Job title: Clinical Lead for Integrated Care for people with long term conditions  
Pay grade: £70 per hour (includes an allowance for national insurance and pension contributions)  
Working pattern: 1 session (4 hours) per week  
Contract period: fixed term contract, April 2015 – 31st March 2016 (with possible extension)  
Accountable to: Chief Officer, NHS Tower Hamlets Clinical Commissioning Group  
Responsible to: CCG Board Lead for Integrated Care

1. Background

- Tower Hamlets has amongst the highest premature death rates from the major killers in London.
- The borough has second highest cardiovascular disease (heart disease) premature mortality rate and the fifth highest mortality rate for chronic obstructive pulmonary disease (chronic bronchitis or emphysema).
- When looking at some of the factors that lead to or contribute to the major killers, 27% of people in the borough smoke, compared to 21% nationally.
- Of the 50% of the adult population who are drinkers, 43% have alcohol consumption patterns that are either hazardous or harmful to their health; around twice the national average.
- There are around 15,500 people who are 65 or over living in Tower Hamlets. 4,200 of these are 80 or over. 65% are white and 22% Bangladeshi and because women live longer a higher proportion are female (60%).
- 80% of them have at least one chronic condition of which 35% have at least 3 ‘comorbid’ conditions. There are indications of significant under-diagnosis of dementia and the second highest stroke mortality rate in London.
- In addition, most people in Tower Hamlets do not die in their place of choice — 64% die in hospitals although national surveys suggest that most people would like to die at home.

Since its inception Tower Hamlets CCG has made the care for people with Long Term Conditions a priority. For the last two years the CCG has had three separate programmes focusing on this group of people, Long Term Conditions, Integrated Care Programme, and Last Years of Life. From April 2015 these groups will come together, with Victoria Tzortziou Brown as CCG board integrated care lead in order to pool the resources, expertise and experience of the commissioning and clinical teams, and to provide a more coordinated programme of commissioning activity for the local populations’ health needs. This means that our previous model of disease specific CCG clinical leads has been redesigned in alignment with the increasing complexity and comorbidity of our residents and the changing needs of the programme as outlined below.

PLEASE NOTE- we are looking for clinical leadership and would value applications from clinicians other than GPs as well as GPs.
2. Role description

The Clinical Leads will work closely with the CCG’s Transformation Managers for Integrated Care to identify innovative ways to improve the lives and clinical outcomes for people living with long term conditions and develop these into clear commissioning plans. This will encompass the whole patient pathway including secondary, community and primary care. The expectation is that you will also work/liaise with other clinical leads across the programme in order to remain sighted on, and your work to be aligned with, the complexities and ambition of the overarching programme.

Clinical leads will also work within a supportive personal development environment, and benefit from a clinical leads support programme and organisation development programme to develop skills, reflect on experiences, and work collaboratively to deliver change.

The Integrated Care programme requires clinical leadership for the following areas:

<table>
<thead>
<tr>
<th>Clinical Lead Role(s)</th>
<th>Weekly sessions available</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complex Care</td>
<td>1</td>
<td>Commissioning of services for patients with very complex needs. This will include work focusing on continuing healthcare, specialist palliative care, and care homes support</td>
</tr>
<tr>
<td>Crisis Response</td>
<td>1</td>
<td>Development of services to support people with long term conditions in times of exacerbation, avoiding the need where possible for emergency hospital care, and developing appropriate feedback to GPs and others about how to manage these issues in the future</td>
</tr>
<tr>
<td>Living with long term conditions</td>
<td>4</td>
<td>Support development and improvement of long term conditions care packages and pathways. Development of services to meet the needs of those in the High and Moderate Risk cohorts, taking a whole person bio-psychosocial approach across all services and working to seamless delivery of care from the user perspective. Work with the CSU prescribing teams on high impact prescribing interventions and improvement.</td>
</tr>
<tr>
<td>Personalisation and Care Planning</td>
<td>1</td>
<td>Development of personalised care planning for people with Long Term Conditions, including personal health budgets, Integrated Personal Commissioning, and the use of patient activation measures, and self-management schemes</td>
</tr>
<tr>
<td>Integrated IT and Information Systems</td>
<td>1</td>
<td>To work with relevant stakeholders (including the IT WELC team, CEG and also provider teams such as community services, general practice, secondary care, mental health, social care and LAS) to ensure that IT is used effectively to facilitate the implementation of the Integrated Care Programme.</td>
</tr>
</tbody>
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As well as having a primary area of focus as outlined above, we are also keen to identify, as a secondary focus, disease specific areas of interest, as whilst in a transitional phase we recognise that outside bodies may still be aligning their work in this way.
All roles will also include the following:

- To work with the CCG’s Commissioning and Transformation Team, and Governing Body Leads, to develop CCG strategy for Integrated Care for people with Long Term Conditions in accordance with the CCG’s corporate priorities.
- To deliver CCG commissioning plans through excellent joint working, influencing and negotiation with partners such as the local authority, our NHS providers, and the voluntary sector.
- To develop and maintain strong working relationships with key people in the health and care system.
- To work with your Commissioning and Transformation lead in the development of business cases and proposals to support this strategy.
- To work with your Commissioning and Transformation lead in core commissioning activities such as developing and scrutinising contracts, service level agreements, performance reports etc.
- To work with your Commissioning and Transformation lead in any procurement activities that arise, including reviewing specifications, being involved in procurement panels, and so on.
- To contribute to the work of other programme boards where appropriate.
- To contribute to and engage in patient and public engagement activities.
- To play an ambassadorial role for the CCG and Integrated Care in all dealing with partners, the CCG membership and others.

2. Person specification

**Experience and Knowledge**
- Clinician who is currently working in Tower Hamlets.
- Solid understanding of the challenges facing people with long term conditions.
- Knowledge and interest of one or more of the major causes of mortality in Tower Hamlets.
- Clear understanding of the role of commissioning in improving local health and sustaining the health and care economy.
- Understanding of current health and care policy.

**Skills**
- Excellent communication skills, with the ability to build effective relationships, influence, persuade and negotiate with others.
- Able to engage effectively with patients and residents.
- Excellent analytical skills, including the interrogation of information to draw sound conclusions and inform evidence based decision making.
- Able to motivate others and lead change.

**Behaviours**
- Motivated, with experience in leading and driving change at scale.
- Commitment to delivering patient centred care underpinned by service design.
- Political astuteness, sensitivity, empathy and cultural awareness.
- Treat colleagues and partners with respect and value.
- Act corporately as a member of the CCG’s leadership team.
4. Contractual arrangement

- From April 2014 Tower Hamlets CCG clinical leads will be engaged as Office Holders of the CCG. This will allow them to be paid either via their current GP practice payroll or if not attached to a practice then directly via the CCG payroll. Details including entitlements can be obtained via the CCG contact below.
- Clinical Leads will have a clear work plan which will be agreed with their Governing Body Lead and Transformation Manager. This will be reviewed on a quarterly basis.
- Clinical Leads are required to provide two months’ notice, in writing, should they wish to terminate their contact. This will need to be sent to Transformation Manager for their programme area and the Chief Officer of Tower Hamlets.

Application process

If you would like more information then please contact:
- Josh Potter: Deputy Director of Commissioning and Transformation
  josh.potter@towerhamletsccg.nhs.uk
  Or
- Dr Victoria Tzortziou-Brown: Governing Body Lead for Integrated Care,
  victoria.tzortziou@nhs.net

Please complete the expression of interest form demonstrating your suitability for the post and submit by e-mail to josh.potter@towerhamletsccg.nhs.uk by 9am 16 March 2015.

Applicants will be invited to attend an informal interview at the Mile End Hospital site.

February 2015