responsible for succession planning and development for clinical leaders and leadership
- Forge positive working relationships and foster matrix working

### **Planning and corporate role**

- Take corporate responsibility for decisions that are made by OCCG ensuring delivery within the locality.
- Ensure adherence to local and national policies, and keep up-to-date with legislation which impacts on the corporate management of OCCG – particularly in respect of own areas of accountability.
- Contribute to maintaining the profile of OCCG in regional and national strategic partnership initiatives.

- Be prepared to act as a spokesperson on behalf of the organisation when appropriate.
- Participate in on-call as required.

**Policy Development**

- Develop policy for OCCG as required and advocate to the OCCG Board for agreement.

**Information**

- To be responsible for maintaining the confidentiality of all patient and staff records in your area.
- To be responsible for ensuring that all staff within your department adheres to all areas of the Data Security Policy held.
- To be responsible for addressing all security and confidentiality training needs of all your staff. This should be done on induction and then on an annual basis to update the staff.
- Should you have any matters of concern, you are welcome to, and encouraged to, raise your concerns with your Manager/Director.

**Code of Conduct**

To enshrine the principles of the NHS Code of Conduct for Managers in undertaking all aspects of your role.

**Equal Opportunities/Diversity**

OCCG is committed to an Equal Opportunities Policy which affirms that all staff should be afforded equality of treatment and opportunity in employment irrespective of sex, sexuality, age, marital status, ethnic origin or disability. All staff of OCCG are required to observe this policy in their behaviour to their behaviour to other employees and service users.

**Health & Safety**

The post holder is required to take responsible care for the health & safety of themselves and other persons who may be affected by their omissions at work. The post holder is also required to co-operate with the OCCG to ensure that statutory and departmental regulations are adhered to.

**Confidentiality and Data Security**

You are required to preserve the confidentiality of any information regarding patients, staff (in connection with their employment) and OCCG business and this obligation shall continue in perpetuity.

You have a responsibility to comply with the Data Protection Act 1998, NHS Confidentiality guidelines (e.g. Caldicott, GMC.) and any code of practice on Confidentiality and Data Protection, as accepted by OCCG. Departmental codes of practice and procedures for confidentiality are available from the head of department.

Job holder's signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSON SPECIFICATION – LOCALITY CLINICAL DIRECTOR**

FACTORS	DESCRIPTION	ESSENTIAL (E) or DESIRABLE (D)
Qualifications and Training	<ul style="list-style-type: none"> <li>An appropriately qualified clinician who is actively supported by member practices within the locality.</li> </ul>	E
Experience / Knowledge	<ul style="list-style-type: none"> <li>Previous experience of clinical leadership within NHS organisations.</li> <li>Demonstrable evidence of leading change.</li> <li>In-depth knowledge of locality health issues and risks as they relate to the delivery of quality and financial objectives.</li> <li>Understanding of the complexity of healthcare commissioning including working across organisational boundaries with public, private and voluntary sector providers and partners.</li> <li>Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda.</li> </ul>	E E E E E
Communication skills	<ul style="list-style-type: none"> <li>Highly developed verbal communication skills i.e. able to demonstrate effective engagement, communicate &amp; provide information of a highly technical, highly complex, highly sensitive nature in an understandable format to all stakeholders.</li> <li>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</li> <li>Strong external communications skills in a politically sensitive environment and experience in working with the media</li> <li>Extensive experience of delivering presentations to large groups of stakeholders in pressured and politically sensitive environments</li> <li>Computer skills – e-mail, word, excel, power point, databases and navigate the internet</li> </ul>	E E E E E

Analytical skills	<ul style="list-style-type: none"> <li>• Ability to analyse highly complex issues where material is conflicting and drawn from multiple sources including the confidence to question others who may be experts in their field</li> <li>• Demonstrable capability to act upon incomplete information, using experience to make inferences and decision-making</li> <li>• Ability to analyse numerical and written data, assess options and define appropriate initiatives</li> <li>• Ability to think, plan and deliver strategically</li> <li>• Ability to analyse complex issues/problems, identify necessary action, make recommendations and follow these through</li> <li>• Ability to analyse a broad range of complex information e.g. complaints, investigations,</li> </ul>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>
Planning and reporting skills	<ul style="list-style-type: none"> <li>• Ability to vision and translate strategic thinking into workable plans</li> <li>• Demonstrable ability to develop short- medium- and long-term plans and to adjust plans and resource requirements accordingly</li> <li>• Ability to provide informative reporting at a Board level</li> </ul>	<p>E</p> <p>E</p> <p>E</p>
Autonomy	<ul style="list-style-type: none"> <li>• Demonstrable ability to manage own workload and make informed judgements and decisions in the absence of complete data, often to challenging timescales</li> <li>• Ability to make sound decisions on difficult issues</li> </ul>	<p>E</p> <p>E</p>
Management skills	<ul style="list-style-type: none"> <li>• Can demonstrate emotionally-intelligent leadership skills in complex situations and apply these appropriately.</li> <li>• Experience of creating and leading teams, motivating and inspiring staff</li> <li>• Experience of working across an organisation and with different staff groups and professionals.</li> </ul>	<p>E</p> <p>E</p> <p>E</p>
Equality and diversity	<ul style="list-style-type: none"> <li>• Knowledge of the Equality Delivery System in the NHS</li> <li>• Ability to undertake equality impact assessments</li> <li>• Skills and experience in ensuring that the equality and diversity implications of issues and strategies are recognised and acted-upon</li> </ul>	<p>E</p> <p>E</p> <p>E</p>



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<p><b>Deputy Locality Clinical Director</b>  <b>Reports to:</b> Locality Clinical Director  <b>Tenure:</b> £15,538 per session per annum  <b>Location / Base:</b> Jubilee House</p>
<b>Accountability</b>
<ul style="list-style-type: none"> <li>• OCCG Board and relevant locality structures</li> </ul>
<b>Key Relationships</b>
<ul style="list-style-type: none"> <li>• Oxfordshire GP practices</li> <li>• OCCG Board</li> <li>• Other Clinical Commissioning groups and their members</li> <li>• NHS England</li> <li>• The Commissioning Support Service and staff</li> <li>• Oxfordshire County Council and Public Health</li> <li>• Patient &amp; public stakeholders</li> <li>• Healthcare providers including NHS, third sector and voluntary providers</li> <li>• Relevant professional associations (e.g. LMC, LDC, LOC, LPC)</li> </ul>
<b>Main purpose of the post</b>
<p>To work as a part of a clinical leadership team within the locality to share responsibility for developing and commissioning services. Key roles include:</p> <ul style="list-style-type: none"> <li>• Maintaining and developing an effective locality structure to involve and engage all practices within the locality and to ensure high quality locality commissioning.</li> <li>• Provide clinical leadership within the locality.</li> <li>• Ensuring effective performance management of locality practices to ensure the locality stays within its commissioning budget.</li> <li>• Ensuring delivery of QIPP milestones and savings targets through a clinically lead project framework.</li> <li>• Producing a commissioning strategy for the locality which delivers the mission, vision and values of OCCG.</li> <li>• Improving the quality of primary care within the locality.</li> <li>• Deputising for the Locality Clinical Director where necessary including representing the locality at the Governing Body.</li> </ul>
<b>Principal duties and responsibilities</b>

**Quality, Innovation, Prevention and Productivity (QIPP)**

- Responsible for delivery, agreement and monitoring of QIPP targets devolved to locality level.
- Working with practices to ensure delivery against QIPP targets.
- Ensuring all locality commissioning supports the five domains of the Commissioning Outcomes Framework

**Locality Development**

- Ensure continued development of an effective locality structure to involve and engage all practices within the locality in commissioning
- Have an effective strategy to ensure engagement and participation within the work of the locality and OCCG for all practices within the locality.
- Encourage non-medical clinical engagement in the work of the locality and OCCG.
- Ensure effective patient and public engagement within the locality.
- Ensure the development and adoption of the locality constitution which is reviewed in a timely manner.

**Strategy**

- Develop and implement a locality commissioning strategy which delivers the mission, vision and values of OCCG.
- Ensure the locality commissioning strategy supports delivery of the OCCG Strategy and the Health and Well Being Strategy.

**Financial and physical resources**

- To be responsible for locality commissioning budgets as required and ensure effective management of budgets by strict adherence to SOs, SFIs and working within the OCCG Scheme of Delegation

**Planning and corporate role**

- Take corporate responsibility for decisions that are made by OCCG ensuring delivery within the locality.
- Ensure adherence to local and national policies, and keep up-to-date with legislation which impacts on the corporate management of OCCG – particularly in respect of own areas of accountability.
- Contribute to maintaining the profile of OCCG in regional and national strategic partnership initiatives.
- Be prepared to act as a spokesperson on behalf of the organisation when appropriate.
- Participate in on-call as required.

**Policy Development**

- Develop policy for OCCG as required and advocate to OCCG Board for agreement.

**Information**

- To be responsible for maintaining the confidentiality of all patient and staff records in your area.
- To be responsible for ensuring that all staff within your department adheres to all areas of the Data Security Policy held.
- To be responsible for addressing all security and confidentiality training needs of all your staff. This should be done on induction and then on an annual basis to update the staff.
- Should you have any matters of concern, you are welcome to, and encouraged to, raise your concerns with your Manager/Director.

**Code of Conduct**

To enshrine the principles of the NHS Code of Conduct for Managers in undertaking all aspects of your role.

**Equal Opportunities/Diversity**

OCCG is committed to an Equal Opportunities Policy which affirms that all staff should be afforded equality of treatment and opportunity in employment irrespective of sex, sexuality, age, marital status, ethnic origin or disability. All staff of OCCG are required to observe this policy in their behaviour to their behaviour to other employees and service users.

**Health & Safety**

The post holder is required to take responsible care for the health & safety of themselves and other persons who may be affected by their omissions at work. The post holder is also required to co-operate with the OCCG to ensure that statutory and departmental regulations are adhered to.

**Confidentiality and Data Security**

You are required to preserve the confidentiality of any information regarding patients, staff (in connection with their employment) and OCCG business and this obligation shall continue in perpetuity.

You have a responsibility to comply with the Data Protection Act 1998, NHS Confidentiality guidelines (e.g. Caldicott, GMC.) and any code of practice on Confidentiality and Data Protection, as accepted by OCCG. Departmental codes of practice and procedures for confidentiality are available from the head of department.

Job Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERSON SPECIFICATION – DEPUTY LOCALITY CLINICAL DIRECTOR**

FACTORS	DESCRIPTION	ESSENTIAL (E) or DESIRABLE (D)
Qualifications and Training	<ul style="list-style-type: none"> <li>An appropriately qualified clinician who is actively supported by member practices within the locality.</li> </ul>	E
Experience / Knowledge	<ul style="list-style-type: none"> <li>Previous experience of clinical leadership within NHS organisations.</li> <li>Demonstrable evidence of leading change.</li> <li>In-depth knowledge of locality health issues and risks as they relate to the delivery of quality and financial objectives.</li> <li>Understanding of the complexity of healthcare commissioning including working across organisational boundaries with public, private and voluntary sector providers and partners.</li> <li>Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda.</li> </ul>	E E E E E
Communication skills	<ul style="list-style-type: none"> <li>Highly developed verbal communication skills i.e. able to demonstrate effective engagement, communicate &amp; provide information of a highly technical, highly complex, highly sensitive nature in an understandable format to all stakeholders.</li> <li>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</li> <li>Strong external communications skills in a politically sensitive environment and experience in working with the media</li> <li>Extensive experience of delivering presentations to large groups of stakeholders in pressured and politically sensitive environments</li> <li>Computer skills – e-mail, word, excel, power point, databases and navigate the internet</li> </ul>	E E E E E

Analytical skills	<ul style="list-style-type: none"> <li>• Ability to analyse highly complex issues where material is conflicting and drawn from multiple sources including the confidence to question others who may be experts in their field</li> <li>• Demonstrable capability to act upon incomplete information, using experience to make inferences and decision-making</li> <li>• Ability to analyse numerical and written data, assess options and define appropriate initiatives</li> <li>• Ability to think, plan and deliver strategically</li> <li>• Ability to analyse complex issues/problems, identify necessary action, make recommendations and follow these through</li> <li>• Ability to analyse a broad range of complex information e.g. complaints, investigations,</li> </ul>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>
Planning and reporting skills	<ul style="list-style-type: none"> <li>• Ability to vision and translate strategic thinking into workable plans</li> <li>• Demonstrable ability to develop short- medium- and long-term plans and to adjust plans and resource requirements accordingly</li> <li>• Ability to provide informative reporting at a Board level</li> </ul>	<p>E</p> <p>E</p> <p>E</p>
Autonomy	<ul style="list-style-type: none"> <li>• Demonstrable ability to manage own workload and make informed judgements and decisions in the absence of complete data, often to challenging timescales</li> <li>• Ability to make sound decisions on difficult issues</li> </ul>	<p>E</p> <p>E</p>
Management skills	<ul style="list-style-type: none"> <li>• Can demonstrate emotionally-intelligent leadership skills in complex situations and apply these appropriately.</li> <li>• Experience of creating and leading teams, motivating and inspiring staff</li> <li>• Experience of working across an organisation and with different staff groups and professionals.</li> </ul>	<p>E</p> <p>E</p> <p>E</p>
Equality and diversity	<ul style="list-style-type: none"> <li>• Knowledge of the Equality Delivery System in the NHS</li> <li>• Ability to undertake equality impact assessments</li> <li>• Skills and experience in ensuring that the equality and diversity implications of issues and strategies are recognised and acted-upon</li> </ul>	<p>E</p> <p>E</p> <p>E</p>