

# Patient & Public Voice (PPV)

## Partner:

Collaborative commissioning of  
specialised services – Programme  
Oversight Group

# Application Information Pack



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## A guide on how to apply to become a Public & Patient Voice (PPV) member of the Collaborative Commissioning of Specialised Services Programme Oversight Group

|                       |   |
|-----------------------|---|
| Role                  | PPV Partner on Collaborative Commissioning of Specialised Services Programme Oversight Group  |
| Duration              | 1 year in the first instance, renewable to a maximum of 3 years   |
| Working relationships | Members of the Programme Oversight Group<br>NHS England officials<br>NHS Clinical Commissioners officials<br>Regional specialised commissioning oversight group members   |
| Expenses              | Travel expenses and other appropriate out-of-pocket expenses are reimbursed. An honorarium of £150 per day will be paid (for those people not representing or supported by an organisation) for an estimated time commitment of 12 days per year. |

### 1. Introduction

Please read this application information pack before completing the application form, to ensure you fully understand the application process, and to determine whether you have the skills and time to become a PPV member of the Programme Oversight Group.

Please note the **closing date** for applications is **12 midnight on Monday 8 February 2016**.

NHS England will reimburse travel and other agreed expenses in line with NHS England's '**Covering out of pocket expenses for PPV Partners**' policy

Please note that correspondence will be primarily via email, unless otherwise requested.

### 2. Background, context and aims of collaborative commissioning

The Five Year Forward View set out a vision for the NHS that empowers patients to take more control over their care. It describes a future which breaks down traditional boundaries between GPs and hospitals, between health and social care, between physical and mental health, and between prevention and treatment.

To support this vision, the forward view set out the intention to progressively give Clinical Commissioning Groups (CCGs) more influence over the total NHS budget for their local populations. This includes having greater influence over the specialised services that are currently commissioned nationally by NHS England. CCGs are uniquely placed to harness clinical insight and energy to drive change in their local health systems.

Collaborative commissioning is a central part of that process of moving to population-based budgets – bringing specialised services budgets alongside the wider NHS budget. Simplifying the commissioning system will make it easier for commissioners make decisions over people’s care and support the integration of services.

Patients will benefit through clearer, more integrated pathways which adapt easily to meet individual needs. They will experience a more responsive service so they receive the right level of care in the right place at the right time with the greatest chance of the best outcome.

### **3. Role of the Collaborative Commissioning of Specialised Services Programme Oversight Group**

To support NHS England’s ability to collaboratively commission specialised services a national Programme Oversight Group has been set up.

The Programme Oversight Group will have responsibility for ensuring effective transition to new collaborative commissioning arrangements, with the aim of supporting greater involvement by CCGs in decision making and, where appropriate, the delegation of some specialised commissioning functions to a sub-national level. The programme is being developed jointly with NHS Clinical Commissioners who have sought CCG representatives to co-chair each workstream.

The Programme Oversight Group is co-chaired by Dr Nick Harding OBE, a GP and Chair of Sandwell and West Birmingham Clinical Commissioning Group and John Stewart, Director of Policy and Strategy in Specialised Commissioning at NHS England. Membership includes representatives from NHS England, NHS Clinical Commissioners, the clinical community, specialised services providers and patient and public voice.

The Group will manage and mitigate risk of transition, reporting progress and ensuring the fit with wider NHS England strategy. It will be responsible for building confidence for the new commissioning arrangements, including building the case for change, developing the necessary support and managing external engagement.

The programme is made up of five work streams –

|                             |   |                             |                   |                                      |
|-----------------------------|---|-----------------------------|-------------------|--------------------------------------|
| <b>Legal and Governance</b> | <b>Clinical governance and transformation</b> | <b>Finance and activity</b> | <b>Transition</b> | <b>Communications and engagement</b> |
|-----------------------------|---|-----------------------------|-------------------|--------------------------------------|

### **4. Importance of PPV partners**

NHS England is committed to ensuring that public and patient voices are at the centre of shaping our healthcare services. Every level of our commissioning system

needs to be informed by insightful methods of listening to those who use and care about our services to inform service development. We are now looking for a PPV partner to join the Collaborative Commissioning of Specialised Services Programme Oversight Group.

## 5. Role, responsibilities and required skills of the PPV partner

PPV representation will bring important views, perspective and challenge into the Programme Oversight Group. This role is essential in championing a public, service user, patient and/or carer/family viewpoint, ensuring that their needs are met through the outcomes of the work programme.

### 5.1 The role of the PPV partner is to:

- Provide strategic assurance that the views of patients and the public have been sought and considered as the programme of work develops.
- Highlight where decisions made by the group would need to be the subject of engagement / consultation and to drive agreement about how this would be approached and resourced.
- Champion and advocate for increasing patient and public awareness of outcomes and achievements around collaborative commissioning.
- Help to explain the “case for change” around collaborative commissioning to external partners as required.
- Contribute to the monthly meetings of the programme oversight group and support the work of one or more of the five work streams as appropriate.
- Provide ‘critical friend’ challenge into the group *rather than represent a particular condition or interest*<sup>1</sup>.

### 5.2 Responsibilities of the PPV partner are to:

- To ensure the Programme Oversight Group’s decisions and priorities represent the best interests of the populations we serve
- To regularly participate in phone/internet conferences and face-to-face meetings.
- To prepare for the meetings by reading and reviewing programme plans, papers, proposals and other associated documentation.
- To take part in work stream meetings as required
- To raise areas of unresolved concern with the Chairs of the group and subsequently following the complaints process if concerns remain unresolved
- To identify any support, training and development requirements and seek appropriate support from group members.

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<sup>1</sup> If you are interested in helping specialised commissioners improve care in relation to a particular specialised service or condition please email [england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net) who can help to identify identity more appropriate opportunities for you to work with NHS England in relation to these services or conditions.

- Comply with the Standards of Conduct, respecting the confidential nature of discussions when it is made clear by the Chairs that this is a requirement.

### **5.3 Skills and experience required for this role**

- Knowledge and understanding of specialised services in the NHS and how these are commissioned and organised.
- Experience of working in a Committee setting, and ability to contribute actively to the discussions and work of the group, including undertaking specific tasks or projects as appropriate, under the guidance of the Chairs or work stream leads.
- Experience of advocating for patient engagement and involvement at a strategic level.
- A demonstrated commitment to improving the quality of patient outcomes and the quality of care pathways that include or link to a specialised service.
- A demonstrated ability to interact with multiple stakeholders at senior management level.
- Ability to understand and evaluate complex information.
- Ability to present a non-clinical perspective and offer constructive challenge
- Ability to display sound judgement and objectivity.
- Ability to communicate verbally and in writing, via email and teleconference, with a variety of audiences including other patients, clinicians, commissioners and members of the voluntary sector
- Have an awareness of, and commitment to, equality and diversity
- Understand the need for confidentiality
- Ability to devote at least 1 day per month to the role
- Ability to attend meetings (in either London or Leeds) on a monthly basis for meetings.

## **6. Time commitment**

- Membership of the group is for 12 months initially, at which point membership will be reviewed.
- Meetings take place monthly, usually on Friday mornings and will normally last for approximately 2 hours.
- Meetings are held using a video link between NHS England offices in London and Leeds so group members can attend at either office. Dial-in teleconferencing facilities are also available by exception although we would expect group members to make every effort to attend meetings in person wherever possible.
- Prospective applicants should also be aware that many of the documents being reviewed will be complex so will require reading time prior to the meeting.
- There will also be occasion when the PPV partner may be asked to support the work of one or more of the workstreams, most likely the Communications and Engagement workstream. This could involve, for example, attending further meetings, helping to co-produce engagement materials, liaising with PPV

partners on the regional oversight groups, commenting on programme plans or proposals. Any additional time commitments will be discussed and agreed in advance.

## 7. Support for the PPV partner

- Training will be provided by NHS England on the role of specialised services and an induction will be given with a member of the specialised commissioning engagement team which will cover the role of the PPV partners, how to claim expenses etc.
- The Head of Communications and Engagement for specialised commissioning is also a member of the Programme Oversight Group and can provide support as required.
- Meeting documents, and if necessary, pre-meeting briefings will be provided.

## 8. Remuneration for PPV members

- Reimbursement of out of pocket expenses incurred in line with NHS England's PPV Expenses Policy provided in Appendix 2. Expenses usually cover travel, accommodation and/or any subsistence requirements that arise. You should highlight any barriers to participation, for example, the costs of a carer that may need to accompany a PPV representative. Please email [england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net) to request a discussion about any support requirements that you might have.
- There will be an honorarium of £150 per day (for those people not representing or supported by an organisation) for an estimated time commitment of 12 days per year. This is in line with the NHS England policy.
- All remuneration is taxable under Schedule E and subject to Class 1 NI contributions but it is not pensionable.
- If you have any queries or concerns about whether reimbursement of expenses and involvement payments for public involvement might affect any state benefits you are receiving, please contact **the free and confidential service** provided through Bedford Citizens Advice Bureau. Specially trained staff, with knowledge of how payment for involvement/expenses might affect state benefits will be able to give you personal advice eg supporting you should you need to make contact with the Department for Work and Pensions, or other benefits agencies about your involvement. You can contact the Benefits Advice Service by **emailing [involve@bedfordcab.org.uk](mailto:involve@bedfordcab.org.uk)** with a brief summary of your query in the first instance, or, if you prefer, you can call 01234 330604

## 9. How to apply

Please visit our website at [www.engage.england.nhs.uk/application/get-involved](http://www.engage.england.nhs.uk/application/get-involved) to apply on line.

The on line form includes application questions and Equality Opportunity Monitoring questions. (Shortlisters will not receive your Equal Opportunities Monitoring information.)

If you have difficulty accessing the on line application form please contact [england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net) or call Jane Burbidge on 07887 653 728.

We will rely on the information you provide in the on line Application Form to assess whether you have the skills and experience required for this position.

NHS England must receive your completed on line application form by the closing date for applications.

Late applications will not be accepted.

Closing date for applications: **12 midnight on Monday 8 February 2016**

Shortlisted candidates will be invited to a short interview with Dr Nick Harding, Co-Chair of the Programme Oversight Group and Fraser Woodward, Head of Communications and Engagement for specialised services at NHS England later in February.

Two references will be taken up for the successful applicant before involvement can commence.

The successful candidate will then be invited to join the Programme Oversight Group for its meeting on Friday 11<sup>th</sup> March (10 – 12 noon). Dates for April onwards have yet to be confirmed.

## **10. Diversity and equality of opportunity**

NHS England values and promotes diversity and is committed to equality of opportunity for all. To help us understand if we are achieving this, we ask you to fill out an Equal Opportunity Monitoring Form as part of the application process.

We also ask you to let us know if you have special needs that we need to support to enable you to participate fully.

## **11. Terms and conditions of appointment**

### **Eligibility**

Please note: Current NHS employees/contractors are not eligible for consideration. This includes honorary or unpaid medical or dental posts, practising healthcare professionals within the wider NHS including practising GPs, General Dental Practitioners and their employees.

### **Disqualification for appointment**

You may not serve on this group if, at the same time, you are:



- **a chair or non-executive of another NHS body** – including an NHS Trust, or NHS Foundation Trust, the Independent Regulator of NHS Trusts, and some Special Health Authorities (exceptions include the NHS Litigation Authority, the National Institute for Health and Clinical Excellence, and NHS Blood and Transplant)
- **employed by the NHS** - including honorary or unpaid medical or dental posts. There are one or two exceptions in prescribed circumstances
- **a practising healthcare professional** - including practising GPs, General Dental Practitioners and their employees and people who have been removed from or suspended from a list of Part II practitioners, in some circumstances.
- **a serving MP** - including MEPs and candidates for election as MP or MEP.

**Other circumstances:**

- People who have received a prison sentence or suspended sentence of 3 months or more in the last 5 years;
- People who are the subject of a bankruptcy restriction order or interim order;
- Anyone who has been dismissed (except by redundancy) by any NHS body;
- In certain circumstances, those who have had an earlier term of appointment terminated;
- Anyone who is under a disqualification order under the Company Directors Disqualification Act 1986;
- Anyone who has been removed from trusteeship of a charity;
- In most circumstances, Civil Servants within the Department of Health, or members/employees of the Care Quality Commission

**Standards in public life** - You will be expected to demonstrate high standards of corporate and personal conduct.

## 12. Conflict of Interests

You should note particularly the requirement to declare any conflict of interest that arises in the course of POG business and the need to declare any relevant business interests, positions of authority or other connections with commercial, public or voluntary bodies.

If appointed, you will also be required to declare these interests on appointment which will be entered into a register which is available to the public.

## **Declaration of interests and ensuring public confidence**

If you have any business or personal interests that might be relevant to the work of POG and which could lead to a real or perceived conflict of interest were you to be appointed, please provide details.

Should you be successful in your application, if there is anything in your professional history, that if brought into the public domain, may cause embarrassment or disrepute to the organisation, please provide further details.

Failure to disclose such information could result in an appointment being terminated – refer to the “Eligibility Criteria’ in section 11.

Candidates must also demonstrate that they understand the standards of probity required by public appointees outlined in the “Seven Principles of Public Life”. Details can be found in Annex 1.

## **13. Once we receive your application**

We aim to process all applications as quickly as possible and to treat all candidates with courtesy.

After the closing date for applications:

- You will receive an acknowledgement of receipt of your application by email within 5 working days.
- Your application form will be assessed to see whether you have the expertise required for the post. We will rely on the information you provide on your application form to assess whether you have the experience required. Please ensure that you provide evidence to demonstrate how you meet all of the criteria in the person specification.
- Where 20 or more applications are received, it is likely that they will be long-listed before they are passed to the selection panel for consideration. You should be aware that in this situation, your application might not be considered in full by all panel members.
- The panel will decide which candidates will be invited for interview.
- We will let you know whether or not you will be offered an interview. Due to the volume of applications we receive, we are not able to provide feedback to individuals not shortlisted for interview.
- If invited to interview, the panel will question you about your expertise and ask specific questions to find whether you meet the competencies required.
- Where a candidate is unable to attend an interview on the set date, an alternative date will only be offered at the discretion of the panel.

- If, in the view of the panel, you are the candidate who has best demonstrated the expertise and competencies required, you will be recommended for appointment.
- Please note that two satisfactory references and Declaration of Interests must be received for successful applicants before involvement can commence.
- You will be notified of the outcome of your application.
- Applicants are asked to provide suitable daytime and evening contact details.
- Shortlisted candidates will be invited to attend a formal interview in Birmingham, for which travel expenses will be paid.

## **14. Further information**

If you have any queries about the application process please email [england.voice-crg@nhs.net](mailto:england.voice-crg@nhs.net)

If you would like an informal discussion about this opportunity – please call Fraser Woodward, Head of Communications and Engagement for Specialised Services at NHS England on 07900 227 668 or email [fwoodward@nhs.net](mailto:fwoodward@nhs.net)

Thank you for your interest in the role.

## **Annexe 1**

### **THE COMMITTEE ON STANDARDS IN PUBLIC LIFE THE SEVEN PRINCIPLES OF PUBLIC LIFE**

#### **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 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.