# 

**Independent Non-Executive Members**

**Bristol, North Somerset and South Gloucestershire Integrated Care Board**

**Role Descriptions**

**INDEPENDENT NON-EXECUTIVE MEMBER**

**ROLE DESCRIPTION**

# **Chair of the Audit and Risk Committee**

**Our Purpose and Vision**

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.

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.

BNSSG ICS covers a population of 1m. Our geographic area encompasses three NHS Trusts, three Local Authorities and eighteen Primary Care Networks.

Our vision is for the people in Bristol, North Somerset and South Gloucestershire is to have the best start in life and for the places where they live to be healthy and safe. Everyone will have the opportunity to live longer in good health. When people need support from our services, they will be high quality and easy to access. People will be better supported to take control of their own health and wellbeing and become equal partners in care. Working alongside our communities, we’ll build on strengths and tackle inequalities together.

We’ll make it simple for health and care staff to work better together for the benefit of the people we care for – nurturing talent, removing barriers and acting on views and concerns.

We are guided by clear values that help us lead healthcare in our areas and make the right decisions on behalf of our people.

* We embrace diversity
* We work better together
* We support each other
* We act with integrity
* We strive for excellence
* We do the right thing

**Priorities and Accountabilities**

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.

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.

# **Role Responsibilities and Leadership Competencies**

Independent non-executive members work alongside the Chair, other non-executives, executive directors and partner members and as equal members of a unitary board. They are 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.

Independent non-executive members bring a range of professional expertise as well as community understanding and experience to the work of the Board, whose life experience and personal motivations 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, independent non-executive members 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](https://www.longtermplan.nhs.uk/) and the [People Plan](https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/) 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](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) and modelling the behaviours embodied in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-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.

**Chair of the Audit and Risk Committee – Specific Role and Accountability**

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 and risk 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.

The audit and risk committee chair will share the roles and responsibilities of the other non-executive members and in addition have responsibilities to:

* Provide leadership and vision to the audit and risk 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 and risk 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 and Risk 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.

**Person Specification**

**The role of independent non-executive member requires demonstrable competence in the following areas:**

|  |  |
| --- | --- |
| **Competency** | **Knowledge, Experience and Skills required** |
| **Setting strategy and**  **delivering long-term transformation** | * 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** | * 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** | * 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** | * Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions |
| **Providing robust governance and**  **assurance** | * An understanding of good corporate governance * 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** | * 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](https://www.gov.uk/government/publications/the-7-principles-of-public-life) and in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) |

**Additional requirements for Chair of the Audit and Risk Committee**

* 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

**INDEPENDENT NON-EXECUTIVE MEMBER**

**ROLE DESCRIPTION**

# **Chair of the Remuneration and People Committees**

**Our Purpose and Vision**

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We’ll make it simple for health and care staff to work better together for the benefit of the people we care for – nurturing talent, removing barriers and acting on views and concerns.

We are guided by clear values that help us lead healthcare in our areas and make the right decisions on behalf of our people.

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**Priorities and Accountabilities**

The independent non-executive members will:

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* 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.
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The independent non-executive members:

* Are accountable to the ICB Chair.
* Have designated areas of responsibilities as agreed with the ICB Chair.
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# **Role Responsibilities and Leadership Competencies**

Independent non-executive members work alongside the Chair, other non-executives, executive directors and partner members and as equal members of a unitary board. They are responsible for specific areas relating to board governance and oversight:

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Independent non-executive members bring a range of professional expertise as well as community understanding and experience to the work of the Board, whose life experience and personal motivations 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, Independent Non-Executive Board members 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](https://www.longtermplan.nhs.uk/) and the [People Plan](https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/) 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.
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**Social justice and health equalities**

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* 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](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) and modelling the behaviours embodied in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-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.

# **Chair of the Remuneration and People Committees – Specific Role and Accountabilities**

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.

In addition, the independent non-Executive member for Remuneration and People will have the following responsibilities:

* Provide leadership and vision to the Remuneration Committee and the People Committee to ensure that it is effective in its role and that robust internal control systems are in place and operating. 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.
* As Chair of the People Committee provided assurance and oversight of ICS People Strategy, strategic people management and organisational development for example succession planning, talent management, transformation plans, organisational change, recruitment, retention, wellbeing and staff survey results etc.
* Lead and support a constructive dynamic within the committees, enabling grounded debate with contributions from all, ensuring the committees see themselves 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’s in establishing effective and ethical decision-making processes.
* Ensure that the committees receive 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.
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**Person Specification**

**The role of independent non-executive member requires demonstrable competence in the following areas:**

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| **Competency** | **Knowledge, Experience and Skills required** |
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| **Building trusted relationships with**  **partners and communities** | * 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 |
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| **Driving high quality, sustainable outcomes** | * Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions |
| **Providing robust governance and**  **assurance** | * An understanding of good corporate governance * 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 |
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**Additional requirements for Chair of the Remuneration Committee and the People Committee**

* Demonstrate independent and proactive leadership with confidence and integrity
* Bring expertise of workforce development, people practices and / or leading organisational and cultural change
* Champion open, frank and disciplined discussion and be prepared to ask the difficult questions
* Have experience operating at senior or board level.

**INDEPENDENT NON-EXECUTIVE MEMBER**

**ROLE DESCRIPTION**

# **Chair of the Quality & Performance Committee**

**Our Purpose and Vision**

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* 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.

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**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.
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**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.
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* Promoting the values of the [NHS Constitution](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) and modelling the behaviours embodied in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-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.

# **Chair of the Quality & Performance Committee – Specific Role and Accountabilities**

This committee is accountable to the Board for matters relating to Quality and Performance.

The Quality and Performance Committee Chair shares the roles and responsibilities of the other non-executive members and in addition has responsibilities to help to ensure that, in all aspects of the ICB’s business, the quality of services provided are safe, effective, experienced positively and meets the needs of the population.

In addition, the Chair of the Quality and Performance Committee will have the following responsibilities:

* Provide leadership, vision, knowledge and experience to ensure that the ICB can confidently assess and confirm that commissioned services are safe, effective, experienced positively and meet the requirements as set out by the National Quality Board.
* High level of understanding on how clinical effectiveness improves the patients’ total experience of healthcare and how using evidence can add value to the effectiveness of clinical practice and service delivery.
* High level understanding of the links between performance and quality in effective outcomes for the population.
* Be able to take a balanced view acting as champion of patients’ experience; bringing insight to position patients’ experience at the centre of all interactions: before, during, and after delivery of care.
* Have an understanding of effective involvement and engagement techniques, and how these can be applied in practice.
* Ability to give an independent view on possible internal conflicts of interest.
* Be assured that the ICB identifies key risks in regard to quality; determine its approach and attitude to providing effective oversight of those risks and ensure there are sufficient controls to assist in managing risk.
* Build and maintain relationships with key stakeholders including partner providers, LCPs, Local Authorities, NHSE, CQC, AHSN, Healthwatch and other research partners.
* Ensure safeguards are in place to allow staff and other individuals to raise, in confidence, concerns about possible quality concerns, patient safety or other matters. These processes should reassure individuals raising concerns that they will be protected from potential negative repercussions.
* Seek out, hear and act on the voices of patients and carers.
* Ensure the impact on quality, equality and diversity is assessed and understood when considering service change and, or development.
* Facilitate the sharing and adoption of best practice within the ICS and from national sources.
* Facilitate the development of business information relating to quality that enables horizon scanning and a proactive approach to service change and, or development.
* Be open to considering diverse approaches to improving quality; notably engagement with the community and voluntary sector.

**Person Specification**

**The role of independent non-executive member requires demonstrable competence in the following areas:**

|  |  |
| --- | --- |
| **Competency** | **Knowledge, Experience and Skills required** |
| **Setting strategy and**  **delivering long-term transformation** | * 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** | * 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** | * 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** | * Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions |
| **Providing robust governance and**  **assurance** | * An understanding of good corporate governance * 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** | * 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](https://www.gov.uk/government/publications/the-7-principles-of-public-life) and in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) |

**Additional requirements for Chair of the Quality and Performance Committee.**

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

**INDEPENDENT NON-EXECUTIVE MEMBER**

**ROLE DESCRIPTION**

# **Chair of the Finance Committee**

**Our Purpose and Vision**

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.

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.

BNSSG ICS covers a population of 1m. Our geographic area encompasses three NHS Trusts, three Local Authorities and eighteen Primary Care Networks.

Our vision is for the people in Bristol, North Somerset and South Gloucestershire is to have the best start in life and for the places where they live to be healthy and safe. Everyone will have the opportunity to live longer in good health. When people need support from our services, they will be high quality and easy to access. People will be better supported to take control of their own health and wellbeing and become equal partners in care. Working alongside our communities, we’ll build on strengths and tackle inequalities together.

We’ll make it simple for health and care staff to work better together for the benefit of the people we care for – nurturing talent, removing barriers and acting on views and concerns.

We are guided by clear values that help us lead healthcare in our areas and make the right decisions on behalf of our people.

* We embrace diversity
* We work better together
* We support each other
* We act with integrity
* We strive for excellence
* We do the right thing

**Priorities and Accountabilities**

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.

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.

# **Role Responsibilities and Leadership Competencies**

Independent non-executive members work alongside the Chair, other non-executives, executive directors and partner members and as equal members of a unitary board. They are 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.

Independent Non-Executive members bring a range of professional expertise as well as community understanding and experience to the work of the Board, whose life experience and personal motivations 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, Independent Non-Executive Board members 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](https://www.longtermplan.nhs.uk/) and the [People Plan](https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/) 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](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) and modelling the behaviours embodied in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-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.

# **Chair of the Finance Committee – Specific Role and Accountabilities**

This committee is accountable to the Board for matters relating to Finance.

The Finance Committee Chair shares the roles and responsibilities of the other non-executive members and in addition has responsibilities to help to ensure that, in all aspects of the ICB’s business, the quality of services provided are safe, effective, experienced positively and meets the needs of the population.

The role of the Finance Committee is to ensure that financial reporting and internal control principles are robust, proportionate and appropriate. The Finance Committee Chair will be a member of the Remuneration Committee and the Audit Committee.

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

* Provide leadership and vision to the Finance Committee to ensure that it is effective in its role and that robust financial planning and control systems are in place and operating effectively.
* Bring independent financial acumen to the work of the finance committee across its governance, risk management, assurance and internal control functions.
* Provide oversight for the development of the medium term and operational plans of the ICS together with their associated financial plans, including system financial recovery processes and plans where necessary; ensuring that all plans are consistent with associated enabling strategies (workforce, estates, IM&T, communications and engagement);
* Monitoring overall implementation of the ICS medium term financial plan and the delivery of savings plans developed by the ICB and the wider BNSSG ICS.
* Monitoring the ICB’s in year financial performance, ensuring risks are assessed and mitigating actions are in place
* Provide oversight to major procurements with a minimum value to eb determined.
* 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.
* Make appropriate arrangements to support, monitor and report on the ICB’s finances and resources.
* Advise the Board on the effective, efficient and economic use of its financial allocation to remain within that allocation and deliver required financial targets and duties
* Oversee the production of the financial statements for audit and publication in accordance with

statutory requirements to demonstrate effective stewardship of public money and accountability to taxpayers

* 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 finance committee stakeholders, such as the board chair, the chief executive, finance director, 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.
* Oversee the professional development of the members and ensuring that they have the right information to perform their roles.

**Person Specification**

**The role of independent non-executive member requires demonstrable competence in the following areas:**

|  |  |
| --- | --- |
| **Competency** | **Knowledge, Experience and Skills required** |
| **Setting strategy and**  **delivering long-term transformation** | * 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** | * 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** | * 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** | * Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions |
| **Providing robust governance and**  **assurance** | * An understanding of good corporate governance * 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** | * 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](https://www.gov.uk/government/publications/the-7-principles-of-public-life) and in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) |

**Additional requirements for Chair of the Finance Committee.**

* Demonstrate independent and proactive leadership with confidence and integrity
* Champion open, frank and disciplined discussion and be prepared to ask the difficult questions
* Have experience operating at senior or board level.
* Have recent, relevant senior financial experience in a large and complex organisation, preferably with a qualification or specific skills in finance /accounting.
* Understand the resource allocations devolved to NHS bodies and a general knowledge of the accounting regime within which an ICB will operate.
* Have an excellent working knowledge of finance committee practices and risk management frameworks.

**INDEPENDENT NON-EXECUTIVE MEMBER**

**ROLE DESCRIPTION**

# **Chair of the Primary Care Committee**

**Our Purpose and Vision**

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.

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.

BNSSG ICS covers a population of 1m. Our geographic area encompasses three NHS Trusts, three Local Authorities and eighteen Primary Care Networks.

Our vision is for the people in Bristol, North Somerset and South Gloucestershire is to have the best start in life and for the places where they live to be healthy and safe. Everyone will have the opportunity to live longer in good health. When people need support from our services, they will be high quality and easy to access. People will be better supported to take control of their own health and wellbeing and become equal partners in care. Working alongside our communities, we’ll build on strengths and tackle inequalities together.

We’ll make it simple for health and care staff to work better together for the benefit of the people we care for – nurturing talent, removing barriers and acting on views and concerns.

We are guided by clear values that help us lead healthcare in our areas and make the right decisions on behalf of our people.

* We embrace diversity
* We work better together
* We support each other
* We act with integrity
* We strive for excellence
* We do the right thing

**Priorities and Accountabilities**

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.

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.

# **Role Responsibilities and Leadership Competencies**

Independent non-executive members work alongside the Chair, other non-executives, executive directors and partner members and as equal members of a unitary board. They are 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.

Independent non-Executive members bring a range of professional expertise as well as community understanding and experience to the work of the Board, whose life experience and personal motivations 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, Independent Non-Executive Board members 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](https://www.longtermplan.nhs.uk/) and the [People Plan](https://www.england.nhs.uk/publication/we-are-the-nhs-people-plan-for-2020-21-action-for-us-all/) 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](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) and modelling the behaviours embodied in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-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.

**Chair of the Primary Care Committee – Specific Role and Accountability**

The role the Independent non-executive member for Primary Care is to help to bring specific expertise and experience to the ICB regarding improving Primary Care Service delivery. The Independent Non-Executive Member for Primary Care shares the roles and responsibilities of the other non-executive members and in addition has responsibilities to help to ensure that, in all aspects of the ICB’s business, the quality of services provided are safe, effective, experienced positively and meets the needs of the population.

In particular, they will chair the Primary Care Committee where a key part of his/her role is to:

* Build and maintain relationships with key stakeholders using effective coproduction, involvement and engagement techniques and draw on existing expertise as required.
* Be a values-led and approachable leader with demonstrable emotional literacy and integrity who can work collaboratively, positively and sensitively with others.
* Confidentially question and constructively challenge information and explanations supplied by others, including those who may be deemed experts in their field.
* Understand and analyse complex issues, drawing on the breadth of data that needs to inform ICB deliberations and decision making.
* Always consider financial issues in the NHS and care with a view to ethically balancing competing priorities.
* Provide leadership, vision, knowledge and experience to ensure that the ICB can continuously improve primary care services and drive the development of integrated services, based around the needs of local people.
* Be assured that there is a greater focus on improving population health and well-being, reducing health inequalities and better patient experience results through better use of primary care, more joined up services; all of which are available closer to home.
* Be assured that primary care has a strong voice within the ICB.
* Be assured that the ICB identifies key risks in regard to primary care service delivery; determine its approach and attitude to providing effective oversight of those risks and ensure there are sufficient controls to assist in managing risk.
* 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
* Develop a committee that is genuinely connected to primary care.

**Person Specification**

**The role of independent non-executive member requires demonstrable competence in the following areas:**

|  |  |
| --- | --- |
| **Competency** | **Knowledge, Experience and Skills required** |
| **Setting strategy and**  **delivering long-term transformation** | * 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** | * 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** | * 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** | * Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions |
| **Providing robust governance and**  **assurance** | * An understanding of good corporate governance * 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** | * 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](https://www.gov.uk/government/publications/the-7-principles-of-public-life) and in [Our People Promise](https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/) |

**Additional requirements for the Independent Non-Executive Member for Primary Care**

* Experience of working in a collective decision-making group, such as a board or committee, or high-level awareness of ‘board-level’ work.
* Have an excellent working knowledge of primary care and the ability to drive the development of primary acre and wider integrated services, based around the needs of local people.
* Demonstrate independent and proactive leadership with confidence and integrity.
* Champion open, frank and disciplined discussion and be prepared to ask the difficult questions and hold people to account.