



**Designate Independent Non-Executive Members  
For proposed Greater Manchester Integrated Care  
Board**

**Applicant information pack**



### **Introduction from our Chair – Sir Richard Leese**

We are delighted that you are interested in the Non-Executive Director role at Greater Manchester Integrated Care Board.

It is an exciting time for our city region, as we establish a new NHS organisation sitting at the heart of a system designed to improve outcomes for our 2.8m people, tackle inequalities in outcomes, experience and access, enhance productivity and value for money, and play its part in helping the NHS support broader social and economic development.

Greater Manchester has been on this journey for more than five years now; indeed, we helped shape the new integrated care systems, and over that time tackling inequalities, tackling the root causes of poor health, has been top of our agenda.

The pandemic has shone a light on the longstanding challenges still faced by many of our communities, and we are working together across the city region to face up to these challenges, supported by the research and recommendations from two key pieces of work over the last year: The Marmot Review into health inequalities and the Independent inequalities commission report.

I am committed to fostering a diverse and inclusive community culture in our ICS - a place where we can all be ourselves and flourish.

So, it's vital that we ensure, as we create our new ICB, that our leadership represents our communities.

That is why I am reaching out to the widest range of diverse talent we can as we look to appoint to our Non-Executive Members. I am particularly keen to welcome applications from people and communities which experience racial inequalities, from people with disabilities and from other groups who are under-represented on health and care boards.

We are creating an organisation with strong values, which proactively promotes diversity, is committed to equality of opportunity for all and the principles of compassionate leadership. All postholders will have a key role in nurturing this culture.

This is an exciting opportunity to join us and influence the future of Health and Social care across Greater Manchester.

I look forward to receiving your application.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Richard Leese', written in a cursive style.

Sir Richard Leese

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

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

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

## 1. The opportunity

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

We are initially recruiting for two non-executive directors whose roles have been defined as part of the statutory guidance for establishing the Integrated Care Board. The successful candidates will establish and lead the audit committee and the remuneration committee respectively. Detailed role profiles can be found in annex 1 and 2.

We are in the process of determining whether there are any additional non-executive directors required to lead Greater Manchester ICB. We would therefore also be keen to hear from individuals with knowledge, skills and experience in performance and quality assurance or clinical governance.

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

There is emphatic evidence that diverse boards make the best decisions. We want to increase the diversity of NHS board teams.

In non-executive roles nationally, it is known that, people who experience racial inequalities, disabled people, trans and non-binary people are grossly under-represented. There also exist disparities for women, and of course the intersectional experiences across these characteristics. We want a change.

So please, if you are up for a challenge and you are committed to improving the health and care outcomes of the people of Greater Manchester, join us.

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

## 2. About us

Detailed information regarding Greater Manchester can be found in the Regional Applicant Information which can be [downloaded from our microsite](#) which details:

- The geographical makeup of the Greater Manchester system
- CCG, Providers and Local Authorities within Greater Manchester
- Key contacts within existing Greater Manchester organisations
- Greater Manchester confirmed vision, objectives and priorities
- An overview of the GM ICS programme development work
- An overview of the GM Devolution journey with links to key documents
- Regional overview

### 3. Role priorities and accountabilities

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

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

#### Priorities

The independent non-executive members will:

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

#### Accountabilities

The independent non-executive members:

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

### 4. Role responsibilities and competencies

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

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

Personally, you will bring a range of professional expertise as well as community understanding and experience to the work of the Board. We are interested in your lived experiences and personal motivations that will add valuable personal insights such as: being a patient, carer or service user; experience of gender discrimination and women's issues; experience of race discrimination and race 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 an impairment.

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

### Strategy and transformation

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

### Partnerships and communities

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

### Social justice and health equalities

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

### Sustainable outcomes

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

### Governance and assurance

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

## People and culture

- Supporting the development of other board members to maximise their contribution.
- Providing visible leadership in developing a healthy and inclusive culture for the organisation, which promotes diversity, pro-actively addresses workplace inequalities, 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.

Sample role descriptions for the two statutory committee chair roles are included as Annexes 1 & 2.

## 5. Designate ICB independent member: person specification

Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation	<ul style="list-style-type: none"> <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 leading change at a senior level to bring together disparate stakeholder interests</li> </ul>
Building trusted relationships with partners and communities	<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>
Leading for Social Justice and health equality	<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>
Driving high quality, sustainable outcomes	<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>
Providing robust governance and assurance	<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 contributing effectively in complex professional meetings at a very senior level</li> </ul>
Creating a compassionate and inclusive culture for our people	<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 <a href="#">principles-of-public-life</a> and in <a href="#">Our People Promise</a></li> </ul>

## Additional requirements for Chair of the Audit Committee

You will:

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

## Additional requirements for Chair of the Remuneration Committee

You will:

- 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
- Lead NED for people, culture, workforce inequalities and staff well-being.

## Additional roles

We are in the process of determining whether there are any additional non-executive directors required to lead Greater Manchester ICB. We would therefore also be keen to hear from individuals with knowledge, skills and experience in:

- Performance and quality assurance
- Clinical governance.

## 6. Eligibility

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

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

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

Applicants should have strong connections with the area served by the ICS and an understanding of the impact of health and care disparities experienced by the communities within that area.

Given the significant public profile and responsibility members of NHS boards hold, it is vital that those appointed inspire confidence of the public, communities, 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.**

## 7. Terms of appointment

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

- The remuneration: Competitive with other NHS non-executive roles.
- Initial term of appointment as designate ICB independent non-executive member until the establishment of the ICB. The subsequent term of office as ICB independent non-executive member would be confirmed if and when the legislation is in place and would be in accordance with the provisions of the constitution of the ICB.
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum 2 - 3 days a month, including preparation time, the occasional evening engagement and events designed to support your continuous development.
- All NHS board members are required to comply with the [Nolan Principles of Public Life](#) and meet the [Fit and Proper Persons requirements](#).

## 8. More information

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

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## 9. Making an application

- **Before making an application, we strongly recommend you contact our advisors at Odgers Berndtson for an informal and confidential discussion about the ICS NED role or to arrange a conversation with the Designate ICB Chair. Please email [gillian.powell@odgersberndtson.com](mailto:gillian.powell@odgersberndtson.com) or**

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<sup>1</sup> 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)

[peter.mason@odgersberndtson.com](mailto:peter.mason@odgersberndtson.com) or call 0161 498 3413 to speak with Gillian Powell or Peter Mason.

If you wish to be considered for one of the ICB designate independent non-executive member roles please [apply online](#) before the **closing date for applications on 22 November 2021**.

To apply online you will need information available:

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

**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. Any reasonable adjustments requirements you may have will be made prior to interview.

**Stakeholder event:** shortlisted applicants will be expected to participate in a stakeholder engagement event or events to meet groups of key stakeholders. Feedback from these sessions will be shared with the selection panel. **It is anticipated the event will take place early December.**

**Interviews:** applicants will be asked to make a 5 - 10 minute presentation to help the selection panel draw out the competencies, experience, skills and values outlined in the person specification. The formal interview will be 45 mins to an hour of open questions from the selection panel to enable you to showcase past experience and explore -your values, motivations, creativity and ability. **It is anticipated interviews will take place early December.**

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

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

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

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

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

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

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

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

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

## **Annex 2 - Chair of the Remuneration Committee – model role description**

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

The role of the Remuneration Committee is to ensure that the organisation remunerates fairly, responsibly and transparently so as to promote the achievement of strategic objectives and positive outcomes in the short, medium and long term.

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.
- Lead NED for people, culture, workforce inequalities and staff well-being.