



Designate Independent Non-Executive Members

**For proposed NHS Cambridgeshire and
Peterborough Integrated Care Board**

Applicant information pack

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We value and promote diversity and are committed to equality of opportunity for all. We believe that the best boards are those that reflect the communities they serve.

We prioritise Equality, Diversity and Inclusion, team health and wellbeing and the principles of kind leadership in our 'ways of working'. All postholders will have a key role in nurturing this culture.

Appointment will be made on merit after a fair and open process so that the best people, from the widest possible pool of applicants, are appointed.

1. The opportunity

Integrated care systems (ICSs) are partnerships of health and care organisations, local government, and the voluntary sector. They exist to improve population health, tackle health inequalities, enhance productivity and help the NHS support broader social and economic development. They will take on statutory form following the implementation of proposed legislation from April 2022 and will comprise an Integrated Care Board (ICB) and Integrated Care Partnership. The Integrated Care Board will take on the CCGs' functions and broader strategic responsibility for overseeing healthcare strategies for the system. We are looking for candidates who will work with the designate chair of ICB, and, subject to legislation, support the establishment of the system's new statutory arrangements as a designate non-executive member of the ICB.

The ICB is seeking to appoint four non-executive members with expertise in: finance/audit, workforce development/people practices and organisational performance/improvement/transformation. The non-executive members will contribute to a range of Board committees and two of the successful candidates will take a role of committee chair when so appointed for the Audit Committee and Remuneration Committee.

This is a time of major transformation and the non-executive members will play a key role in establishing new statutory arrangements for the ICS and the ICB. Particular emphasis will also be given to providing appropriate oversight, governance and leadership to the ICB in the pursuit of its core purposes and to scrutinising the performance of the ICB's executive director team in meeting agreed goals and objectives and monitoring the reporting of performance.

The ICS needs diverse, inclusive and compassionate leaders who not only reflect the community they serve and the staff employed, but have the leadership style and breadth of perspective to make good collective decisions.

There is good evidence that diverse boards make the best decisions. We want to increase the diversity of NHS board teams. In non-executive roles nationally, it is known that women, people from the local Black Asian and Minority Ethnic communities, LGBT communities, younger people and those with lived experience of disability are all under-represented. We want a change.

We are really interested in receiving applications from people with different backgrounds, skills and experience.

2. About us

Our ICS partnership is currently composed of NHS providers (acute, community, mental health, ambulance), our CCG and GP practices, County, District and Cambridge City Councils, our Health and Wellbeing Board, Healthwatch, the Local Medical Committee, voluntary care, and other partners. Our ICS footprint covers: Peterborough, Fenland, East Cambridgeshire, South Cambridgeshire, Cambridge City and Huntingdonshire.

The picture of Cambridgeshire varies from person to person. For some it is the experience of multi-occupation housing, English as a foreign or unspoken language and low wages all with their attendant health outcomes. Such, for example, is the Gladstone area in Peterborough. For others, it might be the villages, smallholdings and towns of the Fens, a long way from other places and only accessible via linear roads such as Wisbech. Or it might be of South Cambridgeshire, with a generally higher income population surrounding the internationally famous city of Cambridge. But the latter city is not only one of punts and historic buildings but itself holds some of the widest disparities in health.

In many ways we are a relatively simple system, a population just under a million, a single CCG from which to inherit commissioning responsibilities, and social care local authorities that have a history of working together, with a single Director of Public Health across the area. From a challenged health system a few years ago, we have worked hard to develop the good and trusting relationships and a clear vision for how

integrated structures will work. Our experience of the pandemic has strengthened our resolve and creates a great platform on which to continue the transforming momentum whilst showing the strength of systems to be accountable for great performance.

However, there are also challenges. Specific financial arrangements over the pandemic have not made us forget that there remains a real challenge to keep the system in financial balance and we can expect this to remain a major area of scrutiny. We have a strong workforce opportunity in which we build positively on our record to make health and social care an attractive option for the county's young people.

As an ICS we are seeking to tackle health inequalities and maximise the opportunities created by the research and innovation work that takes place in our area – the Cambridge Bio-Medical Campus is home to one of the world's largest centres of healthcare research and delivery. We are focused on:

- **Addressing health inequalities** - to ensure everyone in our local area has access to the same opportunities for a long and healthy life, by providing health and care services closer to home with more support for people to stay healthy as long as possible, keep their independent and make decisions about their own health and care.
- **Creating new opportunities to access support** – access for everyone to the information, support and treatments they need, using cutting edge digital and technology wherever appropriate.
- **Shaping services** – giving local people the opportunity to shape health and wellbeing services that meet their individual needs now, and in the future.
- **Delivering world-class services** – taking cutting edge research that happens locally and turning it into world-class services for the benefit of local people, whilst using our resources wisely and living within our means.

Within this we have a robust approach towards the structure of integration. This encompasses a strong role at neighbourhood level as the basic unit of local integration, building on the Councils' Think Communities programme, a shared structure with the voluntary sector and the development of Primary Care Networks. Our Alliance approach, which recognises the difference between the north and south of the area, will adapt into Integrated Care Partnerships which will, amongst other things, convene the activity at the neighbourhood level. Above this will sit the Integrated Care Board, overseeing the entire system.

All partners are committed to taking responsibility for the coordination of services and planning of health and care in a way that improves population health and reduces inequalities between different groups. We have an existing track record of working together as one system and established governance arrangements that bring together individuals with their peers from across the system to develop strategies, share progress and learning and aim to ensure that services and processes are joined up. We have already started to work together on how we understand and improve the health of our population, how we manage our finances, how people can move around the system and between organisations in a seamless way, and how we support our staff and develop their skills. Our Long-Term plan describes how we will organise and manage health and care services in an integrated way in the future and how we will continue to work in partnership not only between our organisations, but also with our population, to better meet their needs.

Below is a high level summary of our local demographics in respect of both population and workforce:

Cambridgeshire & Peterborough ICS	Women	BAME	Disabled
Local population (census data extrapolated from 2011)	49.9%	9.7%	16%
Local workforce (NHS and CCG – excludes LA)	77%	24% (WRES data)	4% (WDES data)

3. Role priorities and accountabilities

Please note: the following role description is dependent on legislation. Appointees will be taken on in the first instance as designate independent non-executive member(s) of the anticipated NHS ICB.

Final appointment to the role of independent non-executive member of the ICB, as described below, would be dependent on the passage of the Health and Care Bill, and any potential amendments made to that Bill.

Priorities

The independent non-executive members will:

- Work collaboratively to shape the long-term, viable plan for the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money.
- Ensure that the Board is effective in all aspects of its role and appropriately focused on the four core purposes, to: improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and help the NHS support broader social and economic development.
- Be champions of new governance arrangements (including with the ICP), collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.
- Support the Chair and the wider Board on issues that impact organisations and workforce across the ICS, such as integration, the People agenda, Digital transformation, Emergency Preparedness, Resilience and Response (EPRR) and Covid-19 challenges.
- Play a key role in establishing new statutory arrangements for the ICS to ensure that the ICB meets its statutory duties, building strong partnerships and governance arrangements with system partners, including the ability to take on commissioning functions from CCGs and NHS England.

Accountabilities

The independent non-executive members:

- Are accountable to the ICB Chair.
- Have designated areas of responsibilities as agreed with the ICB Chair.
- Have a collective responsibility with the other members of the ICB to ensure corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and its financial obligations are met.

4. Role responsibilities and competencies

You will work alongside the Chair, other non-executives, executive directors and partner members and as equal members of a unitary board. You will be responsible for specific areas relating to board governance

and oversight:

- Bringing independent and respectful challenge to the plans, aims and priorities of the ICB;
- Promoting open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population.

Personally, you will bring a range of professional expertise as well as community understanding and experience to the work of the Board. We are interested in your life experience and personal motivations that will add valuable personal insights such as: being a patient, carer or service user; experience of gender and women's issues; engaging with diverse social, economic and cultural groups and communities; experiences and challenges of younger people; and those with lived experience of mental health issues and/or living with physical chronic conditions or disability.

As an NHS leader, you will demonstrate a range of leadership competencies outlined below. Corporately, as members of a unitary board, you will contribute to a wide range of areas, including:

Strategy and transformation

- Setting the vision, strategy and clear objectives for the ICB in delivering on the four core purposes of the ICS, the triple aim of improved population health, quality of care and cost-control.
- Aligning partners in transforming the [Long Term Plan](#) and the [People Plan](#) into real progress.

Partnerships and communities

- Promoting dialogue and consensus with local government and broader partners, to ensure effective joint planning and delivery for system working and mutual accountability.
- Supporting the establishment of the ICP, developing strong relationships between the ICB Board and the ICP.
- Supporting the success of the ICP in establishing shared strategic priorities within the NHS, in partnership with local government, to tackle population health challenges and enhance services across health and social care.

Social justice and health equalities

- Advocating diversity, health equality and social justice to close the gap on health inequalities and achieve the service changes that are needed to improve population health.
- Ensuring the ICB is responsive to people and communities and that public, patient and carer voices are embedded in all of the ICB's plans and activities.
- Promoting the values of the [NHS Constitution](#) and modelling the behaviours embodied in [Our People Promise](#) and forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

Sustainable outcomes

- Oversight of purposeful arrangements for effective leadership of clinical and professional care throughout the ICB and the ICS.
- Fostering a culture of research, innovation, learning and continuous improvement to support the delivery of high quality services for all.
- Ensuring the NHS plays its part in social and economic development and achieving environmental sustainability, including the Carbon Net Zero commitment.

Governance and assurance

- Collectively ensuring that the ICB is compliant with its constitution and contractual obligations, holding other members of the ICB and the ICS to account through constructive, independent and respectful challenge.
- Maintaining oversight of the delivery of ICB plans, ensuring expected outcomes are delivered in a timely manner through the proportionate management of risks.
- Ensuring that the ICB operates to deliver its functions in line with all of its statutory duties, and that compliance with the expected standards of the regulatory bodies is maintained.

People and culture

- Supporting the development of other board members to maximise their contribution.
- Providing visible leadership in developing a healthy and inclusive culture for the organisation, which promotes diversity, encourages and enables system working and which is reflected and modelled in their own and the Board's behaviour and decision-making.
- Ensuring the Board acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved.

Role descriptions for the two statutory committee chair roles are included as Annexes 1 and 2

- Chair of the Audit Committee
- Chair of the Remuneration Committee

5. Designate ICB independent member: person specification

Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation	<ul style="list-style-type: none"> • Knowledge of health, care, local government landscape and/ or the voluntary sector • A capacity to thrive in a complex and politically charged environment of change and uncertainty • Experience leading change at a senior level to bring together disparate stakeholder interests
Building trusted relationships with partners and communities	<ul style="list-style-type: none"> • An understanding of different sectors, groups, networks and the needs of diverse populations • Exceptional communication skills and comfortable presenting in a variety of contexts • Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate • Experience working collaboratively across agency and professional boundaries
Leading for Social Justice and health equality	<ul style="list-style-type: none"> • An awareness and appreciation of social justice and how it might apply within an ICS • Record of promoting equality, diversity and inclusion in leadership roles • Life experience and personal motivation that will add valuable personal insights
Driving high quality, sustainable outcomes	<ul style="list-style-type: none"> • Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions
Providing robust governance and	<ul style="list-style-type: none"> • An understanding of good corporate governance

assurance	<ul style="list-style-type: none"> Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity Experience contributing effectively in complex professional meetings at a very senior level
Creating a compassionate and inclusive culture for our people	<ul style="list-style-type: none"> Models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff Creates and lives the values of openness and transparency embodied by the principles-of-public-life and in Our People Promise

Additional requirements for Chair of the Audit Committee

You will:

- Have recent, relevant finance experience in a large and complex organisation, preferably with a financial qualification
- Have experience operating at senior or board level
- Have an excellent working knowledge of audit committee practices and risk management frameworks
- Demonstrate independent and proactive leadership with confidence and integrity
- Champion open, frank and disciplined discussion and be prepared to ask the difficult questions

Additional requirements for Chair of the Remuneration Committee

You will:

- Bring expertise of workforce development, people practices and / or leading organisational and cultural change
- Demonstrate independent and proactive leadership with confidence and integrity
- Champion open, frank and disciplined discussion and be prepared to ask the difficult questions

6. Eligibility

You will be able to demonstrate that you meet the requirements of the fit and proper person test and that you have no substantial conflicts of interests that would interfere with your ability to be independent and offer an impartial perspective.

The successful applicants will not have an ongoing leadership role (hold positions or offices) at an organisation within the same ICS footprint. You will need to stand down from such a role if appointed to the ICB independent non-executive member role.

Elected officials including MPs and members of councils are excluded from the ICB independent non-executive member role.

Applicants should have strong connections with the area served by the ICS.

Given the significant public profile and responsibility members of NHS boards hold, it is vital that those appointed inspire confidence of the public, patients and NHS staff at all times. We will undertake a number of specific background checks to ensure that those we appoint are “fit and proper” people to hold these important roles. More information can be found on our [website](#).

Applications will be assessed on merit, as part of a fair and open process, from the widest possible pool of candidates. The information provided by applicants will be relied on to assess whether sufficient personal

responsibility and competence have been demonstrated in previous/other roles, to satisfy the experience, skills and values being sought.

We value and promote diversity and are committed to equality of opportunity for all. We believe that the best boards are those that reflect the communities they serve.

- 50% of the working age population and 77% of the NHS workforce are women
- 14% of the working age population and 23% of the NHS workforce are from ethnic minorities
- 16% of working age population and 5% of the NHS workforce are disabled
- 2% of the population over 16 and 3% of the NHS workforce identify as LGBT
- 82% of working age adults and 79% of the NHS workforce are under 55¹

We want to increase the diversity of our NHS leadership and encourage applications from groups we know are all under-represented in these important roles. We prioritise Equality, Diversity and Inclusion, team health and wellbeing and the principles of kind leadership in our 'ways of working'. The successful applicants will have a key role in nurturing this culture.

7. Terms of appointment

This section may be subject to change due to development of the legislation.

- The remuneration is being determined nationally but is expected to be in the region of Up to £16,000 depending on experience per annum for a 2 days per month commitment. More may be available for those making a greater commitment or chairing committees.
- Initial term of appointment as designate ICB independent non-executive member until the establishment of the ICB. The subsequent term of office as ICB independent non-executive member would be confirmed if and when the legislation is in place and would be in accordance with the provisions of the constitution of the ICB.
- The term of office for an independent non-executive member will usually be three years and the total number of terms an individual may serve will be two terms, after which they will no longer be eligible for re-appointment. In exceptional circumstances, one-off extensions of between 3 and 6 months may be approved to provide continuity and cover during an appointment process.
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum 2 - 3 days a month, including preparation time, the occasional evening engagement and events designed to support your continuous development.
- All NHS board members are required to comply with the [Nolan Principles of Public Life](#) and meet the [Fit and Proper Persons requirements](#).

8. More information

- [Support in preparing your application](#)
- [Onboarding support, sources of information, useful reading](#)
- [View all current chair and non-executive vacancies](#)
- [Sign up to receive email alerts on the latest vacancies](#)

¹ Population data source gov.uk/ons.gov.uk (2011 Census). NHS source: Workforce NHS Digital - Hospital and Community Health Services workforce statistics: Equality and Diversity in NHS Trusts and CCGs in England (2020 September data used)

Cadence Partners are committed to protecting and respecting your privacy. Please read their [privacy statement](#) before making an application

9. Making an application

- For more information and guidance on the application process, please contact Alex MacLeod at our executive search partners Cadence Partners in the first instance. He is available by email on alex.macleod@cadencepartners.co.uk or on +44 (20) 7947 4960.

If you wish to be considered for one of the ICB designate independent non-executive member roles please provide:

- Confirmation of the designate ICB non-executive role you are applying for. You may apply for more than one role if you meet the criteria, but we strongly advise that you tailor and submit individual applications to be competitive
- A CV that includes your address and preferred contact details, highlighting and explaining any gaps in your employment history
- A supporting statement that highlights your skills and experience and allows insights on your values and motivations for applying for the role. You should outline your personal responsibility and achievement within previous roles that demonstrates you have the knowledge, skills and competencies to deliver this role, as outlined in the person specification
- The names, positions, organisations and contact details for 3 referees. Your referees should be individuals in a line management capacity (or senior stakeholders), and cover your most recent roles and employer, any regulated health or social care activity or where roles involved children or vulnerable adults. Your references will be taken prior to interview and may be shared with the selection panel
- Complete a [diversity monitoring form](#) and answer some questions about criteria that may disqualify you from appointment
- Tell us about any dates when you will not be available for the selection process
- Documentation should be returned to cp-nems@cadencepartners.co.uk with the subject line "Application for Non-Executive Member"

Preliminary selection: this will be conducted by Cadence Partners, our executive search partners. Information provided by applicants will be relied on to assess whether sufficient personal responsibility and competence have been demonstrated in previous/other roles, to satisfy the experience, skills and values outlined in the person specification. Long-listed applicants may be invited for a preliminary interview. Feedback from this preliminary assessment will be given to the selection panel who will agree the applicants invited to interview.

Shortlisting: the selection panel will use the information provided by the applicants and feedback from our executive search partners to agree applicants invited to interview. Assessment will be based on merit against the competencies, experience, skills and values outlined in the person specification.

Stakeholder event: shortlisted applicants will be expected to participate in a stakeholder engagement event or events to meet groups of key stakeholders. Feedback from these sessions will be shared with the selection panel.

Interviews: applicants will be asked to make a 5 – 10 minute presentation to help the selection panel draw out the competencies, experience, skills and values outlined in the person specification. The formal interview will be 45 mins to an hour of open questions from the selection panel to showcase past experience and explore applicant's values, motivations, creativity and ability.

Appointment: Selection panels will be asked to identify appointable candidates based on merit against the competencies experience, skills and values outlined in the person specification. The preferred candidate will be referred to NHS England and Improvement Regional Team for approval before final appointment by the inaugural meetings of the relevant ICB.

Annex 1. Chair of the Audit Committee – model role description

This committee is accountable to the Board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audit.

The role of the audit committee is to seek assurance that financial reporting and internal control principles are applied, and to maintain an appropriate relationship with the auditors, both internal and external. The audit committee provides advice to the board about the reliability and robustness of internal control processes. This includes the power to review the work of any other committee, including in relation to quality, and to provide assurance to the board with regard to internal controls.

Audit committee chairs share the roles and responsibilities of the other non-executive members and in addition have responsibilities to:

- Provide leadership and vision to the audit committee to ensure that it is effective in its role and that robust internal control systems are in place and operating effectively;
- Bring independent financial acumen to the work of the audit committee across its governance, risk management, assurance and internal control functions;
- Ensure the committee identifies key risks in implementing its strategy; determine its approach and attitude to providing effective oversight of those risks and ensure there are prudent controls to assist in managing risk;
- Set an integrated agenda relevant to the current operating environment, taking full account of the important strategic issues it faces and aligning with the annual planner for the board and other committees
- Build and maintain relationships with key audit committee stakeholders, such as the board chair, the chief executive, finance director and internal and external auditors, including regular meetings with each as part of the process of developing the agenda and preparing for each committee meeting;
- Lead and support a constructive dynamic within the committee, enabling grounded debate with contributions from all, ensuring the committee sees itself as a team, has the right balance and diversity of skills, knowledge and perspectives, and the confidence to challenge on all aspects of the agenda
- Guard the committee's independence as a source of assurance to the board and lead the committee in establishing effective and ethical decision-making processes;
- Ensure that the committee receives accurate, high quality, timely and clear information, that the related assurance systems are fit for purpose and that there is a good flow of information between the committee, the board and senior management;
- Ensure safeguards are in place to allow staff and other individuals, where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions.
- Develop a committee that is genuinely connected to and assured about staff and patient experience, as demonstrated by appropriate feedback and other measures; and
- Oversee the professional development of the members and ensuring that they have the right information to perform their roles.

The Audit Committee Chair will also be appointed as the Conflicts of Interest Guardian. In collaboration with the ICB's governance lead, their role is to:

- Act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
- Be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
- Support the rigorous application of conflict of interest principles and policies;

- Provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- Provide advice on minimising the risks of conflicts of interest.

Annex 2. Chair of the Remuneration Committee – model role description

This committee is accountable to the Board for matters relating to remuneration, fees and other allowances (including pension schemes) for employees and other individuals who provide services to the ICB.

The Remuneration Committee Chair shares the roles and responsibilities of the other non-executive members and in addition has responsibilities to:

- Provide leadership and vision to the remuneration committee to ensure that it is effective in its role and that robust internal control systems are in place and operating;
- Lead and support a constructive dynamic within the committee, enabling grounded debate with contributions from all, ensuring the committee sees itself as a team, has the right balance and diversity of skills, knowledge and perspectives, and the confidence to challenge on all aspects of the agenda
- Guard the committee's independence as a source of assurance to the board and leading the committee in establishing effective and ethical decision-making processes;
- Ensure that the committee receives accurate, high quality, timely and clear information, that the related assurance systems are fit for purpose and that there is a good flow of information between the committee, the board and senior management;
- Develop a committee that is genuinely connected to and assured about staff and patient experience, as demonstrated by appropriate feedback and other measures; and
- Oversee the professional development of the members and ensuring that they have the right information to perform their roles.

NB: The Chair of the Remuneration Committee may also be asked to chair the ICB People Board and combining the People Board and the Committee into one body is being considered as part of the determination of our constitution.