



West Oxford Locality Group

Revised Constitution 2013

Version 2013-1.2

For Review April 2014

Summary of Amendments	
Version 2013-1.0	
A	Reformat & numbering
B	Background, aims & objectives revised
C	Vision, Mission & Values – OCCG statements added (previous version noted that these were adopted, but they were not included)
D	Principles retained except where duplicated in objectives
E	Membership, voting & variation: 6.2 & 6.3 added in line with statutory requirement
F	Section 7 outlining appointment & accountability of Director & Deputy added
G	Section 8 – composition & duties of Executive Committee: minor amendments to reflect changing structure of management support
H	Exit & entry strategies removed as no longer applicable (in line with E, above)
I	Membership responsibilities (11.0) revised and augmented in line with CCG & other Locality constitutions
J	Patient & public involvement and project management sections removed as duplication/superseded by newly appointed locality support team
Version 2013-1.1	
K	Appendix 3 & 4 added
Version 2013-1.2	
L	Insertion of 8.3 outlining central management team (& revised numbering from 8.4)
M	Revision of 8.17 shifting responsibility for determining overall strategy & practice level sign up from Exec to the All Practice Group
N	New 8.18 strengthens role of Management Team in supporting the Exec in the formulation & delivery of plans
O	14.2 – Potential for imposing a levy on practices removed

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REVISED CONSTITUTION FOR WEST OXFORDSHIRE LOCALITY GROUP OF OXFORDSHIRE CLINICAL COMMISSIONING GROUP

1.0 Background

The West Oxfordshire Locality Group (WOLG) is a clinically led membership organisation made up of nine general practices (see Appendix One). This constitution, developed in conjunction with the member practices, sets out the governance arrangements for the organisation.

The WOLG has been established as an integral part of the Oxfordshire Clinical Commissioning Group (OCCG). It will function within the framework of OCCG to represent the views of West Oxfordshire Locality practices and patients when commissioning decisions are being made.

It will work within agreed local (OCCG) and national policy, specifically the Government White Paper “Equality & Excellence: Liberating the NHS”, The Operating Framework and the OCCG Constitution

2.0 Aim

To improve the quality of health care for local people by implementation of clinical innovation and localised commissioning decisions, within the context of delivering efficiencies and cost savings agreed with and by Oxfordshire Clinical Commissioning Group.

3.0 Objectives

- 3.1 To support the Locality Clinical Director, Deputy Clinical Director and Assistant Director to deliver their role as defined in their job descriptions (Attached at Appendix 2A, B & C)
- 3.2 To produce, annually, a commissioning plan for the locality and ensure delivery against clearly defined projects and programmes of work within it
- 3.3 To establish and maintain the positive engagement of all constituent GP practices in all clinical commissioning decisions affecting local people
- 3.4 To identify and represent the best interests and particular needs of the local population in all county-wide strategic planning and proposed service changes
- 3.5 To work collaboratively with other key commissioners, specifically West Oxfordshire District Council and Oxfordshire County Council, to procure efficient and integrated health and social care at a locality level
- 3.6 To work collaboratively with a range of care providers, including GP practices, statutory, private and not-for-profit organisations to ensure delivery of efficient, effective and equitable health & social care at a locality level
- 3.7 To engage and actively work in partnership with the local public; patient groups; private, voluntary and statutory organisations within the community; and other stakeholder groups, via an overarching Locality Engagement Group and Strategy

- 3.8 To enable the effective performance management of locality practices to maximise efficiency and ensure the locality stays within its commissioning budget
- 3.9 To maximise the health and independence of the local population whilst minimising demand on health services, through the implementation and monitoring of effective health promotion, screening and self-help programmes
- 3.10 To maximise the return on investment in community and secondary health services through the design and procurement of effective, locality based services

4.0 Vision, Mission and Values

4.1 The West Oxfordshire Locality Group support the Vision, Mission and Values for the CCG which they were involved in the development of through a process of engagement with member practices. These are:

Vision

4.2 By working together we will have a healthier population, with fewer inequalities, and health services that are high quality, cost effective and sustainable.

Mission

4.3 We will work with the people of Oxfordshire to develop quality health services, fit for the future.

4.4 Through clinical leadership we will:

- 4.4.1 Achieve good health outcomes for us all within the money available;
- 4.4.2 Balance the needs of you as individuals with the needs of the whole county.

“The NHS belongs to the people “ (The NHS Constitution) Values

4.5 The agreed set of values for OCCG are shown in the table below.

Focused on Results	
Core Values	Desired attitudes and behaviours
Creativity	Visionary Resourceful Excellent
Integrity	Ethical Candid Committed
Inclusivity	Responsive Respectful Loyal

4.6 The WOLG additionally has its own mission statement: “To work together, with the local population and district council, to commission local services, develop new and improved patient pathways, primarily with a local focus, and above all with patients at the centre of our Agenda, as well as continuing to support the transfer of resources to primary care where appropriate.”

5.0 Principles

The Locality is committed to act in the best interests of the population it represents, in line with the local and national strategic context. To support this commitment, the membership has agreed the following guiding principles:

- i. A commitment to mutual accountability for all commissioning decisions.
- ii. To including all appropriate stakeholders in the decision making processes.
- iii. Each Practice and stakeholder will have the opportunity, and will retain responsibility, to clearly articulate their own aspirations and objectives, and to decide where these meet with the aspirations of the WOLG.
- iv. On-going provision of data that informs decision making.
- v. A commitment to extend the range of commissioned services as appropriate and to ensure value for money is obtained for all commissioned services.
- vi. Financial accountability at Practice level for each individual Practice share of this funding.
- vii. Accountability for management and administrative costs, service development, and investment in change.
- viii. The provision of clear processes for accessing and utilising resources and funds.
- ix. A commitment to managing the risks surrounding savings plans, including the development of contingency funding mechanisms.
- x. A commitment to ensure that local planning processes support the development and maintenance of strategic county-wide commissioning activity.
- xi. A responsibility to ensure that support for training, IT, and administrative or managerial resources is available to member Practices.
- xii. A responsibility to support risk management at individual Practice level as well as at locality and consortium level.
- xiii. A responsibility to undertake regular reviews of Practice activity and plans.
- xiv. A responsibility to provide data and information that may be required to support policy and decision making within agreed time scales.
- xv. A responsibility of all WOLG members to allow an agreed representative of WOLG access to individual Practice data for the purposes of verification.
- xvi. A responsibility to identify and obtain approval from members for the use of any efficiency gains, prior to engaging in any activity which would utilise such efficiency gains
- xvii. A duty to consult with the local population in respect of all decision making which may affect services.

- xviii. A responsibility to assess and measure patient satisfaction.
- xix. A responsibility to appoint a representative to deal with the media and make any necessary statements on behalf of its membership.
- xx. Actively participate in planning health services for the future.
- xxi. Contribute actively to improved care pathways
- xxii. Take responsibility for delegated locality budgets/health planning.
- xxiii. Enable the effective performance management of locality practices to ensure the locality stays within its commissioning budget
- xxiv. Deliver agreed milestones and savings targets through a clinically led project framework
- xxv. Deliver improvement in the quality of primary care within the locality

6.0 Membership, Voting & Variation

- 6.1 Practices who are providers of primary medical services to a registered list of patients in West Oxfordshire under a General Medical Services, Personal Medical Services, or Alternative Provider Medical Services, contract shall be eligible to be a member of the WOLG with voting rights.
- 6.2 All practices are required to be part of a Locality. The agreed membership of WOLG is detailed at Appendix 1. A practice is not able to change Localities. If there are difficulties with engagement the OCCG Medical Director would work with the Locality Clinical Director to resolve these.
- 6.3 In the event of a practice wishing to leave the Locality/CCG the matter will be referred to the NHS Commissioning Board.
- 6.4 Non principal general practitioners who work in the WOLG area are eligible to be members of the WOLG and to attend meetings, but will not have or accrue any voting rights. Their views and preferences will be listened to and taken into account, but their membership of the WOLG shall only be in an advisory capacity.
- 6.5 WOLG welcomes wide involvement from stakeholders in local healthcare in carrying out its work. Locality Clinical Directors and Deputies will ensure effective engagement with other clinicians not directly represented by practices, including sessional GPs.
- 6.6 Other non-voting members of the locality include a public representative who will assist the Practice Leads in bringing the views of patients and the public and will represent the views of the locality patients and public forum.
- 6.7 The members of the WOLG shall have one vote per Practice in order to develop and pass strategic decisions and actions. Such decisions will be passed to the Executive Committee for implementation

- 6.8 Where a vote is required, information on the matter requiring a vote will be given to the Practices at least two weeks in advance of the vote being taken.
- 6.9 Practice representatives should attend the meetings with a mandate from their Practice to vote if required.
- 6.10 A quorum shall be 2/3rds of the number of member Practices. A simple majority vote of those present in a quorum is sufficient to pass any motion, based upon one vote per Practice.
- 6.11 In the event of a tied vote the motion will be lost. If it is felt necessary to pursue the motion in either its original or a modified form, the motion will need to be put to the group again.
- 6.12 Should circumstances arise whereby a simple majority of member Practices feel that they have a lack of confidence in either the policies or actions of the WOLG or the OCCG, then the Practices may call for an extraordinary meeting to discuss the matters causing concern.
- 6.13 In the event of a vote of confidence, or no confidence in the WOLG clinical leads, the WOLG Executive Committee, or the OCCG being called for by a majority of Practices, then such a vote shall be taken. The result of this vote, which shall be passed by a simple majority on the basis of "one practice one vote", shall be deemed to be the view of the WOLG as a whole.
- 6.14 Where a vote of no confidence in the executive is passed, then the Executive Committee shall resign with immediate effect and elections for the membership of a new executive shall be held within a period of one month.
- 6.15 Where a vote of no confidence in the OCCG is passed, then the executive shall table a motion for presentation to the OCCG Board within a period of three months which shall state the decision of the WOLG that it has no confidence in the OCCG Board and shall give the reasons for this decision.
- 6.16 This Constitution shall be reviewed annually to determine any variations necessary and ensure that all schedules are up to date.
- 6.17 This Constitution may be extended or varied by the agreement or consent of members. Changes will be introduced after consulting with member practices, and agreed if at least seven of the nine Practices agree to the change. If three or more do not support the change there shall be a further period of review where both points of view are considered before reconsidering the proposed change.

7.0 Locality Clinical Director and Deputy Clinical Director

- 7.1 Persons nominated to stand for the post of Clinical Director or Deputy Clinical Director will be required to demonstrate appropriate competency against the requirements outlined in the relevant Job Description & Person Specification (Attached at Appendix 2). This will be assessed by application and interview.
- 7.2 Nominees judged to meet the competency criteria for appointment will be invited to offer themselves for election by practices using a secret ballot; one vote per practice.
- 7.3 The Elected Director and Deputy will work to the job descriptions defined by OCCG (Appendix 2).

- 7.4 Locality Clinical Directors are members of the OCCG Governing Body. Deputies attend in their absence.
- 7.5 Together the elected Locality Clinical Directors and Deputies will be paid by OCCG for nine sessions to be divided between work for the locality and work for OCCG. The Locality Clinical Director and Deputy posts are currently:
- o Lead 3 sessions per week
 - o Deputy 1 session per week
- 7.6 The Locality Clinical Directors and Deputies will hold their posts for 3 years with elections on a staggered programme to avoid sudden loss of experienced members.
- 7.7 In the event of the resignation of, or a vote of no confidence in, either the Clinical Director or Deputy Clinical Director, the tenure of the remaining incumbent may be extended up to a maximum of 18 months, at the discretion of the OCCG Executive in order to maintain the staggered programme of elections.
- 7.8 The process for elections to Locality Clinical Director and Deputy posts is shown at Appendix 3.
- 7.9 Resignation may be required by a vote of no confidence (as outlined in clauses 6.13 & 6.14) In such circumstances, election of a new Clinical Director will take place within one month.
- 7.10 Excepting in extreme and unavoidable circumstances, a minimum of 3 months' notice of voluntary resignation will be required.

8.0 Composition & Duties of the Executive Committee

- 8.1 The Executive Committee shall consist of two clinicians namely the Locality Clinical Director and Deputy, two members elected from the wider WOLG group, a representative from the District Council, the Assistant Director and WOLG Senior Commissioning Manager.
- 8.2 There shall be a 'chair' and a 'vice chair'
- 8.3 The Locality will be supported by a centrally funded management team, shared jointly with the North Oxfordshire Locality, consisting: 1 wte Assistant Director; 2 wte Senior Commissioning Managers (One with a specific WOLG focus); 1 wte administrative support; plus dedicated community development & pharmacy advisor support.
- 8.4 Other individuals may be co-opted to the Executive, or a sub group thereof, for the purposes of carrying out particular tasks or pieces of work.
- 8.5 Elected members of the Executive Committee, shall be selected every four years, running from 1st April to 31st March, by the open ballot of the members either at an 'All Practice Group Meeting' to be held in March of that year, or by secret ballot if there are more nominations than places.
- 8.6 Where an open ballot takes place it shall be on the basis of 'one Practice one vote' for each vacant place until a complete Executive Committee has been elected.
- 8.7 In the event of a secret ballot taking place this shall be on the basis of 'one Practice one vote' and the candidate with the highest number of votes shall deem to have been elected. Where there is

more than one vacancy the candidates shall deem to have been elected downwards in order from the highest number of votes cast until every vacancy is filled.

- 8.8 All applicants wishing to be considered for membership of the Executive Committee, shall state the reasons for their application, and their application will be assessed at a meeting of all the WOLG member Practices.
- 8.9 All members of the Executive shall be able to demonstrate the leadership skills necessary to fulfil the responsibilities of the roles and be able to establish credibility with all stakeholders and partners
- 8.10 All candidates for roles on the Executive will need to declare any potential conflicts of interest prior to the selection / appointment process and these declarations will be made available to the whole membership of the WOLG.
- 8.11 Elected members of the Executive Committee shall stand down after four years but may offer themselves for re-election.
- 8.12 Any GP Principal, salaried GP, Practice Manager, Practice Nurse, or other qualified clinician belonging to a member Practice, can offer themselves to be a member of the Executive Committee.
- 8.13 The Assistant Director to the locality is a substantive post and will be responsible for the provision of managerial and administrative support to the Exec and the WOLG group and will be expected to attend all relevant meetings.
- 8.14 A quorum shall be three members from the Executive Committee being present at any meeting.
- 8.15 A majority vote of those present in a quorum shall be sufficient to pass any motion, based upon one vote per Practice if the Executive Committee consists of more than one member from any Practice.
- 8.16 Either the Chair or Vice Chair MUST be in attendance at the meeting for a vote to be considered valid.
- 8.17 The All Practice Group shall be responsible for determining the overall strategy of the WOLG and ensuring practice level sign up to its delivery.
- 8.18 The Executive Committee, supported by the Management Team will be responsible for producing and implementing commissioning plans, and for monitoring delivery of the objectives within these plans.
- 8.19 The Executive Committee also has responsibility for administering the rules of the WOLG.
- 8.20 The Executive Committee shall meet twice monthly, or as determined from time to time.

9.0 Composition and duties of the All Practice Locality Meetings

- 9.1 WOLG makes decisions primarily through locality group meetings

- 9.2 There shall be monthly All Practice Locality Meetings of WOLG held at least 12 times in the financial period from 1st April to 31st March of the ensuing year.
- 9.3 Attendance by the commissioning lead clinician of each member Practice is required at these meetings. The commissioning lead will represent the view of their practice partners, patients and practice population.
- 9.4 Practice Managers are able and encouraged to attend and participate in Locality Meetings as non-voting members.
- 9.5 All clinicians from member Practices, together with patient and local district council representatives are welcome and are encouraged to attend these meetings.
- 9.6 Other non-voting members may be co-opted to attend the meeting with agreement of the members.
- 9.7 Non-attendance at All Practice Locality Meetings by at least one clinician shall be regarded as an indication of 'non engagement' by the Practice.
- 9.8 The Assistant Director of the locality will provide managerial and administrative support to the meeting and an effective link (with the Director and Deputy) to the wider CCG.

10.0 Data Management

- 10.1 Practices are required to maintain all necessary data required to commission, operate or monitor any service utilised by the WOLG or their own Practice.
- 10.2 In order to support the work being carried out, the WOLG requires all member Practices to regularly validate their individual Practice referral and financial data and to carry out audits when requested to do so.
- 10.3 Practices are also required to support the WOLG in challenging any data which the Practice or the Executive believe to be erroneous.

11.0 Membership Responsibilities

11.1 **Practice 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;
- preparing for meetings by reading relevant information, having regard to patients' views, engaging practice colleagues, raising queries with Locality Clinical Directors and Deputies;
- 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 WOLG
- Providing monitoring data and other agreed information relating to their practice required for

locality meetings or projects

11.2 **Non-voting representatives** including public and patients' representative(s) and practice managers need to allocate time and resources to:

- Seeking the views of those they represent
- preparing for meetings by reading relevant information, engaging and seeking the views of those they represent, raising queries
- Respond to requests from Locality Clinical Directors and Deputies for comments between meetings wherever possible
- Attend locality meetings wherever possible
- Follow up agreed actions
- Abiding by confidentiality requirements for information circulated through WOLG
- Work to support the agreed locality aims, objectives, targets and actions

11.3 Partnership, or contractual agreements, shall be in place within each member Practice as recommended by the BMA. A failure to have such an agreement puts the Practice at risk in the event of disagreement, retirements, death in service, etc. This also constitutes a risk to the WOLG which is unacceptable.

11.4 **Process for management of non-compliance**

If any of the policies or principles laid out in this document are not consistently upheld by an individual member Practice, then the following process will be initiated.

Step 1: If an allegation is made, both the Clinical Director, Deputy Clinical Director and Assistant Director will be advised of the allegation immediately. They will jointly agree what actions and/or escalation need to be taken. If escalation to OCCG Executive, Clinical Governance, Commissioning Board or the Police this will be done immediately, following agreed protocols and guidelines. All allegations will be managed at the lowest level of escalation possible. Where the Directors consider escalation necessary, Step 2 will be initiated.

Step 2: A special meeting of the Executive Committee will be convened to examine the allegations. If necessary the Committee will co-opt appropriate members (from a different Practice) to investigate the allegation

Step 3: The Practice which is the subject of the allegation will be asked to provide a response to the Committee. The Committee will review the submission along with any evidence that has been gathered. If the allegation is substantiated then step 4 shall be invoked

Step 4: The Committee will make a decision as to the action it intends to take and the Practice will be advised of that decision. The matter shall then be deemed to be closed subject to any remedial action required by the Executive Committee having been taken.

The Practice has the right to appeal within 14 days of the decision. The appeal will be held by an independent body such as the OCCG.

12.0 Declaration of interests

12.1 OCCG is a commissioning organisation and members of WOLG must declare any interests and when appropriate, exclude themselves from decisions, but not necessarily discussions, on matters where they might benefit financially as individuals or as a Practice.

12.2 A Register of Interests will be maintained for Practice Leads in the same format as the one held for OCCG Locality Clinical Director.

12.3 There will be a standing agenda item at the beginning of each locality meeting to allow the opportunity for members to declare a conflict of interest in respect of any agenda item

13.0 Performance management & risk sharing

13.1 In order to ensure the future viability of the group, Practices will need to manage their budgets (funding allocation).

13.2 Practices may be required to submit monthly reports to the Executive Committee.

13.3 Practices may be asked to share their working practices with the Executive Committee with a view to sharing best practice across the WOLG.

14.0 Financial Agreements

14.1 The Executive Committee anticipates that the continued funding of the management and administrative functions of WOLG shall come from the management resource and costs outlined in the Government White Paper.

14.2 There are legitimate and necessary costs associated with running the WOLG both at group level and at individual Practice level. Where ever possible such costs shall be born from the 'management allowance'.

14.3 If, at any point, no money or resources are available for the continued support and development of the WOLG, an All Practice Group Meeting shall be convened to decide on the next steps.

14.4 Where costs are incurred by individual Practices relating to their compliance with this constitution, such costs are the responsibility of the Practice incurring those.

15.0 Commencement, Duration & Variation

15.1 This Constitution revision will replace the previous version of the WOLG Constitution and has effect from 02 April 2013. The constitution is published on the CCG website at www.oxfordshireccg.nhs.uk.

15.2 This Constitution will be reviewed annually to determine any variations necessary and ensure that all schedules are up to date.

15.3 This Constitution may be extended or varied by the agreement or consent of members. Changes will be introduced after consulting with member practices and agreed if at least five of the eight practices agree to the change. If three or more practices do not support the change there will be a further period of review where both points of view are considered before reconsidering the proposed change.

APPENDIX 1

Practices making up WOLG

Name of Practice
Bampton Surgery, Landells, Bampton, Oxon. OX18 2LJ
Broadshires Health Centre, <u>Broadshires Way, Carterton, Oxon, OX18 1JA</u>
Burford Surgery, 59 Sheep St, Burford, OX18 4LS
Charlbury Medical Centre, Enstone Rd, Charlbury, Oxon. OX7 3PQ
Cogges Surgery 12 Cogges Hill Road, Witney, Oxon. OX28 3FS
Deer Park Medical Centre, 6 Edington Square, Witney, Oxon. OX28 5YT
Eynsham Medical Practice, Conduit Lane, Eynsham, Oxon. OX29 4QB
Nuffield Health Centre, Welch Way, Witney, Oxon. OX28 6JQ
Windrush Medical Practice, Welch Way, Witney, Oxon. OX28 6JS

APPENDIX 2A

LOCALITY CLINICAL DIRECTOR
Reports to: OCCG Accountable Officer Tenure: As per the locality constitution
Accountability
Governing Body and relevant locality structures Medical Director for delivery of Locality QIPP
Key Relationships
Oxfordshire GP practices OCCG Governing Body Other Clinical Commissioning groups and their members NHS Commissioning Board The Commissioning Support Service and staff Oxfordshire County Council and Public Health West Oxfordshire District Council Patient & public stakeholders Healthcare providers including NHS, third sector and voluntary providers Relevant Professional associations (e.g. LMC, LDC, LOC, LPC)
Main purpose of the post
To lead the commissioning of locality based services. Maintaining and developing an effective locality structure to involve and engage all practices within the locality and to ensure high quality locality commissioning. Provide clinical leadership within the locality and represent the locality at the Governing Body. Effective performance management of locality practices to ensure the locality stays within its commissioning budget. Delivery of QIPP milestones and savings targets through a clinically lead project framework. Leading patient and public engagement with the locality. Producing a commissioning strategy for the locality which delivers the mission, vision and values of OCCG. Improve the quality of primary care within the locality.
Principal duties and responsibilities
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 work with the Assistant Director for Localities (as appropriate) who will be line managed by 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 Governing Body 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 adhere 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.

PERSON SPECIFICATION – LOCALITY CLINICAL DIRECTOR

FACTORS	DESCRIPTION	ESSENTIAL (E) or DESIRABLE (D)
Qualifications and Training	An appropriately qualified clinician who is actively supported by member practices within the locality.	E
Experience / Knowledge	<p>Previous experience of clinical leadership within NHS organisations.</p> <p>Demonstrable evidence of leading change.</p> <p>In-depth knowledge of locality health issues and risks as they relate to the delivery of quality and financial objectives.</p> <p>Understanding of the complexity of healthcare commissioning including working across organisational boundaries with public, private and voluntary sector providers and partners.</p> <p>Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda.</p>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>
Communication skills	<p>Highly developed verbal communication skills i.e. able to demonstrate effective engagement, communicate & provide information of a highly technical, highly complex, highly sensitive nature in an understandable format to all stakeholders.</p> <p>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</p> <p>Strong external communications skills in a politically sensitive environment and experience in working with the media</p> <p>Extensive experience of delivering presentations to large groups of stakeholders in pressured and politically sensitive environments</p> <p>Computer skills – e-mail, word, excel, power point, databases and navigate the internet</p>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>
Analytical skills	<p>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</p> <p>Demonstrable capability to act upon incomplete information, using experience to make inferences and decision-making</p> <p>Ability to analyse numerical and written data, assess options and define appropriate initiatives</p> <p>Ability to think, plan and deliver strategically</p> <p>Ability to analyse complex issues/problems, identify</p>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>

	necessary action, make recommendations and follow these through Ability to analyse a broad range of complex information e.g. complaints, investigations,	
Planning and reporting skills	Ability to vision and translate strategic thinking into workable plans Demonstrable ability to develop short- medium- and long-term plans and to adjust plans and resource requirements accordingly Ability to provide informative reporting at a Board level	E E E
Autonomy	Demonstrable ability to manage own workload and make informed judgements and decisions in the absence of complete data, often to challenging timescales Ability to make sound decisions on difficult issues	E E
Management skills	Can demonstrate emotionally-intelligent leadership skills in complex situations and apply these appropriately. Experience of creating and leading teams, motivating and inspiring staff Experience of working across an organisation and with different staff groups and professionals.	E E E
Equality and diversity	Knowledge of the Equality Delivery System in the NHS Ability to undertake equality impact assessments Skills and experience in ensuring that the equality and diversity implications of issues and strategies are recognised and acted-upon	E E E

Appendix 2B

JOB DESCRIPTION - (DRAFT)
<p>Deputy Locality Clinical Director Reports to: Locality Clinical Director Tenure: As per the locality constitution Location / Base: Jubilee House</p>
<p>Accountability</p> <p>Shadow Governing Body and relevant locality structures</p>
<p>Key Relationships</p> <p>Oxfordshire GP practices OCCG Governing Body Other Clinical Commissioning groups and their members NHS Commissioning Board The Commissioning Support Service and staff Oxfordshire County Council and Public Health Patient & public stakeholders Healthcare providers including NHS, third sector and voluntary providers Relevant Professional associations (e.g. LMC, LDC, LOC, LPC)</p>
<p>Main purpose of the post</p> <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: Maintaining and developing an effective locality structure to involve and engage all practices within the locality and to ensure high quality locality commissioning. Provide clinical leadership within the locality. Ensuring effective performance management of locality practices to ensure the locality stays within its commissioning budget. Ensuring delivery of QIPP milestones and savings targets through a clinically lead project framework. Producing a commissioning strategy for the locality which delivers the mission, vision and values of OCCG. Improving the quality of primary care within the locality. Deputising for the Locality Clinical Director where necessary including representing the locality at the Governing Body.</p>

Principal duties and responsibilities

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 the Governing Body 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.

PERSON SPECIFICATION – DEPUTY LOCALITY CLINICAL DIRECTOR

FACTORS	DESCRIPTION	ESSENTIAL (E) or DESIRABLE (D)
Qualifications and Training	An appropriately qualified clinician who is actively supported by member practices within the locality.	E
Experience / Knowledge	<p>Previous experience of clinical leadership within NHS organisations.</p> <p>Demonstrable evidence of leading change.</p> <p>In-depth knowledge of locality health issues and risks as they relate to the delivery of quality and financial objectives.</p> <p>Understanding of the complexity of healthcare commissioning including working across organisational boundaries with public, private and voluntary sector providers and partners.</p> <p>Understanding of the financial regime underpinning commissioning, including the role of tariff and the importance of the patient choice agenda.</p>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>
Communication skills	<p>Highly developed verbal communication skills i.e. able to demonstrate effective engagement, communicate & provide information of a highly technical, highly complex, highly sensitive nature in an understandable format to all stakeholders.</p> <p>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</p> <p>Strong external communications skills in a politically sensitive environment and experience in working with the media</p> <p>Extensive experience of delivering presentations to large groups of stakeholders in pressured and politically sensitive environments</p> <p>Computer skills – e-mail, word, excel, power point, databases and navigate the internet</p>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>
Analytical skills	<p>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</p> <p>Demonstrable capability to act upon incomplete information, using experience to make inferences and decision-making</p> <p>Ability to analyse numerical and written data, assess options and define appropriate initiatives</p> <p>Ability to think, plan and deliver strategically</p> <p>Ability to analyse complex issues/problems, identify</p>	<p>E</p> <p>E</p> <p>E</p> <p>E</p> <p>E</p>

	necessary action, make recommendations and follow these through Ability to analyse a broad range of complex information e.g. complaints, investigations,	
Planning and reporting skills	Ability to vision and translate strategic thinking into workable plans Demonstrable ability to develop short- medium- and long-term plans and to adjust plans and resource requirements accordingly Ability to provide informative reporting at a Board level	E E E
Autonomy	Demonstrable ability to manage own workload and make informed judgements and decisions in the absence of complete data, often to challenging timescales Ability to make sound decisions on difficult issues	E E
Management skills	Can demonstrate emotionally-intelligent leadership skills in complex situations and apply these appropriately. Experience of creating and leading teams, motivating and inspiring staff Experience of working across an organisation and with different staff groups and professionals.	E E E
Equality and diversity	Knowledge of the Equality Delivery System in the NHS Ability to undertake equality impact assessments Skills and experience in ensuring that the equality and diversity implications of issues and strategies are recognised and acted-upon	E E E

Appendix 3: Processes for election of Executive Committee Members

Part 1: Process for electing Locality Clinical Director or Deputy

1. When a Locality Clinical Director completes their term, or leaves office for any other reason there must be an election to fill the post.
2. The OCCG Medical Director will identify a suitable person, or persons, to oversee the election (The Election Manager(s)) to ensure due process is followed and recorded.
3. The Election Manager will:
 - a. formally announce the opportunity for candidates to stand for election, to all member practices, at least 2 weeks before the closing date (announcement to include b & c, below)
 - b. set out the process and timetable for elections
 - c. circulate the up to date job description and person specification
 - d. manage the election process
4. Clinicians wishing to stand for election must:
 - a. complete the attached expression of interest, including:
 - evidence to demonstrate exactly how they meet each aspect of the person specification within the job description
 - a statement outlining the direction, vision and leadership they would offer to the locality
 - a declaration of all actual and potential conflicts of interest
 - b. return the expression of interest to the Election Manager by the publicised closing date
5. Competency requirements will be assessed through application and interview by a Panel made up of:
 - a. The OCCG Medical Director
 - b. An incumbent OCCG Locality Clinical Director
 - c. A senior Human Resources manager
6. The Election Manager will circulate a list of candidates considered to meet the criteria for appointment by the above Panel, along with their expressions of interest, to all Practice Leads at least two weeks before voting closes.
7. Applicants judged to meet the criteria for appointment will be given the opportunity to present their case to an All Practice Meeting at least one week before voting closes.

8. Voting will be conducted by on-line secret ballot; one vote per practice.
9. Standing for election will be considered as consent to take up post.
10. The successful candidate will be informed by the Election Manager.
11. All members of the All Practice Group will then immediately and simultaneously be informed of the result by email by the Election Manager.
12. Appointment will commence on the date agreed in the Election Timetable, set out by the Election Manager.

Part 2: Process for electing other members of the Clinical Executive

1. When an elected member of the Clinical Executive completes their term, or leaves office for any other reason there must be an election to fill the post
2. The Locality Clinical Director & Assistant Director will appoint a suitable person, or persons, to oversee the election (The Election Manager(s)) to ensure due process is followed and recorded.
3. The Election Manager will:
 - a. formally announce the opportunity for candidates to stand for election, to all member practices, at least 2 weeks before the closing date (announcement to include b & c, below)
 - b. set out the process and timetable for elections
 - c. set out the eligibility criteria
 - d. manage the election process
4. Candidates wishing to stand for election must:
 - a. complete the attached expression of interest, including:
 - evidence to demonstrate how they meet the eligibility criteria
 - a statement outlining the vision, experience and leadership skills they could offer to the locality
 - a declaration of all actual and potential conflicts of interest
 - b. return the expression of interest to the Election Manager by the publicised closing date
5. Competency requirements will be assessed through application and interview by a Panel made up of:
 - a. The Locality Clinical Director/Deputy

- b. The Locality Assistant Director
 - c. An appointed lay representative
6. The Election Manager will circulate a list of candidates considered to meet the criteria for appointment by the above Panel, along with their expressions of interest, to all Practice Leads at least two weeks before voting closes.
 7. Applicants judged to meet the criteria for appointment will be given the opportunity to present their case to an All Practice Meeting at least one week before voting closes.
 8. Voting will be conducted by on-line secret ballot; one vote per practice.
 9. Standing for election will be considered as consent to take up post.
 10. The successful candidate will be informed by the Election Manager.
 11. All members of the All Practice Group will then immediately and simultaneously be informed of the result by email by the Election Manager.
 12. Appointment will commence on the date agreed in the Election Timetable, set out by the Election Manager.

APPENDIX 4

THE SEVEN PRINCIPLES OF PUBLIC LIFE: NOLAN PRINCIPLES

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 material 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 as 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.

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.

Signatories to the Agreement

On behalf of the Practice named below, we the undersigned agree to abide by the principles and policies for the West Oxford Locality Group as outlined above

Practice.....

Clinical Lead..... **Signed**.....

Practice Manager..... **Signed**.....

Date.....