# 

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

**Other Members Role Description**

**Our Purpose and Vision**

NHS England has set out the following as the four core purposes of Integrated Care Systems:

* improve outcomes in population health and healthcare
* tackle inequalities in outcomes, experience and access
* enhance productivity and value for money
* help the NHS support broader social and economic development.

The Integrated Care Board will use its resources and powers to achieve demonstrable progress on these aims, collaborating to tackle complex challenges, including:

* improving the health of children and young people
* supporting people to stay well and independent
* acting sooner to help those with preventable conditions
* supporting those with long-term conditions or mental health issues
* caring for those with multiple needs as populations age
* getting the best from collective resources so people get care as quickly as possible.

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board serves a population of approximately one million people living within distinct and different communities. The Integrated Care Board brings together the wider partnership of health and care organisations that have come together to plan and deliver joined up services and improve the health and wellbeing of people who live within Bristol, North Somerset and South Gloucestershire.

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 constitution of the Integrated Care Board sets out the membership of the Board. All members of the Board, executive, non-executive, and partner members, share responsibility to ensure that the ICB exercises its functions effectively, efficiently, economically, with good governance and in accordance with the terms of the ICB Constitution, as agreed by its members. The ICB Board consists of the following Board members:

* Chair
* Chief Executive
* 4 Partner members NHS and Foundation Trusts
* 1 Other member
* 1 Partner member Primary medical services
* 3 Partner members Local Authorities
* 5 Independent Non-Executive Member
* Chief Finance Officer
* Chief Medical Officer
* Chief Nursing Officer

The other member 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.

# **Role Responsibilities and Leadership Competencies**

The other member works alongside the Chair, non-executives, executive directors and other partner members as equal members of a unitary board. The other member:

* Is accountable to the ICB Chair.
* Has 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.
* Provides knowledge about and the perspectives of
  + Community health and care services

They are responsible for:

* Bringing knowledge and the perspective of health and social care to the plans, aims and priorities of the ICB. Partner Members are not appointed as representatives of the interests of any particular organisation or sector
* Jointly responsible with other board members for planning and allocating resources to meet the four core purposes of integrated care systems.
* Promoting open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population.

Other members bring a range of professional expertise and experience to the work of the Board. Other members will demonstrate a range of leadership competencies outlined below.  Corporately, as members of a unitary board, they 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 partners, to ensure effective joint planning and delivery for system working and mutual accountability.
* Supporting the establishment of the ICP (Integrated Care Partnership – known locally as the Partnership Board), developing strong relationships.
* Supporting the success of the Partnership Board 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 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.

**Person Specification**

**The role of partner member requires demonstrable competence in the following areas:**

|  |  |
| --- | --- |
| **Competency** | **Knowledge, Experience and Skills required** |
| **Setting strategy and**  **delivering long-term transformation** | * Extensive knowledge of the health, care and local government landscape * Experience of setting strategic direction in a complex environment * Substantial experience of healthcare board or system leadership * Experience leading change at a senior level to bring together disparate stakeholder interests * Sound knowledge of health and care financial planning and budgeting at corporate and system levels |
| **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 |
| **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/) |