South East London Integrated Care System

NHS South East London

CCPL FAQs

1. **I'm currently on a contract for services that runs until (any month between now and end of June 2024). Can I simply swap over to a contract of employment before it expires?**

   No, the role you are currently filling was advertised on a contract for services basis and therefore to ensure equality of opportunity will need to be readvertised under the new arrangements.

2. **I applied for – and was successful in – a role that was advertised before September on the old terms; will these be honoured or do I get a choice to start the role on the new terms?**

   This is really all around timing, so if we've recently advertised something (for instance in August) just before the new arrangements were in place, then the pool of applicants would have applied only if interested in contract for services arrangements. Advertising on new arrangements is likely to attract a different pool (we expect), and therefore we could get challenged if we advertise under one arrangement and then offer/appoint on different ones. All current arrangements with end dates under contracts for services will end as planned, there may be some situations where we extend until 30th June 2024 but case by case approach.

3. **I am planning on starting a family/having more children. Which terms are more favourable for me, contract for services or contract of employment?**

   Contracts of employment are more straightforward in this regard once you have qualifying service (see the ICB's Parental Suite of Policies). Service under a contract for service will not be counted toward this. However, if you commence maternity leave whilst on a contract for services you may be entitled to Statutory Maternity Pay, and if not you can still apply to the Department of Work and Pensions to see if you are eligible for Maternity Allowance.

4. **Why are some people on different rates of pay within the CCPL cohort?**

   Each role has a different job description which will be subject to a separate form of evaluation against the two-tier framework, as part of the new process, and an appropriate salary allocated to it. This will mean people start on different levels, partly due to the difference in roles, but also because the salary ranges reflect previous relevant skills and experience, which will be taken into account.

5. **I've been doing this role for years under a contract for services. When the contract ends, do I have to apply for the role again under the new arrangements, and if so will the pay be different?**

   Yes. You will need to apply when the role is advertised again for the same reason as outlined in question 1 above. In terms of pay, all newly advertised roles will have a full job description which will be subject to specific evaluation against the two-tier framework and advertised with the appropriate salary range for that tier.

6. **I'm currently in a GP Solo scheme on a contract for services. What will be the implications if I'm successful and move to a fixed term contract?**

   If successfully appointed onto an ICB fixed term contract, you will be opted into the main NHS Pension Scheme, rather than the Practitioner (GP Solo) scheme.

   Whilst the tier ranges (percentages) are the same for both schemes, you will need to tell us the percentage that should be applied to all your roles within the Practitioner scheme. This is based on all other sources of income applicable to that Practitioner scheme. In the Officer scheme the payroll team will assign you a percentage, based on your expected pensionable pay, for that role only. This may change at any point depending on your pensionable pay. You will not need to fill out GP Solo forms and the contributions will be passed directly to NHS Pensions without going via PCSE first.

   There are also different rules around opting out. In the Practitioner scheme, once you have opted out of one post you are ineligible for all other Practitioner scheme roles. With the Officer scheme, opting out of one post will take you out of the scheme for that role only.

   To be clear, there are two potential new arrangements - if seconded into the new role, then your pension contribution will be made by your existing employer in the usual way; if you are appointed onto a fixed term contract of employment with the ICB then you will be eligible for the NHS Pension Scheme through your ICB employment.

7. **If I'm employed elsewhere and the CCPL role I've applied for is for 0.4 WTE or less what type of contract will I be offered?**

   The CCPL role would become your secondary employment and you would be offered a secondment for the duration of the CCPL role from your primary employment.

8. **What are the main benefits of being on a contract for services and a fixed term contract as a Clinical and Professional Lead?**

   The main benefits under the Clinical and Professional Lead fixed term contract are: annual leave, occupational maternity/paternity leave, occupational sickness pay, all in line with NHS Agenda for Change terms and Conditions of Service, along with Statutory Redundancy pay which would apply in the unlikely event that the post was made redundant. People employed on these contracts are also eligible to join the NHS Pension Scheme. Please note that the terms and conditions for the CCPL roles are based in NHS Agenda for Change; the remuneration is a separate payscale specifically for these roles.

9. **Will I have access to training and development on the fixed term contract of employment?**

   Yes – appropriate training and development to support your delivery in the role will be provided in line with your objectives/appraisal. For people that hold other roles (either within the ICB or across the system) we can also seek to align objectives to support your overall professional development.

10. **Will I get annual leave under the fixed term contract?**

    Yes, and this will be pro rata based on the number of days/hours worked. On entry to the NHS the annual leave entitlement is 27 days, rising to 29 days after five years and to 33 days after 10 years (all pro rata for part-time).

11. **How are the roles evaluated?**

    We are developing an appropriate competency framework specifically for CCPL roles, against which each will be evaluated.

12. **What happens at the end of the fixed term period? Would we have to reapply for the role every year?**

    If the new role is still required after a two year period then an extension would be considered. However, it is not good practice to continue extending FTCs, as there is either a permanent need or there isn't.

    The Medical Directors will need to give consideration as to whether any of these roles are likely to require a permanent status or whether the work is of a fixed term nature (e.g. implementing a new pathway, way of working, etc.). All FTCs have an end date in the contract, which also constitutes the notice period.

13. **If the role is not being renewed would there be a notice period?**

    Fixed term contracts have an end date – this is built into the contract and there is no legal requirement to give further notice, because the end date is

known. People on FTCs should always be mindful of the end date and seek out alternative employment to avoid being without employment.

15. If the role is given to someone else after the fixed term, is the CCPL eligible for redundancy pay?

If the role ends and a new one is advertised anyone can apply. It is not envisaged that any CCPL role will ever be made redundant.

16. If the applicant has a substantive role within the ICB and the CCPL role is a secondment, would it be paid at the same rate as their substantive role? Or would the CCPL renumeration be in line with other CCPLs on the same tier?

Where postholders are seconded from a salaried role the intention is that the rate of remuneration will be no lower than their substantive role with the payment of the advertised rate where this is higher. The CCPL role will be paid at the rate for the role where secondment doesn't apply. It also depends on people's circumstances and whether they have the CCPL role as their primary role. The remuneration relates to the role and the skills/experience required of the individual to undertake it.

17. It would be useful to further define the 2 tiers of CCPL with some worked examples.

Please refer to Appendix 1 on CCPL Tiers.

18. Banding:

a) Please clarify if Tier 1 is Band 9 and Tier 2 is 8d?

It doesn't work this way – we have established a pay range for Tier 1 and Tier 2, please see question 27 below.

b) Each tier has <5yr and >5yr salary point, as the role is new, no one will have >5yrs as a CCPL. However, they may have leadership experience in the same field – sometimes doing pretty much the same job with a different name, does this count towards 'experience'?

Yes – and we are likely to move towards advertising on the basis of "salary according to experience".

19. Will the number of CCPL posts and number of sessions remain the same or are these changing too?

Possibly, it is hoped we can maintain current CCPL capacity across our system under these new arrangements. However, there is learning from places and programmes about how this is most effectively translated into individual roles. Over 2023 we sought feedback from colleagues about the roles and this will enable Place and Programme Leads to apply learning to the

roles they establish and it maybe they wish to reflect on how the capacity is distributed to best effect – including potentially between boroughs. This will ultimately be determined at Place.

20. Current JDs are done according to banding, is there a template for CCPLs as they are remunerated differently?

The Medical Directors are working with HR to develop a two tier framework for CCPL roles, and all JDs will be evaluated against these tiers. The CCPL JD template will be the same as the ICB template in terms of all organisational information, but will be specifically for use with CCPL roles.

21. Borough Leads vs SEL CCPLs, what tiers will they fall under?

This will be a role by role basis and will depend on the content of the role, which will be driven by borough needs. This will determine the tier for the role.

22. In terms of pay, GP pay is different from AfC pay and people are concerned that there will be a big difference in pay with the new renumeration package?

All new roles will be advertised under the new arrangements, and individuals l be able to decide whether they wish to apply. There will be no change in remuneration during an existing contract, and anyone successfully applying for a new role will have a new contract.

23. Are we asking all CCPLs to re-apply?

Nobody is being asked to reapply for their current role. All current contracts will run until their existing expiry date. New roles will all be advertised under new arrangements and individuals can choose whether or not to apply.

24. Who is doing the recruiting?

Interview panels will be established as appropriate for the role, including place/programme and clinical representation for all roles.

25. Can it go through trac instead of expressions of interest as it will make it easier to manage?

All CCPL recruitment will be undertaken via TRAC. The expressions of interest process will no longer be used for this.

26. Who will sit on the panel for interviews?

Please see above answer to question 24.

27. What are the payscales for these roles?

All CCPL roles will be remunerated within one of two tiers, as below (noting this shows the 3% uplift:.

Tier	Minimum	With 3% uplift	Maximum	With 3% uplift
Tier 1	£110,000.00	£113,300.00	£125,000.00	£128,750.00
Tier 2	£90,000.00	£92,700.00	£110,000.00	£113,300.00

Individuals can be appointed anywhere within each range, on an "ad hoc" salary basis. The salary will show in payroll reports as an "ad hoc salary" and will be assigned clearly to the relevant CCPL Tier.

HCAS does not apply to clinical lead roles.

28. How many years will the new contracts be for?

Usually two years, with the end date clearly stated in the fixed term contract. The contract duration will be specified in the advertisement as well as in the actual contract. If there is a potential for extension, this will be made clear.

29. If the current CCPLs don't re-apply and we are unable to recruit will the sessions be lost?

Recruitment will continue until roles are filled; sessions will not be lost.

30. I have concerns about loss of income, as my only job is my CCPL role. Who can I speak to?

Individuals are encouraged to speak with their programme/place lead in the first instance, as each individual situation will be different.

Ap

Appendix 1

Clinical and Care Professional Leadership Tiers

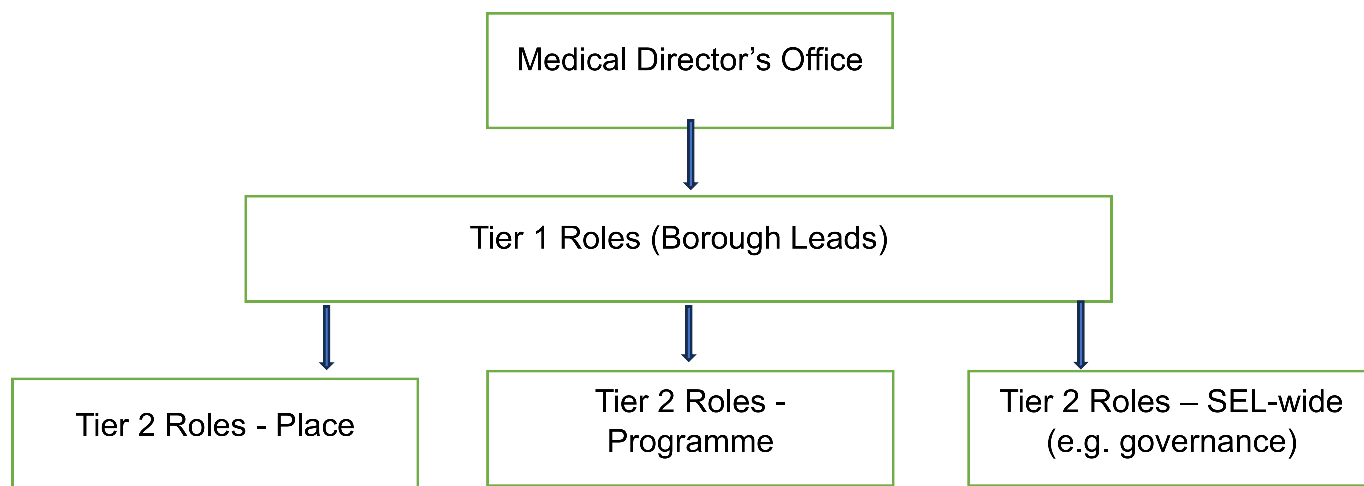
Introduction

1.1 As part of the new arrangements for engaging clinical and care professional leaders in the ICB, a two-tier framework was presented to, and approved by, the ICB's remuneration committee.

1.2 The two-tier clinical lead framework (for level of operation and correlating remuneration) would ensure that the different levels of accountability and responsibility were easily identified, enabling people with the right skills, experience and approach to be recruited, and remunerated appropriately.

1.3 Whilst the framework is not designed for individuals to move from one tier up to the next, they can, after gaining sufficient and relevant experience, apply for Tier 1 roles in the future.

1.4 An outline of the tiers in terms of reporting lines is shown below:



1.5 This guidance is to be used when writing job descriptions, to ensure that they are in line with the relevant tier.

2.0 Tier 1

2.1 The higher of the two tiers would be appropriate where the role requires the postholder to have a higher level of accountability and responsibility for programmes of work, line management of other clinical leads in their areas and aspects of budgetary responsibility, amongst other things. These are outlined below.

2.2 Roles at Tier 1 can be identified by the following:

2.2.1 **Knowledge** – Knowledge is the information that is used by the post holder in fulfilling the responsibilities of the job.

These roles are likely to require the knowledge and experience to lead on a specialist technical or professional area within an organisation, applying that knowledge across the full range of the organisation's activities and using it to influence more widely across the whole Health System.

2.2.2 **Specialist skills** – .Specialist skills are acquired through aptitude, training, experience or practice.

These roles are likely to require general managerial skills that would typically be acquired over several years of relevant experience before becoming fully established in the area, meaning that the individual would be recognised as a recognised expert in their field. Examples of such skills include:

- Problem solving and decision making skills;
- Skills required in budgeting, service design and commissioning;
- Influencing skills for dealing with external stakeholders;
- Commercial skills, including skills needed to generate revenues;
- Contracting and negotiating skills;
- Accountability for complex projects of more than six months in duration.

2.2.3 **People Skills** – People skills are required to get things done with and through people, including communication skills. These skills are used when working within organisations, for example, in line management, team working and communicating with colleagues. They are also used for working with providers, other partners, external stakeholders as well as the media and the general public.

These roles require the management of a function (or portfolio of work) where working with, negotiating with and influencing external partners is also a core part of the role.

Roles at this level require higher levels of people skills than would be required in more internally focussed roles.

2.2.4 **External Impact** - External impact measures the extent to which post holders may have a direct impact on services, on patients and on the public. It also distinguishes between those jobs which are regularly required to influence the activities of other organisations, and potentially the whole Health System and those where the impact is limited to the particular activities of the organisation where the post holder is employed.

These roles are responsible for areas of work that directly impact on the public. They are required to work with and to influence other external organisations in respect of these activities and Services, although this impact will relate primarily to the particular domain for which the organisation is responsible.

2.2.5 **Decision Making** - Decision making assesses both the scale and the complexity of decisions, including the range of factors to be taken into account and the extent to which information is likely to be ambiguous or conflicting. It includes participating in decision making processes, for example, by influencing and/or providing specialist expertise as well as being the final decision maker on a particular issue.

These roles are likely to be responsible for decision making relating to the management of an area of work which have a substantial Function or Service where those decisions regularly require the involvement of external partners and are complex in that they impact on external organisations and/or Services to the public.

2.2.6 **Innovation/creative thinking** - Innovation/creative thinking measures the degree to which a post holder is required to think ahead and develop new ideas, solutions and strategies. It measures the extent to which the post holder is required to be innovative to improve services, rather than make simpler choices within existing practices, rules and procedures, and it assesses the degree of strategic thinking that the job requires.

These roles are likely to require the postholder to participate in some new initiatives and innovations that are of national importance and have long-term implications for the whole Health System. All roles at this level require the post holder to lead in the management of Transformational Change.

2.3 Tier 1 roles will be Borough Leads, with high levels of accountability and responsibility under the above areas; they will also have responsibility for the development of others. As shown in the diagram above, they will report directly into the Medical Director’s office.

3.0 Tier 2

3.1 Roles at Tier 2 would not require the same level of accountability and responsibility as above, but would provide support to Tier 1 postholders in the same areas. Tier 2 roles would not have direct line management or budgetary responsibility. They would report into the Tier 1 postholders.

3.2 Examples of responsibilities in Tier 2 roles – using a mental health clinical lead role as the worked example here - are:

- Working with other clinical leads to ensure service development / improvement is enabled through their work
- Ensuring that any plans are clinically informed and conducive to the delivery of safe, effective, high-quality care
- Ensuring that the needs of patients within the Place remain at the centre of change and that those processes are clinically led

- Engaging with place-based partnership members and health and care professionals, to influence clinical practice and clinical decision making in line with best practice
- Contributing towards, and facilitating the delivery of place-based partnership and ICB objectives and performance improvement
- Ensure that variation is reduced with an improved understanding and management of inappropriate variability in quality
- Support the delivery of the long-term plan mental health ambitions
- Advise on the development of strategies to support prevention and early intervention within the place-based partnership
- Enhance the mental and physical health pathways to ensure equity and ensure better management and support for people with long term conditions and multiple morbidities and mental health problems and medically unexplained symptoms within the place-based partnership
- Work within the place-based partnership to ensure there is more primary care mental health focused development and quality improvement.
- Promote and facilitate collective responsibility for improving whole pathways and removing organisational barriers to accessing health and care services within the place-based partnership
- Work with other place-based partnership and ICS colleagues to oversee the quality of all health services delivered for mental health in the place-based partnership, including implementing a safer and just culture, safer systems, and safer care.
- Ensure there is clinical input, including robust and considered challenge, into PBP decision- making at all levels.
- The main duties and responsibilities described above are not exhaustive and the post holder can expect to take on other responsibilities or specific tasks as required. Further, over time it is likely the remit and requirements of the role will evolve, and the post holder will be expected to adjust their working approach and style to accommodate these. As a new post within the organisation, to reflect the above, it is expected that this job description would be reviewed regularly, by agreement, initially at 6 monthly intervals by the Clinical