



**North East London  
Health & Care  
Partnership**



**North East London**



# **Two Non-Executive Members:** **Finance & Performance and Clinical & Care Professional**

**Candidate Information Pack**

February 2024



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.

## The opportunity

**NHS North East London (NEL) is a partnership of health and care organisations, local government, voluntary sector, health and care providers and residents.** We exist to improve population health, tackle health inequalities, enhance productivity and help the NHS support broader social and economic development. We were formed on 1 July 2022 following the Health and Care Act 2022 and replaced the North East London Clinical Commissioning Group. We are responsible for deciding how the local healthcare budget of nearly £4bn is spent and we do this by working with our local health and care partners.

We have established a joint ambition:

- We will work with and for all the people of North East London to create meaningful improvements in health, well-being and equity.
- The NEL role within this is to enable partnerships that integrate care, improve outcomes, experience and access, maximise resources, create shared responsibility, and tackle inequality,

We have a specific role to plan and commission health services across North East London to meet the needs of our population of more than two million people and making sure all parts of the local health system work effectively together. We set strategies, policies and plans where these are best done at the scale of the whole of North East London. We also set the overall financial strategy for the local health system and make sure that everyone can receive core services in an appropriate setting.

We are now looking for two new non-executive members to join our Board who will have the following specific experience:

- Senior strategic Finance and Performance experience in a large complex organisation, which can support the Board in making challenging decisions, understand how to improve performance and maximise productivity.
- Senior Clinical or Care Professional experience in a complex organisation or system, that has enabled a practical understanding of quality and improvement through partnership working and built on clinical and care professional leadership to improve outcomes and reduce inequalities.

Both successful candidates, who will be non executive members of the Integrated Care Board, will work with the Chair of the ICB, the ICB Executive and, partner members of the unitary Board to ensure we deliver the four aims of an ICB, collaboratively, in co-production with our people and communities, enhancing clinical leadership, harnessing innovation and improvement and ensuring mutual accountability for delivery.

The successful candidates will be key members of the NHS NEL ICB as well as its committees, including audit and risk; remuneration and workforce; Quality, safety and improvement; finance, performance and investment (FPIC); and population health and integration, with responsibility for the finance non executive member to chair the FPIC committee

The key priorities for the roles will be to work collaboratively to ensure the delivery of NEL-wide ambition and priorities and improvement to health and care as set out by the Government and NHSE as our regulator. Importantly, it includes delivering against the success measures defined by our residents. This includes supporting and working through provider collaboratives and place-based partnerships and also contributing to London-wide and national discussions

The Integrated Care System 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 emphatic evidence that diverse boards make the best decisions and to assist us in ensuring a diverse Board we would like to increase its diversity. We are therefore very interested in receiving applications from people with different backgrounds, skills and experience.



# About us

**North East London is a diverse and vibrant area, with a rapidly growing population of more than two million people. It covers the City of London and the London boroughs of Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking and Dagenham, and Havering.**

These form our seven place-based partnerships where our integration and tackling of health inequalities are focused. In addition we have four provider collaboratives across the acute sector (Barts Health, BHRUT and Homerton), mental health (NELFT and ELFT), community care (NELFT, Homerton and ELFT) and Primary Care (General Practice, Dentistry, Optometry, and Pharmacy). Additionally, our umbrella voluntary sector and our Healthwatch organisations have been supported and resourced to form their own NEL collaborations.

Our communities are diverse and aspirational but there are many challenges for health and care as we work to address historic health inequalities and respond to a growing population and changing landscape.

We are committed to continuous improvement and innovation, meaningful co-production and resident participation and to ensuring the best possible outcomes for our residents and staff. We are exceedingly ambitious and actively draw on best practice locally, nationally and internationally, clear that we are moving beyond performance management to maximising value and harnessing our individual capabilities for the mutual benefit of our residents.

To help guide our work, we have also identified four key flagship priorities to focus on together:

- **Employment and workforce** – to work together to create meaningful work opportunities for people in North East London
- **Babies, children and young people** – to make North East London the best place in which to grow up
- **Long term conditions** – to focus on prevention and to support everyone living with a long term condition in North East London in order to be able to live a longer, healthier life
- **Mental health** – to improve the mental health and wellbeing of the people of North East London

To learn more please visit [northeastlondon.icb.nhs.uk](http://northeastlondon.icb.nhs.uk)

## OUR HOSPITALS



## Our population

**North East London is a diverse, vibrant and thriving part of London. It is rich in history, culture and deep rooted connections with strong and resilient communities.**

However, large proportions of our population live in some of the most deprived areas nationally. NEL has four of the top six most deprived borough populations in London and some of the highest in the country, with Hackney and Barking and Dagenham in the top 25 of 377 local authorities.

By deprivation quintile, Barking and Dagenham (54%), City and Hackney (40%), Newham (25%) and Tower Hamlets (29%) have between a quarter and more than half of their populations living in the most deprived 20% of areas in England.

We are the most diverse integrated care system in the country: 53% of our community is Black, Asian and Minority Ethnic and we are the fastest growing. We grew by 500,000 in 2020-21 and is predicted to grow by another 18% by 2041. We have one of the youngest populations too, which means we have the potential for a higher proportion of residents being of working age.

We also have some very specific health challenges. More NEL babies are born with low birth weight and the uptake of childhood vaccinations are lower than the national and London average. For adults some of our levels of poor mental health are the highest in the country; we have a higher percentage who are physically inactive while one in four adults have a long term health condition.



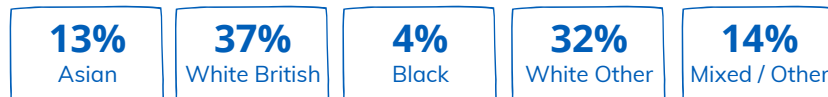
# City of London

## At a glance

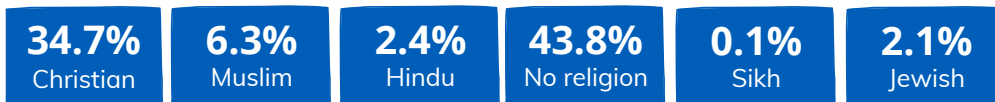
**8,600** people living in the City of London



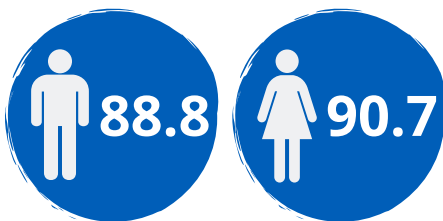
## Ethnicity



## Religion



## Life expectancy



## Employed

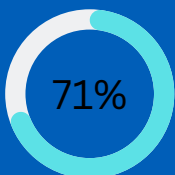
**98.74%**

population over the age of 16 with employment

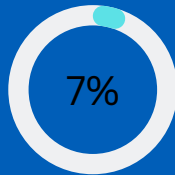
## Area

**1**

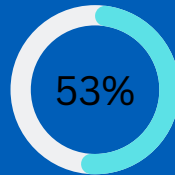
only one square mile



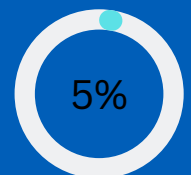
people aged 20-64 in employment



of children under 18 live in low income households



private and social rented tenures



estimated growth by 2032

## Place based partnership priorities

- Mental health
- Children and young people
- Housing and overcrowding
- Work and employability

## Key Challenges

- Homelessness
- Employment
- Childhood obesity
- Diabetes
- Dementia
- MMR vaccine uptake
- Cancer screening
- Poverty/cost of living crisis

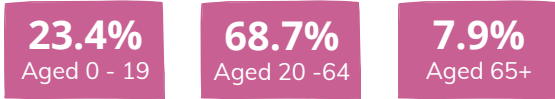
## Most prevalent long term conditions

- Hypertension (11.7%)
- Diabetes (9%)
- Asthma (5.1%)
- Chronic kidney disease (2.5%)
- Coronary heart disease (2.3%)

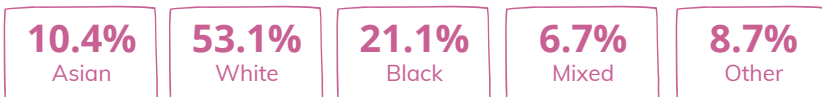
# Borough of Hackney

## At a glance

**259,146** people living in Hackney



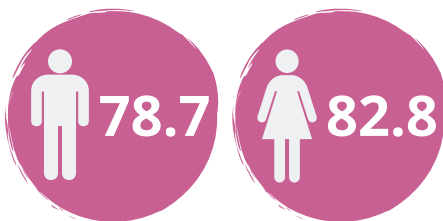
### Ethnicity



### Religion



### Life expectancy



### University degrees



### Hackney - Deprivation



### Place-based partnership priorities

- Mental health
- Increasing social connection
- Greater financial security
- Reducing poverty

### Community-centred approach

- Strengthening communities
- Creating, supporting and working with volunteer and peer roles
- Accessing community resources
- Collaboration

### Partnerships formed with:

- local NHS and care services
- Hackney Council
- the voluntary & community sector
- Healthwatch
- organisation in the borough that work with health and wellbeing

# Waltham Forest

## At a glance

**278,400** people  **Up 8%** in the last decade



## Ethnicity



## Religion



## Life expectancy



## Top ten languages

1. English
2. Polish
3. Urdu
4. Romanian
5. Turkish
6. Lithuanian
7. Punjabi
8. Tamil
9. Bengali
10. French

## Deprivation

Areas with most deprivation

- Cann Hall**
- Lea Bridge**
- Leyton**
- Markhouse**
- Higham Hill**



## Place based partnership priorities

- Avoiding hospital admissions
- Ensuring safe, timely hospital discharges
- Children and young people
- Mental health
- Learning disabilities

## Key challenges

- Health inequalities
- Childhood obesity
- Access to primary care
- Redevelopment of Whipps Cross
- Cancer screening
- Diabetes screening
- Cardiovascular diseases

## Most prevalent long term conditions

- Obesity (14.9%)
- Hypertension (11%)
- Diabetes (7.9%)
- Depression (7.2%)
- Asthma (4.8%)

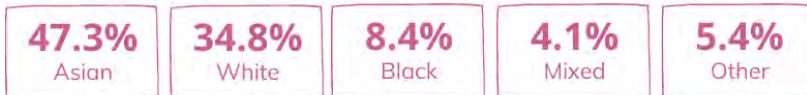
# Redbridge

## At a glance

**310,300** people living in Redbridge



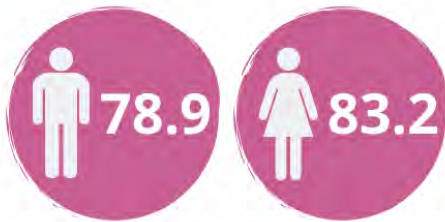
## Ethnicity



## Religion



## Life expectancy



## Top ten languages

1. English
2. Romanian
3. Bengali
4. Panjabi
5. Urdu
6. Tamil
7. Gujarati
8. Lithuanian
9. Bulgarian
10. Polish

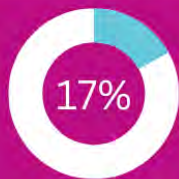
## Deprivation

Areas with most deprivation

- Loxford**
- Hainault**
- Ilford Town**
- Clementswood**
- Goodmayes**



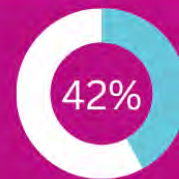
people aged 16-64 in employment



people aged 16-64 who have no qualifications



children aged 0-19 are in relative low-income families



people live in rented housing

## Place based partnership priorities

- Mental health
- Children and young people
- Housing and overcrowding
- Work and employability

## Key Challenges

- Housing/homelessness
- Employment
- Childhood obesity
- Diabetes
- Dementia
- MMR vaccine uptake
- Cancer screening
- Poverty/cost of living crisis

## Most prevalent long term conditions

- Hypertension (11.4%)
- Diabetes (7.3%)
- Asthma (4.4%)
- Obesity (3.4%)
- Coronary heart disease (2.1%)
- Chronic kidney disease (2.1%)
- Cancer (1.8%)

\*Data from Long Term Condition Power BI tool (Discovery database) March 2023

# Havering

## At a glance

**262,052** people living in Havering



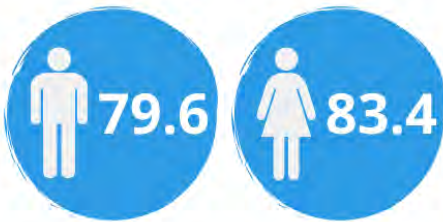
## Ethnicity



## Religion



## Life expectancy



## Top ten languages

1. English
2. Romanian
3. Lithuanian
4. Panjabi
5. Polish
6. Bengali
7. Urdu
8. Bulgarian
9. Portuguese
10. Russian

## Deprivation

Wards with highest % of households experiencing at least one dimension of deprivation:  
**Heaton**  
**Gooshays**  
**Beam Park**  
**Rainham & Wennington**



## Place based partnership priorities

- Health inequalities
- Cost of Living
- Community connections
- Learning disability and autism
- Staying well at home
- Start well/Live well/Age well

## Key Challenges

- Obesity
- Homelessness
- Dementia
- Support for older people
- Screening uptake
- Vaccination uptake

## Most prevalent long term conditions

- Hypertension (14%)
- Diabetes (6.4%)
- Asthma (4.7%)
- Chronic kidney disease (3.1%)
- Cancer (3.1%)
- Obesity (2.9%)
- Coronary heart disease (2.3%)

\*Data from Long Term Condition Power BI tool (Discovery database) March 2023

# Barking & Dagenham

## At a glance

**218,900** people living in Barking & Dagenham



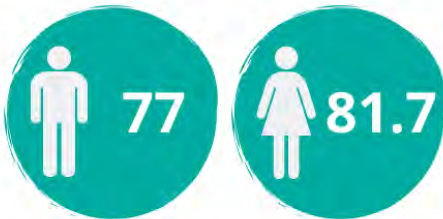
### Ethnicity



### Religion



### Life expectancy



### Top ten languages

1. English
2. Romanian
3. Bengali
4. Lithuanian
5. Urdu
6. Panjabi
7. Bulgarian
8. Portuguese
9. Polish
10. Albanian

### Deprivation

Areas with most deprivation

- Gascoigne
- Heath
- Thames
- Village
- Mayesbrook



### Place based partnership priorities

- Reducing health inequalities
- Building community resilience
- Giving children the best start
- Improving mental health
- Population health management
- Report to post COVID pressures and population growth

### Key challenges

- Population growth
- Cost of living crisis and debt
- CYP mental health and gang related youth violence
- Social isolation
- Increase in obesity/low activity
- Generational unemployment

### Most prevalent long term conditions

- Hypertension (11.5%)
- Diabetes (6.9%)
- Obesity (4.7%)
- Asthma (3.9%)
- Chronic kidney disease (2.1%)
- Coronary heart disease (1.6%)
- Cancer (1.5%)

\*Data from Long Term Condition Power BI tool (Discovery database) March 2023

# Newham

## At a glance

**351,100** people  **Up 14%**  
in the last decade



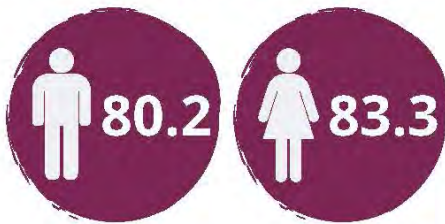
## Ethnicity



## Religion



## Life expectancy



## Top ten languages

- |             |               |
|-------------|---------------|
| 1. English  | 6. Portuguese |
| 2. Bengali  | 7. Tamil      |
| 3. Romanian | 8. Lithuanian |
| 4. Urdu     | 9. Spanish    |
| 5. Gujarati | 10. Bulgarian |

## Deprivation

Areas with most deprivation

- Custom House**
- Beckton**
- Canning Town South**



people aged 16-64 are in employment



people have no qualifications



children aged 0-19 are in relatively low income families



people live in rented housing

## Place based partnership priorities

- Living well
- Growing well
- Promoting independence

## Key challenges

- Health inequalities
- Primary care access
- Mental health
- Cancer and screening
- Childhood obesity
- Cardiovascular disease

## Most prevalent long term conditions

- Diabetes (11%)
- Hypertension (10.6%)
- Obesity (10%)

# Tower Hamlets

At a glance

**310,300** people  **Up 22%**  
in the last decade



**17.5%** Aged 0 - 15  
**76.9%** Aged 16 -64  
**5.6%** Aged 65+

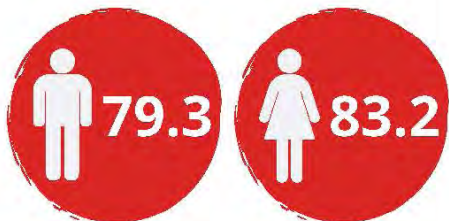
## Ethnicity

**44.4%** Asian  
**39.4%** White British  
**7.3%** Black  
**5%** Mixed  
**3.9%** Other Ethnic

## Religion

**39.9%** Muslim  
**22.3%** Christian  
**26.6%** No religion  
**2%** Hindu  
**1%** Buddhist  
**0.4%** Jewish  
**0.3%** Sikh

## Life expectancy



## Top ten languages

1. English
2. Bengali
3. Chinese
4. French
5. Spanish
6. Italian
7. Somali
8. Polish
9. Portuguese
10. German

## Deprivation

Areas with most deprivation

- Lansbury**
- Bromley South**
- Mile End**
- Bromley North**



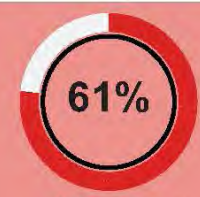
people aged 16-74 in employment



people have no qualifications



children aged 0-16 are in relatively low income families



people live in rented housing

## Place based partnership priorities

- Children and Families Executive
- Living Well
- Promoting Independence
- Mental Health Partnership Board

## Key challenges

- Childhood obesity
- Diabetes
- Cardiovascular disease
- Smoking
- STIs
- Cancer & screening
- Poverty/cost of living crisis

## Most prevalent long term conditions

- Obesity (19%)
- Diabetes (6.7%)
- Hypertension (7.1%)
- Asthma (4.5%)
- Chronic kidney disease (2.6%)
- Coronary heart disease (1.5%)

# The role

## 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 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 and Emergency Preparedness, Resilience and Response (EPRR)
- Play a key role in 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 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

## RESPONSIBILITIES

You will work alongside the Chair, other non-executives, executive directors and partner members 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 and experience, relevant to our diverse communities where over 53% are from a Black, Asian or minority ethnic background.

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 and 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

- Ensuring that people and community voices inform your leadership and the decisions made by the Board and its committees
- 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 all people and communities and that public, patient, service user 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** to ensure a collaborative, inclusive and productive approach is integrated 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

- Ensuring your own personal development and supporting the individual and collective development of the board to maximise effectiveness
- 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



# Person specification

Competency	Knowledge, Experience and Skills required
<b>Setting strategy and delivering long-term transformation</b>	<ul style="list-style-type: none"> <li>• Knowledge of health, care, local government landscape and/ or the voluntary sector</li> <li>• A capacity to thrive in a complex and politically-charged environment of change and uncertainty</li> <li>• Experience of leading change at a senior level to bring together disparate stakeholder interests</li> </ul>
<b>Building trusted relationships with partners and communities</b>	<ul style="list-style-type: none"> <li>• An understanding of different sectors, groups, networks and the needs of diverse populations</li> <li>• Exceptional communication skills and comfortable presenting in a variety of contexts</li> <li>• Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate</li> <li>• Experience working collaboratively across agency and professional boundaries</li> </ul>
<b>Leading for social justice and health equality</b>	<ul style="list-style-type: none"> <li>• An awareness and appreciation of social justice and how it might apply within an ICS</li> <li>• Record of promoting equality, diversity and inclusion in leadership roles</li> <li>• Life experience and personal motivation that will add valuable personal insights</li> </ul>
<b>Driving high quality, sustainable outcomes</b>	<ul style="list-style-type: none"> <li>• Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions</li> </ul>
<b>Providing robust governance and assurance</b>	<ul style="list-style-type: none"> <li>• An understanding of good corporate governance</li> <li>• Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity</li> <li>• Experience of contributing effectively in complex professional meetings at a very senior level</li> </ul>
<b>Creating a compassionate and inclusive culture for our people</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Creates and lives the values of openness and transparency embodied by the <b>Principles of Public Life</b> and in <b>Our People Promise</b></li> </ul>
<b>Additional requirements for Chair of the Finance, Performance and Investment Committee</b>	<ul style="list-style-type: none"> <li>• Have recent, relevant finance experience in a large and complex organisation, with an ability to explore risk appetite.</li> <li>• Have experience operating at board of directors level and an understanding of the skills required to chair a Board committee</li> <li>• Have an understanding of performance frameworks and how these relate to both delivery and improvement</li> <li>• Demonstrate independent and proactive leadership with confidence and integrity</li> <li>• Champion open, frank and disciplined discussion and be prepared to ask the difficult questions</li> </ul>
<b>Additional requirements for the Clinical and Care Professional role</b>	<ul style="list-style-type: none"> <li>• Be a senior clinical and care profession with leadership experience in a large, complex organisation or system</li> <li>• Have experience of operating at board of directors level</li> <li>• Have an understanding of quality improvement frameworks and direct experience of delivering sustained improvement</li> <li>• Demonstrate independent and proactive leadership with confidence and integrity</li> <li>• Champion open, frank and disciplined discussion and be prepared to ask the difficult questions</li> </ul>

## 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 NEL 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 a connection with the area served by the ICS or experience of working with similar communities.

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 55<sup>1</sup>

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.

### TERMS OF APPOINTMENT

**Remuneration is set nationally and dependent on population size. For NEL ICB this is set at £19,938 for four days per month.**

- Term of appointment as an ICB independent non-executive member is for three years with the option to extend subject to appraisal at the end of the first three years to a maximum of six years and, in exceptional circumstances, to nine years
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum four days a month, including preparation time, the occasional evening engagement and participation in 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](#).

### MORE INFORMATION

- [Support in preparing your application](#)

NHS North East London 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.

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)

## How to apply

**For more information and to apply, you can contact:**

**For Non-Executive Member (Clinical): Jackson Wilson of Hunter Healthcare by email: [jwilson@hunter-healthcare.com](mailto:jwilson@hunter-healthcare.com) or by phone: 07432 414 998**

**For Non-Executive Member (Finance): Sam Cresswell of Hunter Healthcare by email: [scresswell@hunter-healthcare.com](mailto:scresswell@hunter-healthcare.com) or by phone: 07562 650 935**

**Closing date for applications 25 March 2024.**

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

- Confirmation of the 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 three 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
- a completed **diversity monitoring form**
- a completed **self-declaration form** confirming 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

**Preliminary selection:** 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 any 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 any preliminary assessment 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 engagement:** shortlisted candidates will be invited to meet with a range of key stakeholders as part of the final assessment process. This will include the ICB executives and other NEMs.

**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 45-60 mins 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 London team for approval before final appointment by the ICB board.

EVENT	DATE
<b>Application closing date</b>	25 March 2024
<b>Longlisting</b>	3 April
<b>Shortlisting</b>	w/c 15 April
<b>Interviews</b>	w/c 29 April



**North East London  
Health & Care  
Partnership**



**North East London**



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