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Maximising the lay member role in CCGs



Foreword

As chair of the NHS Clinical Commissioners (NHSCC) Lay Member Network, I regularly hear about the excellent work CCG lay members are doing across the country. Most lay members bring a wealth of experience at senior or board level inside or outside the NHS to their work in CCGs, and play a pivotal role in ensuring that CCGs make a difference to patient care. Their contribution to their CCGs and governing bodies ensures that governance is maintained, and the best possible decisions are made by providing constructive questions and by scrutinising proposals and plans.

It is a real pleasure to introduce this guide, which will support CCG leaders, board members and the wider system to maximise the contributions from this valuable resource. We have drawn information for this guide from a national NHSCC survey of nearly 200 lay members undertaken in 2015, as well as discussion among delegates at our national conference for lay members and from our network members to ensure that it accurately reflects the views and experiences of lay members.

Susanne Hasselmann

Chair, NHSCC Lay Members Network
Lay Member, NHS South Eastern Hampshire CCG

Introduction

When CCGs were established in 2013, the Department of Health gave a clear message that they were free to develop their own arrangements within the minimal specification laid out in the legal framework. This resulted in significant variation in the structure, operation and roles among CCGs nationally. While the legal regulations set out a requirement for two specified lay members on the governing body, CCGs were free to create further roles and to use their lay members in ways that best suit their local context.

More recently, as CCGs have taken on more responsibility for commissioning primary care services from general practice, the lay member role has continued to evolve and expand. Due to the added potential for conflicts of interest brought on by primary care co-commissioning, NHS England has issued statutory guidance to aid CCGs in managing this, building on the principles that NHSCC developed together with the Royal College of General Practitioners and the British Medical Association.¹ Lay members have also increasingly been given additional responsibilities relating to membership and chairing of the primary care commissioning committees. In response, a significant number of CCGs have appointed additional lay members and/or increased the responsibilities of their existing lay members.

This guide sets out key advice from lay members to CCG leaders and governing body members, as well as national bodies like NHS England and the Department of Health, to support their relationship and ensure CCGs are able to gain the maximum benefit from the contributions of their lay members.



“It is important for all board members to be strategic thinkers, influencers, and leaders. The major difference between non-executive and executive directors is that the former also bring a level of impartiality. CCG lay members are in an ideal position to offer a relevant and informed, yet outside, perspective. I am a strategist, a leader, an influencer. I have a responsibility to support the delivery of services, but I have a responsibility to hold the impartial line.”

Pat Shirley, Lay Member, NHS Fareham and Gosport CCG

Fulfilling the potential of lay members in CCGs

Key messages for CCG leaders and other governing body members

- Lay members bring an essential independent perspective to the CCG governing body – being separate to the day-to-day running of the organisation means that they can see the organisation as it is seen from the outside.
- Lay members typically have board-level or senior experience in other organisations that is important to recognise and value.
- Comprehensive inductions are critical to ensuring that lay members develop the skills they need, learn the regional and national context in which they work, and become familiar with NHS terminology to participate fully in discussions.
- Regular one to ones and annual appraisals provide important opportunities to give lay members feedback on their performance and help them plan how to meet their development needs.
- Building time for lay member career development will support succession planning and help CCGs understand for what skills they need to recruit when existing lay members transition to different roles.
- An understanding of the non-executive role allows many people in board roles to be more effective.
- Job descriptions that clearly specify the essential and core duties of lay members and associated time commitments help CCG leaders better performance manage lay members, while also enabling lay members to understand their roles and which functions are the highest priority.

For NHS England, the Department of Health, and other national decision-makers

- It is essential that policy and guidance documents consider the lay member perspective and contributions they make.
- When introducing additional responsibilities for lay members, it is important that national decision-makers consider the time lay members might need to commit to achieving these duties.
- National decision-makers have an important role to play in developing and supporting ongoing training, resources and development packages for lay members, particularly around the functional roles lay members hold, such as PPI, audit, primary care, and quality.
- NHS England should support the development of job specifications that clearly detail the role for lay members to help CCGs benchmark their own job descriptions.
- NHS England and other national decision-makers should help develop career paths for lay members who leave CCGs to maximise the system's investment in their skills and development.

For lay members

- Though lay members may hold specified roles or have particular functional responsibilities, such as PPI, audit or primary care, they are part of a unitary board and, as such, are jointly accountable with other governing body members for all of the CCG business.
- Lay members are responsible for working with CCG chairs to ensure their role descriptions are up to date and accurately reflect the contributions they make to the CCG.
- It is important for lay members to seek feedback from other governing body members on how they see their performance to ensure their ongoing development and career progression.
- CCGs are all different dependent on individual local circumstances, so networking with lay members from other CCGs provides an important opportunity to learn from their peers and develop tools and resources collaboratively.

Importance and nature of the lay member role

The unique contribution of lay members hinges on their independence. They are able to draw on their background and experience, and with distance from the management responsibilities associated with day-to-day running of the organisation, can see the organisation as others see it. It is their past senior or board experience, their independent perspective, and the fact that they are removed from the delivery aspects of services, which allows them to raise questions that may not be visible to others. Lay members who become immersed in the details of operational activity risk losing their independent perspective.

Key skills and attributes that lay members bring to the governing body

Lay members typically have considerable experience of working at very senior or board level in other large organisations, and understand how organisations work. They may have, for example, financial acumen or legal knowledge from their own profession or industry and will almost certainly have the ability to develop a good understanding of complex situations quickly. They bring the skills and attributes they have developed elsewhere and use them to help the CCG governing body make good decisions.

Key skills

The critical skills that lay members identified as vital for their contributions to the governing body to be effective are:

- an ability to craft excellent and insightful questions – to ensure that every decision is considered from all perspectives, that all options are assessed, and that all risks are understood

- skilful listening – to hear what is really being said, regardless of the words spoken
- partnering skills – to work in collaboration with other board members and with boards of other organisations in mutually beneficial arrangements
- intellectual agility – to see problems from a range of perspectives and be willing to change views on reflection
- courage – to challenge and ensure that the ‘right thing’ gets done
- bravery and resilience – to make high risk decisions and be able to backtrack and re-assess when things do not go as expected
- confidence – to have difficult conversations with colleagues
- challenge – to push back when appropriate and in a style that is constructive rather than combative
- effective chairing of boards and board committees – ensuring that CCG governing boards hear the contributions of all members and that good decisions are made.

Critical knowledge

In addition to the experience and attributes for which the lay members were specifically selected (such as their knowledge of the local community or their finance and audit expertise) lay members need an understanding of governance. Lay members, like all members of the governing body, should understand what governance is, what it is not and how to ensure that it happens.

TOP TIP

For NHS England, the Department of Health, and other national decision-makers:

Consider the potential contributions of lay members when drafting policy and guidance documents. Prepare a summary and/or high-level briefing and include key questions they could ask when seeking assurance during board discussions.

The two specified lay member roles on the governing body and other lay member roles

Legislation requires two lay members, each with a specific focus, to be members of the governing body. The governing body is a unitary board and, while all members of the governing body share accountability, the two specified lay members fulfil their roles through a particular lens, drawing on the specific skills, experience and knowledge for which they were appointed. They have become known as the ‘patient and public involvement (PPI) lay person’ and the ‘governance and audit lay person’, although these terms are discouraged as using them tends to wrongly imply inexperience and involvement in delivery of services rather than governance and assurance.

The two lay member roles specified in the legislation include:

- a lay person who must be a person who has knowledge about the area specified in the CCG’s constitution, such as to enable the person to express informed views about the discharge of the CCG’s functions
- a lay person who must have qualifications, expertise or experience, such as to enable the person to express informed views about financial management and audit matters.

Lay members bring their strategy, leadership and influencing skills to the governing body largely through asking powerful, carefully crafted questions – questions that assure the board that the decision made is the right one, in the context of the CCG’s agreed vision and values. The questions that lay members ask might differ according to the lens through which they approach their role. The lay member that the CCG selected because of their ability to bring informed views about the local community might ask, “What are our stakeholders’ views on this?” or “What alternative arrangements were considered for the area?” Their knowledge of the local community enables them to pose questions that are specifically relevant to particular groups of people, including those who stand to be most affected by the decision in hand. Conversely, the lay member who chairs the audit committee might be more inclined to ask questions about risk or the financial aspects of a decision, such as “What degree of confidence do we have in the financial model on which we are basing this decision?”

Some CCGs have chosen to appoint additional lay members who may have a different focus, such as primary care or quality. If these lay members are appointed as members of the governing body and are named in the CCG constitution, then they too share full accountability with the whole governing body. Regardless of the lens through which a lay member undertakes their role, like all other members of the governing body, their purpose is matters of governance and assurance, not management and delivery.



“Lay members bring their strategy, leadership and influencing skills to the governing body largely through asking powerful, carefully crafted questions”

In addition, some CCGs have appointed lay people as patient representatives and advisers to working groups and committees. These individuals are not members of the governing body and CCGs may want to reflect on how they carefully distinguish these roles from the roles their governing body members fulfil.

TOP TIP

For CCG leaders:

If your CCG uses lay people in reference committees and working groups, for example as patient representatives, CCGs should make sure that a clear distinction is made between these 'lay people' and your governing body 'lay members' as the skills and experience required are different.

Getting the most out of CCG lay members

Our survey results told us that most lay members feel that CCG leaders are using their skills and experience, although there are some opportunities for improvement in order to maximise the impact that lay members have.

Some of the most significant areas for improvement identified by lay members include:

- being clear about what the lay member role is, and what it is not, including more clarity around their time commitments to carry out their essential and contracted responsibilities, and being sure to take steps to maintain their independence
- assisting lay members' development by giving feedback in structured appraisals
- ensuring that lay members receive induction and training and personal/ career development that is appropriate to their role, majoring on skills rather than knowledge
- improving the profile of the lay member role inside the CCG and externally
- developing an understanding of who their lay members are, what skills and experience they have and what they bring to the governing body
- taking steps to ensure that the time and allowances paid to lay members are in balance and that these are benchmarked between comparable roles and CCGs.

The key message from lay members was that governing body members should talk more to each other to understand one another's skills, knowledge and perspective. An understanding of the non-executive role helps many people in board roles to be more effective.

TOP TIP

For CCG leaders:

A discussion about the individual roles around the board table, including that of executive and non-executive roles, might be useful to undertake with all board members. When planning executive or clinical governing body members' development, consider whether it would help to gain non-executive insight, for example through volunteering as a NED/trustee in another sector. A lay member from another CCG might even make a good mentor for one of your executive directors.

Role clarity and maintaining independence

Lay member responsibilities vary across CCGs, but it is always important for the role to maintain some distance from the operations of the organisation to maintain their external vantage point and ability to see the bigger picture.

Although it is natural for lay members to want to be involved in commissioning activities and have a more hands-on role in delivery, unless they maintain a clear focus on their distinct role, lay members have the potential to slip into 'doing'. This risk may be compounded if there is a lack of understanding of the role by other board members, and a pressure within the CCG to manage demanding workloads within relatively small teams. Under these circumstances, role boundaries may become further blurred; there is a fine line between asking questions to develop the assurance that services are appropriate to local need and actively engaging with the local population directly. Put differently, if lay members become involved in the 'doing', the 'management activity' or the 'delivery process', they risk losing the capacity to ask good questions.

Establishing clear job descriptions for lay members with a set of job responsibilities and objectives will support all governing body members, including the lay members themselves, to understand and maintain a focus on their specific role.

TOP TIPS

For CCG leaders:

Ensure that your lay members know what the essential and core duties of their role are, and the associated time commitments. By developing tighter job specifications and core responsibilities you will be better able to performance manage your lay members, who will be much clearer about their roles and understand which functions are of the highest priority.

For lay members:

If your role description is out of date, make sure you update it with your chair so that it reflects the contributions you make to the CCG. It is important to ensure that your contract clearly defines your time commitment and you know what your responsibilities are.

Appraisals and feedback

A central aspect of lay members' ongoing development is appraisals and the opportunity for feedback. The NHSCC survey showed that lay members have mixed experience with appraisals although most have had at least one appraisal in the previous three years. Lay members voiced that regular one to ones with the chair and accountable officer and annual appraisals provide a crucial opportunity to receive feedback on their performance and help them plan how they will meet their development needs. Lay members also agreed that leadership should give some consideration to lay member career development within CCGs. Doing so not only encourages the advancement of lay members, but also supports succession planning and builds their understanding of what skills are needed to fill the position as existing lay members transition to other roles.

Lay members agreed that the following activities are key to developing a positive appraisal experience:

- give feedback to the lay member on performance in the role
- hear any concerns or worries the lay member has about the role
- explore together what help is available for personal and career development and improvement
- get to know each other a little better
- set objectives for lay members in the context of the organisation's objectives and the individual's aspirations.

TOP TIP

For lay members:

Seek feedback from other governing body members on how they see your performance. Talk to other governing body members and tell them about your background and experience. If you do not have an annual appraisal with the chair, ask for one.

Training and induction

Many lay members report feeling fully briefed for their role and having received relevant training. However, it is also clear that the role of the lay member has become more complex over time and is broadening. Ongoing knowledge development, peer support and training are therefore important.

As previously mentioned, the critical value of the lay member is their independent perspective that enables them to ask questions that may not be visible to others. While lay members will require a level of understanding of all of the issues and the organisational context in which they work, care should be taken to avoid them becoming too immersed in detailed knowledge of the day-to-day management and operational aspects of the service.

Lay members gain knowledge in a number of ways including induction, training, networking, coaching and mentoring. In the case of East Riding of Yorkshire CCGs, governing board members have implemented high-level factsheets that set out the key questions lay members can ask when seeking assurance on local arrangements. NHSCC has also recently established a mentoring scheme for lay members to allow sharing of best practice, discussion of challenges and delivery of peer support on a confidential basis.

Induction provides an important opportunity for CCGs to build the knowledge base of lay members, but a balanced approach is key. Current approaches to induction tend to focus on imparting knowledge and acquainting the new lay member to others on the governing body. However, lay members emphasised how it is important that inductions also provide an opportunity for skills development to ensure that lay members are adequately prepared to carry out the role. High-level presentations and briefings can also be useful to help lay members understand the regional and national context in which they work. Lay members also agreed that training and inductions should provide sufficient information to inform their understanding of what questions to ask, as well as the terminology used in the NHS in order to participate fully in discussions. Lay members believe that inductions could be improved by incorporating opportunities for other governing body members to understand what skills, knowledge and experience the new member brings to the team, and how the benefits can best be realised.

Successful lay member inductions will:

- promote insight, understanding, and team working
- support the integrity and courage to challenge
- facilitate personal development
- include opportunities for the executive and clinical leaders to get to know the lay member as well as the other way round
- avoid being overly prescriptive
- safeguard the independence of the lay member and avoid inadvertently indoctrinating them in the ways of the NHS.



“NHSCC has recently established a mentoring scheme for lay members to allow sharing of best practice, discussion of challenges and delivery of peer support on a confidential basis”

TOP TIPS

For NHS England, the Department of Health, and other national decision-makers:

Consider and develop appropriate national training, resources, and development packages for lay members, particularly around functional roles such as PPI, audit, primary care, and quality.

For lay members:

Join the NHSCC mentoring scheme in order to network with other lay members and learn from shared experiences and challenges.

For CCG leaders:

Encourage your lay member to find a mentor to support their ongoing development. Be sure to allocate adequate time to support lay member training.

Elevating the role profile of lay members

Lay members are the equivalent to the non-executive directors in NHS trusts. For this reason, some lay members have felt that the title 'non-executive director' (NED) is much better understood and describes more accurately their role. CCGs may refer to lay members as non-executive directors if they wish to do so, although they should refer to the two statutory lay members by their legal title in formal documents such as the constitution and annual report. However, there is nothing to stop CCGs referring to their lay members informally as non-executive directors, if this meets local needs.

Variations in time and allowances

There is some variation across CCGs in terms of lay member contract hours, actual hours worked, and allowances paid. The original expectation, based on previous experience in primary care trust NED roles, was two days a month. However, compared to primary care trusts who generally had seven NEDs, including the non-executive chair, most CCGs have a much smaller NED capacity. The NHSCC survey of lay members revealed that on average CCGs contract with lay members for 3.4 days per month, and the average number of days actually worked is 5.7.

Lay members suggested that primary care commissioning and increasing complexity in CCGs are the biggest reasons for this increase. As more CCGs adopt delegated or increased responsibility for primary care commissioning, the overall work commitment for many lay members will continue to rise.

Lay members have also highlighted variation in allowances paid to lay members. This variation exists both between and within CCGs, and lay members have suggested more transparency around the methods used to establish lay member allowances.

As CCGs lay out more clearly their expectations of their lay members in clear role descriptions, there is an opportunity to review what this means in terms of time commitments and allowances – what are the 'must dos' for the lay members and what are the 'nice to have' activities.

TOP TIP

For NHS England, the Department of Health, and other national decision-makers:

When introducing additional responsibilities for lay members, consider the time they might need to commit to achieving these duties. Help CCGs understand that this may place additional demands on member time and may have a financial impact.

About the Lay Members Network

The Lay Members Network is for lay members across all NHSCC member CCGs. The network offers access to lay members across the country and provides a strong collective voice in the national debate on the future of healthcare in England.

Methodology

To ensure that this guide accurately reflects the views and experiences of lay members, we consulted them throughout the writing process. The content is based on a national survey conducted by NHSCC of nearly 200 lay members representing 144 (69 per cent) of all CCGs, including non-member organisations, as well as the discussion among delegates at the 2015 NHSCC lay member national event.

Share your views with us

As a member-driven organisation, we are keen to hear the views of members on the issues we have raised in this guide. For more information on it or NHSCC's work with lay members, please contact Sarah Reed, network and project manager at NHSCC, at office@nhsc.org

Reference

1. NHS England (2014), *Next steps towards primary care co-commissioning*

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