Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

BNSSG CCG Primary care Commissioning Committee

Date: 25th April 2018
Time: 11:00 – 13:00
Location: Academy 1+2, Holiday Inn, Bond St, Bristol, BS1 3LE

Agenda item: 12

Report title: Locality and Area Commissioning Groups

Report Author: David Jarrett Area Director - South Gloucestershire, Justine Rawlings Area Director – Bristol, Colin Bradbury Area Director – North Somerset
Report Sponsor: David Jarrett Area Director - South Gloucestershire, Justine Rawlings Area Director – Bristol, Colin Bradbury Area Director – North Somerset

1. Purpose

The purpose of this paper is to set out the proposed Terms of Reference for the commissioning groups in localities.

2. Recommendations

The Governing Body is asked to review and approve the attached documents and ways of working for localities and to recommend their adoption

3. Background

The BNSSG CCG constitution sets out the requirements for the composition and meetings of commissioning locality groups and the requirement for the terms of reference to be agreed at Governing Body.

Area Directors, in discussion with the locality clinical leadership, have drafted a set of Terms of Reference, clinical locality leadership role descriptions and a governance map for locality working. In Bristol, where locality working has been in place for some time, the three Locality Executive Groups (in future Locality Leadership Groups) spent a half day reviewing previous working practices and groups, the lessons learned and made helpful suggestions as to how localities might work in the context of the new BNSSG CCG and the development of locality provider vehicles. These discussions have informed this work.

The terms of reference have been drafted with reference to the requirements set out in the

constitution and the clinical leadership roles follow the generic roles set out originally as part of the clinical leadership model but with additional elements highlighted in yellow.

4. Financial resource implications

The clinical leadership roles will be accounted for as part of the budget for the overall clinical leadership model.

5. Legal implications

Attached Terms of Reference as per BNSSG CCG constitution.

6. Risk implications

A key risk that was identified through engagement on aligned governance arrangements was that the local voice of each CCG areas may be lost. . This risk will be mitigated through the establishment of locality commissioning groups

7. Implications for health inequalities

The contents of this paper do not directly address equalities or health inequalities.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

There are no specific equality impact requirements.

9. Consultation and Communication including Public Involvement

The development of this governance structure has not involved local people, patients or carers.

10. Appendices

Appendix 1 – Locality Governance and Groups
Appendix 2 – Commissioning Locality Leadership Groups Terms of Reference
Appendix 3 – Commissioning Membership Forum Terms of Reference
Appendix 4 – Commissioning Area Leadership Groups Terms of Reference
Appendix 5 – Clinical Commissioning Lead Job Description Locality Chair
Appendix 6 – Clinical Commissioning Lead Role Outline

Locality Governance and Groups

Health & Wellbeing Board
Regularity:
Localities membership:

- Area Director
- Area Lead Clinical Rep

BNSSG Governing Body
Regularity: Monthly
Localities membership:

- Area Director
- LLG Chairs

Commissioning Executive
Regularity: Monthly
Localities membership:

- Area Director
- Area Clinical Rep

Primary Care Commissioning Committee
Regularity:
Localities membership:

Primary Care Operational Group
Regularity:
Localities membership:

Area Leadership Group (ALG)

Frequency: Monthly (Thursdays)

Purpose
The ALGs provide an opportunity for LLGs to meet with other LLGs in their area, contribute to shaping commissioning plans, ensuring they take account of local need and agree LA-wide approaches to locality rep at Comm Exec

Membership

- LLG reps : chair and PM rep
- Area comm exec rep
- Area HWB rep
- Area Director and senior team
- On a quarterly basis this may include other representatives as follows: local authority representative; locality providers including Locality provider "vehicle" (LPV) representatives; patient and public representatives; voluntary and community services representatives etc.)

Locality Leadership Groups (LLG)
(Constitution: "Locality Commissioning Leadership Groups")

Frequency: Monthly (BNSSG wide twice-yearly)

Purpose
LLGs provide leadership to the Locality Commissioning Membership; developing the local commissioning context and plan; engaging providers, patients and others.

Membership

- GP chair/GB rep
- Up to 2 additional GPs
- 1 or 2 practice managers
- Area Director and area team
- Quarterly attendees may include local authority representative; locality providers including Locality provider "vehicle" (LPV) representatives; patient and public representatives; voluntary and community services representatives etc.)

Other BNSSG Strategic Groups

Regularity:
Localities membership:

Locality Commissioning Membership Fora
(Constitution: "Clinical Commissioning Group")

Frequency: At least 10 per annum of which 2 will be BNSSG-wide

Purpose
Members' Fora bring the locality's member practice commissioning reps together to contribute to shaping the CCG's commissioning plans.

Membership

- Practice clinical representatives
- LLG members
- Other execs or clinical leads as required

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups

Commissioning locality leadership groups (CLLG)

Terms of Reference

Version	Date	Consultation/circulation
1	15/2/18	Area directors
2	27/2/18	Area directors; Area SMT and LLG members; medical director primary care
3	19/3/18	Commissioning Exec Feedack

1. Remit and responsibilities

The commissioning locality leadership groups provide leadership to the commissioning locality groups.

Commissioning locality groups provide the primary mechanism for ensuring member practices within the commissioning localities are engaged and involved in the work of the CCG. They will:

- Bring together the practice representatives of member practices within the commissioning localities;
- Contribute to shaping the CCG's commissioning plans including developing the locality commissioning context and plan;
- Ensure that the implementation of CCG-wide plans take account of local population needs; and
- Will be responsible for choosing their locality's GP representative(s) on the governing body

The CLLG will provide support to the locality membership by:

- Leading on the development of locality based commissioning plans to meet population needs and deliver the BNSSG strategy and operational plan
- Supporting development of primary care at scale, practice resilience and the integration of providers locally
- Improving the quality of primary care services
- Engaging stakeholders and partners
- Implementing the GPFV, supporting practice development and quality improvement including establishing practice visits, peer review mechanisms and locality resilience plans
- Ensuring effective two way communication between members and the corporate CCG
- Providing locality commissioning representation to Primary Care Operational Group and other BNSSG groups as required

2 Membership

Commissioning locality leadership groups membership is as follows:

- The GP locality commissioning lead and Governing Body representative (Chair)
- Up to 2 additional locality GPs
- A minimum of 1 practice manager from the locality
- Area director

In attendance

- Relevant members of the area management team
- Administrative support (area team)

On a quarterly basis this may include other representatives as follows: local authority representative; locality providers including Locality provider "vehicle" (LPV) representatives; patient and public representatives; Healthwatch; voluntary and community services representatives etc)

3. Chair

At any meeting of the commissioning locality leadership group members the Commissioning Locality Chair shall preside. If the Commissioning Locality Chair is absent from the meeting, then the Commissioning Locality Chair will nominate a practice representative from the commissioning locality group to preside.

If the Commissioning Locality Chair is absent temporarily on the grounds of a declared conflict of interest then the Commissioning Locality Chair shall nominate a practice representative from the commissioning locality leadership group to preside.

4. Decision Making

If a vote is required by commissioning locality leadership group on an issue whether at a locality commissioning group meeting or electronically, then the following shall apply:

- each member shall have one vote.
- the vote shall be cast by the member or by a nominated deputy; and
- the decision will be carried by a simple majority of votes.

If the vote at a meeting is tied then the chair of the meeting shall have a second or casting vote.

5. Quorum

Meetings will be quorate when the Commissioning Locality Chair or their nominated deputy and at least 50% of the commissioning locality leadership group members are present.

6. Administration

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least five working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least five working days before the meeting takes place. The agenda and supporting papers will be circulated to all commissioning locality member practices.

7. Frequency of meetings

The commissioning locality leadership groups shall meet monthly and once every 6 months with the other BNSSG locality leadership groups

Commissioning Locality Chairs may call a meeting of the commissioning locality leadership group members at any time. At least two weeks' notice will be given.

8. Reporting arrangements

The minutes of the commissioning locality leadership group meetings will record those people in attendance at the meeting, those who provided apologies and include a record of any conflicts of interest that are declared and arrangements for their management.

The minutes of a meeting will be drafted and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

Where amendments are made at the meeting these will be made and the chair of the meeting will then have the power formally to sign the revised minutes as a true record on behalf of the commissioning locality group members.

9. Approval and review

These terms of reference will be reviewed on an annual basis or sooner if required with recommendations made to the BNSSG Governing body for approval.

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups

Commissioning membership forum

Terms of Reference

Version	Date	Consultation/circulation
1	15/2/18	Area directors
2	27/2/18	Area directors;LLGs and SMT; medical director primary care
3	19/3/18	Commissioning Exec Feedback

1. Remit and responsibilities

Commissioning Membership Forums are enshrined in the BNSSG Constitution which refers to them as ***commissioning locality groups*** that:

"provide the primary mechanism for ensuring member practices within the commissioning localities are engaged and involved in the work of the CCG. They will:

- Bring together the practice representatives for member practices within the commissioning localities;
- Contribute to shaping the CCG's commissioning plans;
- Ensure that the implementation of CCG-wide plans take account of local population needs; and
- Will be responsible for choosing their area's GP representative(s) on the governing body"

For the purposes of this document and normal usage, the commissioning locality group will be known as "commissioning membership forum".

2 Membership

Section 7.4 of the CCG's constitution describes the commissioning membership forums established by member practices; section 8.1 of the constitution outlines the role of practice representatives.

Each commissioning locality member practice will be represented at a members meeting by its GP Practice Representative. If the practice representative is unable to attend, then they may nominate another GP from their practice to attend on their behalf, who will have authority to take decisions and vote on behalf of their practice at that meeting

Additional membership will include the locality leadership group membership (see separate terms of reference for commissioning locality leadership group membership)

In attendance will be CCG executives, area management team members and/or CCG clinical commissioning or corporate leads as required

Ordinary commissioning membership forum meetings shall be held in private except where the members decide to permit members of the public to attend all or part of a meeting.

4. Chair

At any meeting of the commissioning membership forum, the Commissioning Locality Chair shall preside. If the Commissioning Locality Chair is absent from the meeting, then the Commissioning Locality Chair will nominate a practice representative from the commissioning locality group to chair the meeting.

If the Commissioning Locality Chair is absent temporarily on the grounds of a declared conflict of interest then the Commissioning Locality Chair shall nominate a practice representative from the commissioning locality group to preside.

5. Decision Making

If a vote is required by member practices on an issue whether at a members meeting or electronically, then the following shall apply:

a) each member practice shall have one vote;

b) the vote shall be cast by the member practice representative or by a nominated deputy; and

c) the decision will be carried by a simple majority of votes; save as in the event of a vote of no confidence in the Governing Body where a 75% majority would be required.

If the vote at a meeting is tied then the chair of the meeting shall have a second or casting vote.

All questions put to the vote shall, at the discretion of the chair of the meeting, be determined by oral expression or by a show of hands. A paper ballot may also be used if a majority of the members present so request.

The chair of the meeting at the commencement of the meeting shall decide whether absent members can vote by proxy. Absence is defined as being absent at the time of the vote.

The chair may decide that a vote shall take place by email. The members shall be given at least ten working days to reply and not less than one third of members must participate for the vote to be valid.

Practice representatives taking a dissenting view but losing a vote may have this recorded in the minutes. All members are expected then to support the majority decision following the meeting.

6. Quorum

Meetings will be quorate when the Commissioning Locality Chair or their nominated deputy and at least 50% of the commissioning locality members are present.

7. Administration

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least eight working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least seven working days before the meeting takes place. The agenda and supporting papers will be circulated to all commissioning locality member practices at least five working days before the date the meeting will take place.

8. Frequency of meetings

The commissioning membership forums shall hold at least 6 meetings of practice representatives per year and up to 10. These are in addition to meetings of all members of the CCG, and to the CCG's annual public meeting.

Commissioning Locality Chairs may call a meeting of the commissioning membership forums at any time. At least two weeks' notice will be given.

Practice representatives of not less than fifty percent of the commissioning locality members may call a meeting of all commissioning locality members at any time.

9. Reporting arrangements

The minutes of the commissioning membership forum meetings will record those people in attendance at the meeting, those who provided apologies and include a record of any conflicts of interest that are declared and arrangements for their management.

The minutes of a meeting will be drafted and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

No discussion will take place regarding the minutes except upon their accuracy or where the person presiding at the meeting considers discussion appropriate.

Where amendments are made at the meeting these will be made and the chair of the meeting will then have the power formally to sign the revised minutes as a true record on behalf of the commissioning membership forum members.

10. Approval and review

These terms of reference will be reviewed on an annual basis or sooner if required with recommendations made to the BNSSG Governing body for approval.

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Groups

Commissioning Area Leadership Groups

Terms of Reference

Version	Date	Consultation/circulation
1	15/2/18	Area Directors
2	27/2/18	Area Directors; Area SMT; LLGs membership;Medical Director primary care

1. Remit and responsibilities

The commissioning area leadership groups provide an opportunity for the commissioning locality leadership groups to meet with other commissioning locality leadership groups in their area.

Commissioning locality groups provide the primary mechanism for ensuring member practices within the commissioning localities are engaged and involved in the work of the CCG. They will:

- Bring together the practice representatives for member practices within the commissioning localities;
- Contribute to shaping the CCG's commissioning plans;
- Ensure that the implementation of CCG-wide plans take account of local population needs; and
- Will be responsible for choosing their area's GP representative(s) on the governing body

The area leadership group will support the clinical commissioning lead (area) to represent the localities in that area on the commissioning executive and at the Health and Wellbeing board.

The group will also provide the opportunity for developing an area wide joint approach with the local authority in line with the BNSSG commissioning strategy and plans and the commissioning locality plans.

2 Membership

Commissioning locality leadership groups membership is as follows:

- Clinical commissioning lead and commission executive representative (area) - chair
- The GP locality commissioning lead and Governing Body representative (Chair)
- One GP and 1 practice manager from each locality in that area one of whom should be the HWB representative if this is not the clinical commissioning lead (area)
- Area director

In attendance

- Relevant members of the area management team
- Administrative support (area team)
- Other executives and/or clinical leads as required

On a quarterly basis this may include other representatives as follows: local authority representative; locality providers including Locality provider "vehicle" (LPV)

representatives; patient and public representatives; voluntary and community services representatives etc)

Chair

At any meeting of the commissioning area leadership group, the Commissioning clinical lead (area) shall preside. If the Commissioning area Chair is absent from the meeting, then the Commissioning area Chair will nominate a practice representative from the commissioning area group to preside.

If the Commissioning area Chair is absent temporarily on the grounds of a declared conflict of interest then the Commissioning area Chair shall nominate a practice representative from the commissioning area leadership group to preside.

Decision Making

The area leadership group is not a formal decision making body but rather coordinates the views of each locality and ensures they are represented at both the HWB and the BNSSG Commissioning Executive.

Quorum

Meetings will be quorate when the Commissioning area Chair or their nominated deputy and at least 50% of the commissioning area leadership group members are present.

Administration

Items of business to be transacted for inclusion on the agenda of a meeting need to be notified to the chair of the meeting at least five working days (i.e. excluding weekends and bank holidays) before the meeting takes place. Supporting papers for such items need to be submitted at least five working days before the meeting takes place. The agenda and supporting papers will be circulated to all commissioning locality member practices.

Frequency of meetings

The commissioning locality leadership groups shall meet monthly

Commissioning area Chairs may call a meeting of the commissioning area group members at any time. At least two weeks' notice will be given.

Reporting arrangements

The minutes of the commissioning area group meetings will record those people in attendance at the meeting, those who provided apologies and include a record of any conflicts of interest that are declared and arrangements for their management.

The minutes of a meeting will be drafted and submitted for agreement at the next meeting where they shall be signed by the person presiding at it.

Where amendments are made at the meeting these will be made and the chair of the meeting will then have the power formally to sign the revised minutes as a true record on behalf of the commissioning area group members.

Approval and review

These terms of reference will be reviewed on an annual basis or sooner if required with recommendations made to the BNSSG Governing body for approval.

Role Title: Commissioning Locality Chair		
Responsible to: Clinical Chair	**Place of Work:** South Plaza/Relevant Locality Offices	**Hours of Work:** 3 Sessions per week

Role Summary:

The BNSSG CCG is responsible for commissioning health services for approximately one million people who live in Bristol, North Somerset and South Gloucestershire (BNSSG), in line with health needs and within available resources.

Membership practices have established six commissioning locality groups: three in the Bristol area, two in North Somerset area and one in the South Gloucestershire area. Each locality is represented on the Governing Body by a Commissioning Locality Chair (South Gloucestershire whilst only having one locality has two representatives on the Governing Body).

The commissioning locality groups provide the primary mechanism for ensuring member practices within the commissioning localities are engaged and involved in the work of the CCG.

The Commissioning Locality Chair will:

- Provide leadership to, and chair, the commissioning membership forum and locality leadership group
- Be the Governing Body member for that locality
- Act as a champion for the Five Year Forward View, working closely with the Medical Director for Primary Care and Area Directors.
- Work across BNSSG CCG to embed this approach, specifically working with all clinical lead roles to enable transformation and change.
- Work proactively with relevant CCG and Local Authority (including Public Health) commissioner colleagues, and provider colleagues in primary and secondary care, community services, and voluntary sector to gain clinical engagement and representation for the relevant commissioning programme.

Member of Governing Body Responsibilities:

As a member of the CCG's governing body, each individual will share responsibility as part of the team to ensure that the CCG exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the CCG's constitution as agreed by its members. Each individual is there to bring their unique perspective, informed by their expertise and experience. This will support decisions made by the Governing Body as a whole and will help ensure that:

- a new culture is developed that ensures the voice of the member practices is heard and the interests of patients and the community remain at the heart of

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

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

Each individual needs to:
- demonstrate commitment to continuously improving outcomes, tackling health inequalities and delivering the best value for money for the taxpayer.
- embrace effective governance, accountability and stewardship of public money and demonstrate an understanding of the principles of good scrutiny.
- demonstrate commitment to clinical commissioning, the CCG and to the wider interests of the health services.
- be committed to ensuring that the Governing Body remains "in tune" with the member practices.
- bring a sound understanding of, and a commitment to upholding, the NHS principles and values as set out in the NHS Constitution.
- demonstrate a commitment to upholding The Nolan Principles of Public Life https://www.gov.uk/government/publications/the-7-principles-of-public-life/the-7-principles-of-public-life--2 along with an ability to reflect them in his/her leadership role and the culture of the CCG.
- be committed to upholding the Professional Standards for members of NHS Boards and Governing Bodies in England *https://www.professionalstandards.org.uk/docs/default-source/publications/standards/standards-for-members-of-nhs-boards-and-ccgs-2013.pdf?sfvrsn=2&sfvrsn=2*
- be committed to ensuring that the organisation values diversity and promotes quality and inclusivity in all aspects of its business.
- consider social care principles and promote health and social care integration where this is in the patients' best interest.

Leadership Qualities:

Bring to the Governing Body, the following leadership qualities:
- **creating the vision** - effective leadership involves contributing to the creation of a compelling vision for the future and communicating this within and across organisations;

- **working with others** - effective leadership requires individuals to work with others in teams and networks to commission continually improving services;
- **being close to patients** - this is about truly engaging and involving patients and communities;
- **intellectual capacity and application** - able to think conceptually in order to plan flexibly for the longer term and being continually alert to finding ways to improve;
- **demonstrating personal qualities** - effective leadership requires individuals to draw upon their values, strengths and abilities to commission high standards of service; and
- **leadership essence -** can best be described as someone who demonstrates presence and engages people by the way they communicate, behave and interact with others.

Appointment to Governing Body roles – disqualification criteria

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

- MPs, MEPs, members of the London Assembly, and local councillors (and their equivalents in Scotland and Northern Ireland);
- Members including shareholders of, or partners in, or employees of commissioning support organisations;
- A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:
  a) In the United Kingdom of any offence,
  b) Outside the United Kingdom of any offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and
  c) In either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not), for a period of not less than three months without the option of a fine;
- A person subject to a bankruptcy restrictions order or interim order;
- A person who within the period of five years immediately preceding the date of the proposed appointment has been dismissed (other than because of redundancy), from paid employment by any of the following: the board, a CCG, SHA, PCT, NHS Trust or Foundation Trust, a Special Health Authority, a Local Health Board, a Health Board or Special Health Board, a Scottish NHS Trust, a Health and Social Services Board, the Care Quality Commission, the Health Protection Agency, Monitor, the Wales Centre for Health, the Common Services Agency for the Scottish Health Service, Healthcare Improvement Scotland, the Scottish Dental Practice Board, the Northern Ireland Central Services Agency for Health and Social Services, a Regional Health and Social Care Board, the Regional Agency for Public Health and Wellbeing, the Regional Business Services Organisation, Health and Social Care trusts, Special Health and Social Care Agencies, the Patient and Client Council, and the Health and Social Care Regulation and Quality Improvement Authority;
- A healthcare professional who has been subject to an investigation or proceedings, by any regulatory body, in connection with the persons fitness to practice pf any alleged fraud, the final outcome of which was suspension or erasure from the register (where this still stands), or a decision by the regulatory body which had the effect of preventing the person from practicing the profession

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

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

Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Clinical Commissioning Lead
Role Outline
(Area Representative)

Job Summary	The role of the CCG clinical commissioning lead is to ensure a clinical focus in our commissioning of health services for the population of BNSSG at a locality and system level. In fulfilling the role, individuals are expected to demonstrate leadership qualities on behalf of the CCG. These were identified by NHS England as follows;
	• **Creating the vision** – a compelling future within and across organisations
	• **Working with others** – individuals, teams and networks
	• **Being close to patients** – being truly engaging and involving
	• **Intellectual capacity and application** – thinking strategically and long term and flexibility for finding solutions for improvement
	• **Demonstrating personal quality** – drawing on their values, strengths and capabilities
	• **Leadership essence** - presence and engagement in their behaviour and communications
	• **Prioritising and assessing proposals** received from a range of sources including localities, Council, BNSSG Partnership
	• **Planning holding a watching brief** on whole of their area of commissioning including:
	  • performance
	  • developing and maintaining a work plan
	  • make links with other programmes/groups
	As the CCG Clinical commissioning lead you will:
	• Represent, at the Commissioning Executive, the locality membership and ensure the plans for localities are integrated with the wider BNSSG strategy
	• Represent, with the Area Director, the BNSSG CCG at the Health and Wellbeing Board and support the required relationships with the Local Authority and other area based partnerships in support of the BNSSG and locality

	plans • Act as a champion for the Five Year Forward View, working closely with the Medical Director for Primary Care and Area Directors. • Work across BNSSG CCG to embed this approach, specifically working with all clinical lead roles to enable transformation and change. • Work proactively with relevant CCG and Local Authority (including Public Health) commissioner colleagues, and provider colleagues in primary and secondary care, community services, and voluntary sector to gain clinical engagement and representation for the relevant commissioning programme.
Specific Duties and Responsibilities	
Quality	Provide expert clinical advice and leadership. Foster good relationships with medical colleagues and other healthcare professionals across the BNSSG area, supporting providers in achieving commissioning aims. Contribute to relevant governance reports as required.
Professional/Job Role	Contribute to the development of a realistic and effective commissioning programme. Network widely to improve communication with local GPs, primary care teams and those in the wider BNSSG area. Take responsibility for ongoing personal and professional development. Ensure compliance with relevant statutory and mandatory training at all times.
Coordination and Communication	Establish good working relationship with relevant CCG and Local Authority (including Public Health) commissioner colleagues, and provider colleagues in primary and secondary care, community services, and voluntary sector to enable co-ordination of work. Attend key meetings as required.

All leads will be supported by a nominated management lead and by the team within which they work. The number of sessions, appraisal and line management are to be agreed for the role at selection.