

Applicant Information Pack

Designate Independent Non-Executive Members
for the proposed One Gloucestershire
Integrated Care Board (ICB)

Closing date for all applications: Wednesday 8th December

Role Experience Sessions with ICB Designate Chair: Wednesday 15th – Thursday 16th December (virtual)

Interview dates: Monday 20th – Wednesday 22nd December (interviews will be held in person)

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We value and promote diversity, inclusion 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 role holders will have a key role in nurturing this culture.

There is emphatic 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, Lesbian, Gay Bisexual Transgender and Queer (LGBTQ+) communities, younger people and those with lived experience of disability are all under-represented.

We want a change...

Appointments 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. Introduction

Thank you for the interest you have shown in Gloucestershire Integrated Care Board (ICB) and System (ICS). There has never been a more exciting and challenging time to join us as we transition to a statutory ICB.

We are seeking to appoint Independent Non-Executive Directors to join our Board of Directors from 1 April 2022.

Non-Executive Directors play a key role within the ICB and ICS, each individual can bring their talents and experience to strengthen and bring new perspectives to the ICB.

A big focus for us this year will be to working with our ICS partners on system recovery and restoration of services following the disruption and challenges caused by Covid-19, embed the learning to transform how we work, and build on our strong track record of collaboration and inclusion, an approach we have embodied to service changes through the Fit for the Future programme. We want to embed the values of the ICB / ICS, tackle our workforce challenges together and work on shared system wide priorities and key transformation programmes during the next year and beyond.

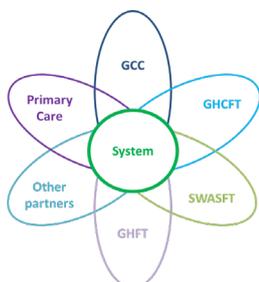
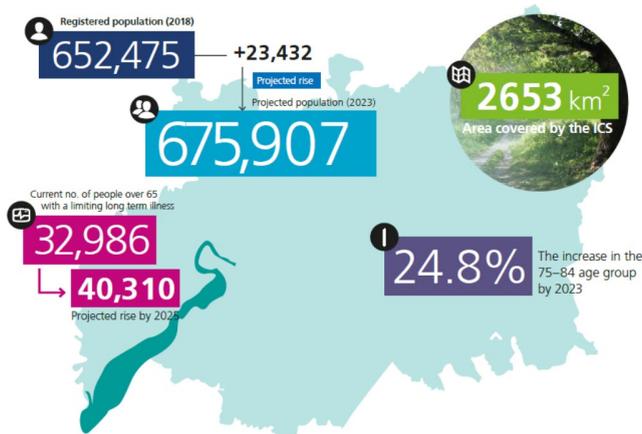
2. About us

One Gloucestershire Vision:

To improve health and wellbeing of our population, we believe that by all working better together - in a more joined up way, and using the strengths of individuals, carers and local communities - we will transform the quality of support and care we provide to all local people.

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. We are really interested in receiving applications from people with different backgrounds, skills and experience that can help drive forward our agenda and advance the health and care of our local population:

-  **Population: 0.65m**
-  **Place: 1**
-  **CCGs: 1**
-  **Trusts: 2**
-  **Local authorities (Upper tier): 1**
-  **PCNs: 14**



The One Gloucestershire system partners are:

- Gloucestershire Health and Care NHS FT (GHC)
- Gloucestershire Hospitals NHS Foundation Trust (GHFT)
- Gloucestershire County Council (GCC)
- Gloucestershire Clinical Commissioning Group (GCCG)
- Primary Care providers
- South Western Ambulance Service Foundation Trust (SWASFT)

The context of our system priorities, described within our Long term Plan, remain at the centre of our approach:

1. **Strong recovery:** supporting our population as we recover from Covid-19 and the socio-economic impacts of the last year
2. **Improve population health:** through place-based integrated working, placing a greater a focus on personal responsibility, wellbeing and prevention and self-care; supporting people to help themselves, complemented by a **focus on delivering proactive care** in partnership with local communities, building capacity across primary, community and the VCSE (voluntary, community and social enterprise)
3. **Improve mental health:** including improving dementia care and a renewed focus on mental health and wellbeing, additional support for regular users of health and care services. Ensure parity of esteem for mental and physical health.
4. **Implement the Fit for the Future** programme to progress our ambitions to bring together specialist resources in **Centres of Excellence** to support safe, evidence based and effective care.
5. **Improve access to care:** focusing on reducing waits and delivering high quality pathways for planned care supported by transformation across our planned and cancer care pathways. Taking a continuous improvement approach to the delivery of **urgent and emergency care** to ensure timely and appropriate care is delivered to all who need to access our **urgent care pathways**
6. **Reducing inequality:** reducing the differences in quality of life and clinical outcomes between our most and least deprived areas
7. **Improving care across the life course,** including increasing our focus on the needs of **Children & Families,** working together to support a strong start for all and supporting people to **age well,** including improving care for those who are frail or have dementia.
8. **Focus on enabling conditions for delivery** including:
 - fostering a **culture of engagement** and co-creation
 - continuing existing enabling programmes in **estates and digital roadmap**
 - Develop new roles and ways of working to make best use of the **workforce** we have, and bring new people and skills into our system to deliver care
 - increasing our system **sustainability,** delivering **financial stability** and sustainability as a system
 - ensuring effective governance that facilitates **shared decision making** as we develop towards becoming a statutory ICS

One Gloucestershire shared the same strategic priorities as the wider South West region, these are:

Strategic Priorities 2020-2025

- Reduce health inequalities
- Work in partnership
- Become digitally enabled
- Address mental health needs
- Put in place regional diagnostic hubs
- Make the SW the best place to work
- Develop improvement capability



In-year objectives 20/21

- Regional co-ordination of COVID, winter and EU Exit operational responses
- Delivery of flu and COVID vaccination programmes
- Recovery and restoration of services
- Maintain business critical and statutory regional functions to keep patients and staff safe
- Make the South West the best place to work



3. Our opportunities

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 ICB 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.

One Gloucestershire are looking to recruit **5 Independent Non-Executive members** for the ICB that will be accountable to the ICB Chair and have a designated area of responsibility including the chairing of respective committees.

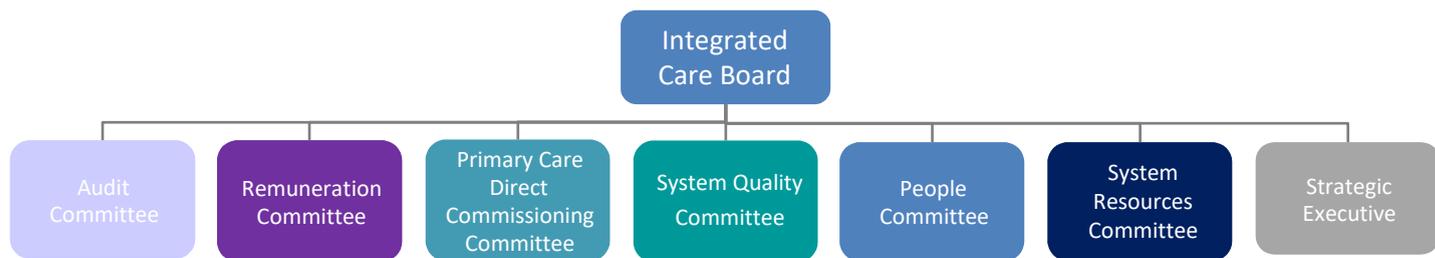
The 5 designated role opportunities will cover the following portfolios:

1. Audit
2. Remuneration and People
3. Primary Care and Direct Commissioning
4. System Quality
5. System Resources

You will be responsible for specific areas relating to board governance and oversight (*for fuller details, please refer to the respective accompanying role descriptions*):

- Independent Non-Executive ICB members will collectively be responsible 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;
- You will work alongside the Chair, other Non-Executives, executive directors and partner members and as equal members of a unitary board and bring 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, through 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.

The following is a summary description of committee obligations for each portfolio (*for further committee details will be set out in committee Terms of Reference*):



Audit Committee	<ul style="list-style-type: none"> The Audit 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 Remuneration Committee chair is a mandated role within the ICB structure. 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 and procedures. 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. The Audit Committee encompasses the Auditors Panel which advises the Board on the appointment, performance and termination of the External Auditors and Internal Auditors.
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Remuneration Committee	<p>The People Committee will be charged with overseeing the following, or the Remuneration committee will be charged with covering:</p> <ul style="list-style-type: none"> People Strategy and Plan delivery; Talent Management across the ICS; Equality Diversity and Inclusivity.
People Committee	<p>The Remuneration 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 is a mandated role within the ICB structure.</p>

Primary Care Direct Commissioning Committee	<p>The committee will oversee the:</p> <p>Primary Care contracts, according to scheme of delegation with NHS England. Initially Primary Medical Services and in due course dental, ophthalmic and pharmaceutical services.</p>
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System Quality	<p>The committee will oversee the:</p> <ul style="list-style-type: none"> Quality, safety, and compliance; National access and constitutional standards; Continuous improvement; Safeguarding; Infection Prevention and Control; Patient Experience; LeDeR; Data Security.
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System Resources	<p>The committee will oversee the:</p> <ul style="list-style-type: none"> Resource allocation; Performance against strategic plans; Strategic financial performance; In year finance and performance.
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Note: The Independent Non-Executive Director for the Remuneration Committee will also Chair the People and Committee (please see accompanying role accountability for this position).

All Non-Executive roles will focus, as NHS leaders, on competently and corporately contributing to; strategy and transformation, partnerships and communities, social justice and health equalities, sustainable outcomes, governance and assurance, and people and culture.

Note: the accompanying role descriptions are 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.

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. The NHS workforce comprises of:

- 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 LGBTQ+
- 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.

4. Applicant eligibility

Applicants should demonstrate **a strong interest** in the local area served by the ICS. You must 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) within a health and care 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.

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 several 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 NHSE [website](#).

Applications will be assessed on merit, as part of a fair, open and transparent 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.

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)

The following disqualification criteria for Board Membership (in accordance with the draft ICB Constitution) will apply:

- A Member of Parliament, or member of the London Assembly.
- A member of a local authority in England and Wales or of an equivalent body in Scotland or Northern Ireland.
- A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted:
 - a) in the United Kingdom of any offence, or;
 - b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.
- A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).
- A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.
- A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:
 - a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office;
 - b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings;
 - c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or;
 - d) of misbehaviour, misconduct or failure to carry out the person's duties.
- A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:
 - a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
 - b) the person's erasure from such a register, where the person has not been restored to the register;
 - c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or;
 - d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.
- A person who is subject to:
 - a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or;
 - b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).
- A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.
- A person who has at any time been removed, or is suspended, from the management or control of any body under:
 - a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or;
 - b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

5. Terms of appointment

- A competitive remuneration for NED roles will shortly be set nationally.
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require approximately 4 days a month, including preparation time, the occasional evening engagement and events designed to support your continuous development.
- 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.
- For now One Gloucestershire envisages that an initial term of office will be for a 2 year period with a further 3 year term of re-appointment. However, there will need to be a degree of flexibility applied and phasing to stagger the execution of NED roles and the continuity of the board. Therefore, where applicable a further (up to) 12 month extension may be applied to any term.
- All NHS board members are required to comply with the [Nolan Principles of Public Life](#) and meet the [Fit and Proper Persons requirements](#).

6. Process for making an application

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

- Confirmation of which out of the 5 designate Independent ICB Non Executive Director (NED) One Gloucestershire roles you are applying for. You may apply for more than one role if you meet the criteria outlined in the accompanying role description and person specification, but we strongly advise that you tailor and submit individual submissions to ensure your applications are competitive;
- An up to date CV that includes your contact address and details, stating your preferred method of contact, highlighting and explaining any gaps in your employment history;
- A supporting statement that highlights your skills and experience and allows insights on your knowledge, skill and experience relevant to the role, and taking the opportunity to highlight your personal 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. You should also ideally be able to demonstrate your strong local interest with the community, particularly in the context from a health and social care perspective;
- 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 interview panel;
- A completed monitoring information form which accompanies this pack;
- A completed self-declaration form which accompanies this pack and enables you to confirm that you do not meet any of the criteria that would disqualify you from appointment;
- Tell us about any dates when you will not be available for the selection process from those identified below;
- Upload your completed documents using this link on the Gatenby Sanderson portal by **8th December as the closing date for all applications**.

One Gloucestershire values all interest expressed in their vacant roles, and in return aspires for all applicants and candidates to enjoy the recruitment experience.

The selection, assessment and interview process **will be held in person** where possible and involve a wide selection of expert stakeholders who will participate in ensuring the process applied is one that is of equal value to all partners of the ICS.

Applicants and Candidates will be given every opportunity to provide and receive feedback through the process applied.

It is our intention that for applicants who choose to apply for more than one role, we will aim to hold a combined interview, selection and assessment process, meaning that you will only need (subject to being shortlisted) to participate in the process once (this means you will ideally not need to attend an occasion of interview, selection and assessment for each role applied for). However, please note that Longlisting and Shortlisting will be undertaken for each role.

Longlisting: 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 of the accompanying role descriptions.

As part of the longlisting process, applicants will be invited to attend a virtual Role Experience 1:1 session with the ICB / ICS Chair Designate on the **15th – 16th December** to discuss the Non-Executive Director role(s) applied for, the commitment required of the Non-Executive Director roles and explore the knowledge, skills and experience applicants have to offer. This will also be an opportunity for applicants to ask any questions about the ICB role(s).

Shortlisting: feedback from longlisting will be given to applicant, and to the interview and selection panel for those applicants who have successfully been longlisted. The panel will agree which applicants will proceed to shortlisting. Shortlisting will be based on merit against the competencies, knowledge, experience, skills and values outlined in the person specification of the accompanying role descriptions. The interview and selection panel will provide feedback to all applicants shortlisted and advise who will proceed as candidates to interview.

Interviews: candidates will be invited to interview on the following dates, with interviews lasting for approximately 45 minutes to an hour. The interview and selection panel will ask all candidates a consistent set of open questions, and give time for candidates to showcase their experience and ability, ask any questions or provide any further relevant information they may want to share. Proposed dates for interviews are (exact times for interviews will be confirmed once shortlisting is finalised):

Role	Date	Time
Remuneration and People	20 th December	Afternoon
System Quality	21 st December	Morning
Primary Care and Direct Commissioning	21 st December	Afternoon
Audit	22 nd December	Morning
System Resources	22 nd December	Afternoon

Interviews will be held at: Sanger House, 5220 Valiant Court Gloucester Business Park
Brockworth Gloucester GL3 4FE.

Appointment: interview and 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. The commencement date, (subject to legislation) of the NED roles shall be **1st April 2022**; however, you will be invited to some early meetings of the (shadow) ICB and / or Board Development days as part of a wider induction. You will be remunerated for any time commitment.

7. More information

For more information or any general enquiries regarding the vacant Non-Executive member opportunities, you can get in touch with: jonna.mundy@nhs.net (07703 719 464) or Melanie Shearer melanie.shearer@gatenbysanderson.com (07785 616548).

For an informal conversation with Gill Morgan, NHS Gloucestershire ICB Chair designate, please contact her office by emailing Linnet Hooper: linnet.hooper@nhs.net.

- [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](#)

NHS One Gloucestershire, NHS England and NHS Improvement respects your privacy and is committed to protecting your personal data. We will only use personal data where we have your consent or where we need to comply with a legal or statutory obligation. It is important that you read [this information](#) together with our [privacy notice](#) so that you are fully aware of how and why we are using your data.



www.gloucestershireccg.nhs.uk

