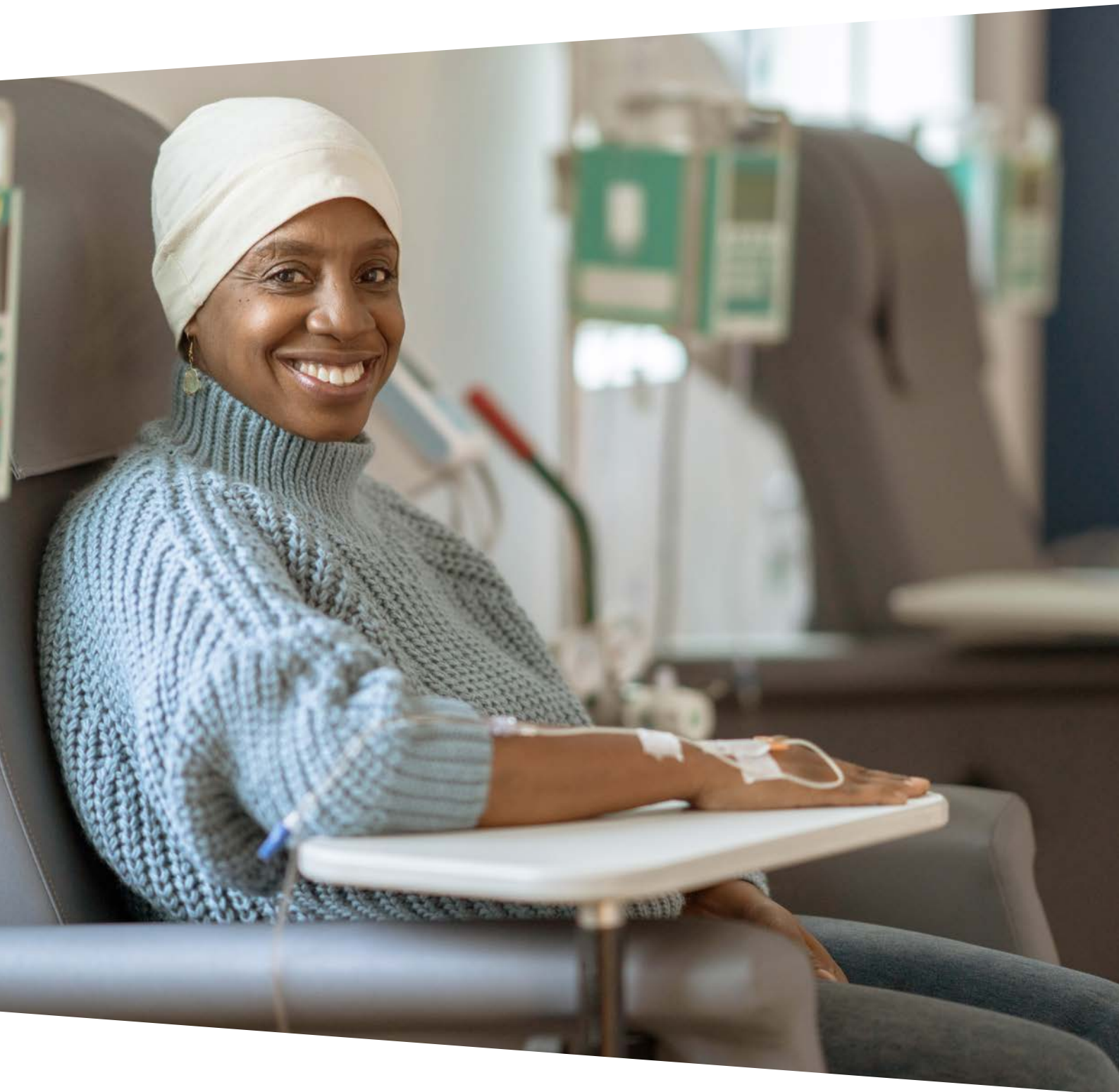




North Central London  
Health and Care  
Integrated Care System



**North Central London**  
Integrated Care Board



**Non-Executive Member**  
Candidate Information Pack  
February 2025



# Welcome

**Thank you for your interest in becoming a Non-Executive Member of our Integrated Care Board (ICB).**



Since I joined as Chair in October last year, I have been struck by the fantastic foundations across our local health and social care system in North Central London (NCL). We combine world leading expertise and specialist care, with committed, talented staff working hard to provide the very best care. NCL is a place where partnerships are central and where different organisations are truly aligned around a shared population health ambition.

Over two years into our journey as an Integrated Care System (ICS), we are starting to see the positive impact of collaborative system working, and there are already many examples of how system working is making a positive difference to our patients and 1.8 million residents.

While we acknowledge that there will be challenges along the way, we are excited by the opportunities we have to improve the health outcomes and experience of local residents and to reduce the inequality that we know affects so many people in our communities.

As an ICB we play a pivotal role in delivering on this exciting and important agenda – developing and co-ordinating work across the ICS, deciding how the NHS budget for North Central London should be spent, and achieving value for money across the system.

As well as system planning, we also commission services that support better health. Together we are looking at the wider factors that can impact health such as air quality, employment, financial hardship, and social connections, so that we can help more people to thrive and achieve their full potential. There are hundreds of examples we could share and we have included just a few in this pack.

We have agreed our wide-reaching **Population Health and Integrated Care Strategy**, which describes our shared vision for a truly joined-up system focused on prevention, early intervention, and proactive care.

Our strategy is deliberately ambitious, and delivering it will be complex and will take time. As a system we are committed to working differently so that we can have a positive long-term impact on the lives of our residents. There has never been a better time to join us as an Independent Non-Executive Member and help us on the next phase of our journey.

A detailed person specification can be found later in this pack, but in a nutshell, we are looking for someone who can add value to our Non-Executive Member (NEM) team and to the wider ICB. We need a team player with a strong strategic and financial brain, a deep understanding of how to make partnership arrangements work and – probably – a good grounding in either health or social care.

We are open to candidates from a wide range of professional backgrounds, but we will not compromise on values and behaviours, and our new NEM must be aligned with our core purpose of enabling people to start well, live well, and age well across North Central London.

To learn more, please contact our recruitment partners Rhiannon Smith and Jenny Adrian at [jadrian@hunter-healthcare.com](mailto:jadrian@hunter-healthcare.com) or phone: 07939 250362.

## **Paul Najsarek**

Chair  
NHS North Central London ICB

## Who we are

### North Central London Integrated Care System (NCL ICS)

NCL ICS is a partnership of organisations that delivers health and care services across our five boroughs: Barnet, Camden, Enfield, Haringey, and Islington. It is made up of NHS, local councils, and voluntary sector organisations, working together to improve the lives of residents in North Central London.

One of 42 ICSs covering all of England, NCL ICS was legally established on 1 July 2022 to:

- improve people's health and healthcare services
- tackle health inequalities
- improve value for money
- support local social and economic development

As well as five local councils and eight NHS trusts, North Central London includes approximately 180 GP surgeries, 300 pharmacies, 200 care homes, and many voluntary, community and social enterprise services providing essential care.

We are also home to internationally recognised centres of medical excellence and expertise, specialist NHS providers, and renowned education and research institutions.

Together we are working hard to ensure that everyone has fair access to health and care services at every stage of their lives.

### North Central London Integrated Care Board (NCL ICB)

As the NHS statutory organisation that plans and commissions activity across NCL ICS, we decide how the NHS budget in our area is spent. We are focusing more attention and resource on preventing ill health and early intervention to make sure local people can stay healthy for longer.

Our mission is to improve the health, care and well-being of our 1.8 million residents across Barnet, Camden, Enfield, Haringey, and Islington and to tackle inequalities in access, experience, and outcomes.



## Our focus on population health

**Focusing on population health means thinking about all the factors that impact on the health and wellbeing of people and their experience of services.**

This includes thinking about the different barriers to good health that people face, finding solutions to address them, and supporting people to make healthy choices and access the care they need.

Working with our residents, patients, and partners, we have developed an ambitious **Population Health and Integrated Care Strategy for North Central London** which reflects a significant change in our approach to the health and care system.

The strategy aims to:

- **Reduce health inequalities** – working together to identify unmet needs and address them with services and support that are welcoming and inclusive.
- **Focus on prevention, early intervention, and proactive care** – empowering people to stay healthy and acting early when people are at risk of becoming unwell.
- **Work together as a system** – making sure that our services, people, data, and wider resources are joined up. We want to build on the great work that is already happening in pockets of our region and collaborate to tackle the wider causes of avoidable poor health including inadequate housing and environmental issues.



## Our five boroughs at a glance

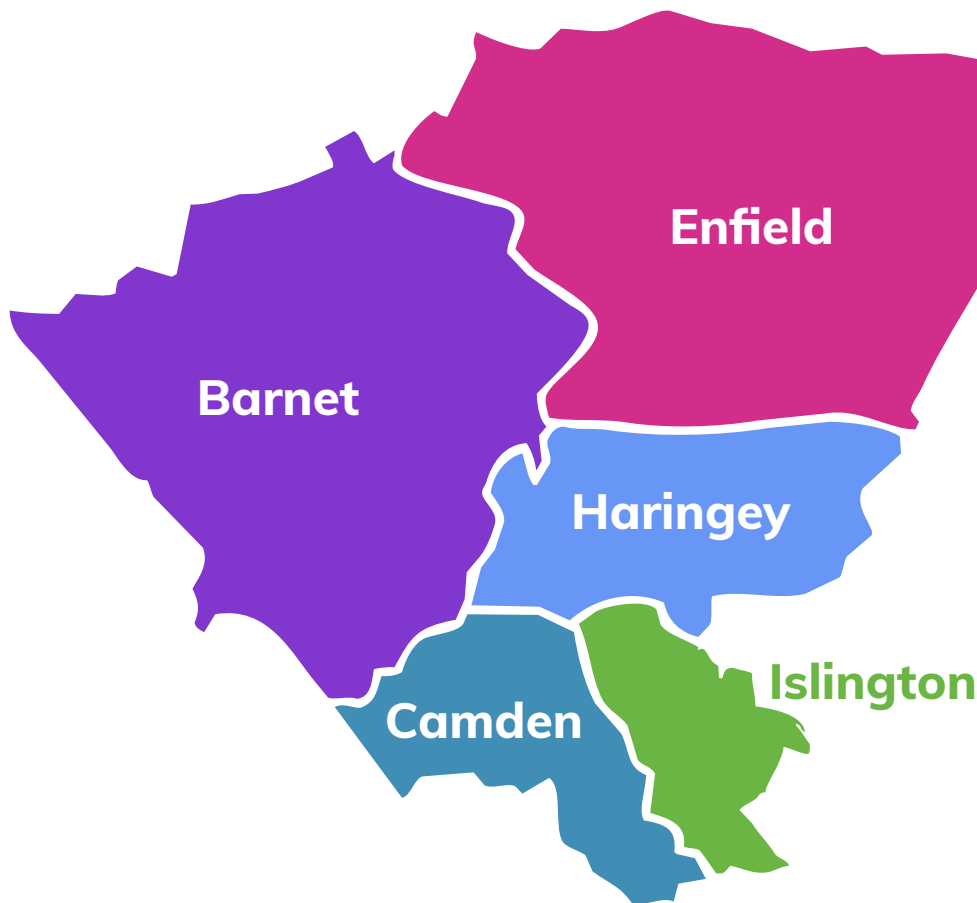
Each of our five boroughs have distinct populations and different challenges of inequality that we must address.

### Barnet

Barnet has the highest proportion of people over 65 of the NCL boroughs, making up more than 13% of its population. The borough has higher rates of 65+ emergency admissions of people aged 65 and over compared with the London average.

### Enfield

More than four in 10 pupils in Year 6 are overweight or obese, much higher than the London average. There is also a high level of GP-diagnosed diabetes in the borough (8.8%) compared with the London average (7.0%).



### Camden

Camden has the lowest uptake of cancer screening across the NCL boroughs. Camden also has a higher rate of hospital admissions for alcohol-related reasons compared to London.

### Islington

Islington has a higher incidence of depression in those aged 18 or over compared to the London average and a higher rate of premature mortality in adults with severe mental illness.

### Haringey

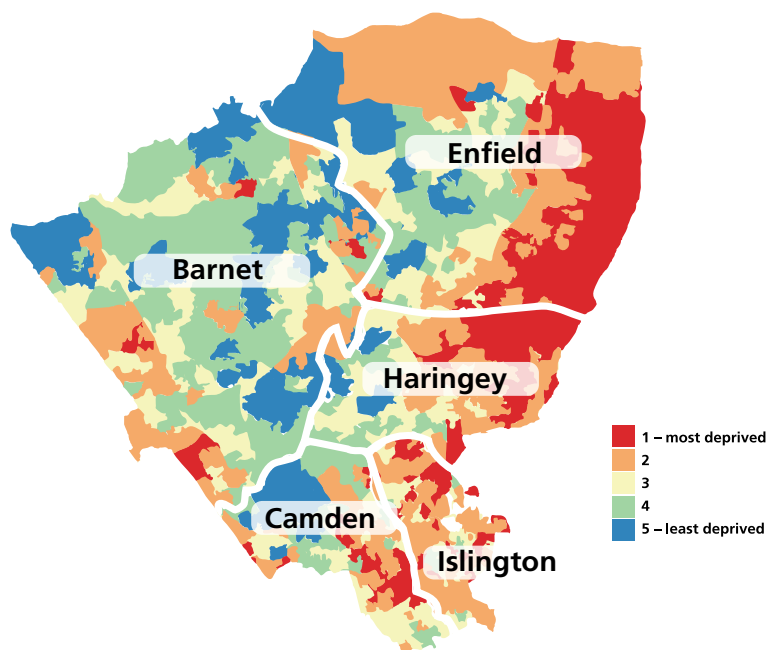
Haringey has the highest GP-recorded smoking prevalence in NCL at 18.7%. Just over two thirds (68.8%) of people with high blood pressure are currently being treated to the target range, well below the national target of 80%

*Borough statistics are for 2023/24.*

### Deprivation breakdown [2019]

Proportion of the population in NCL's boroughs who live in the 20% most deprived areas nationally:

- Barnet 3%
- Camden 17%
- Enfield 31%
- Haringey 34%
- Islington 26%



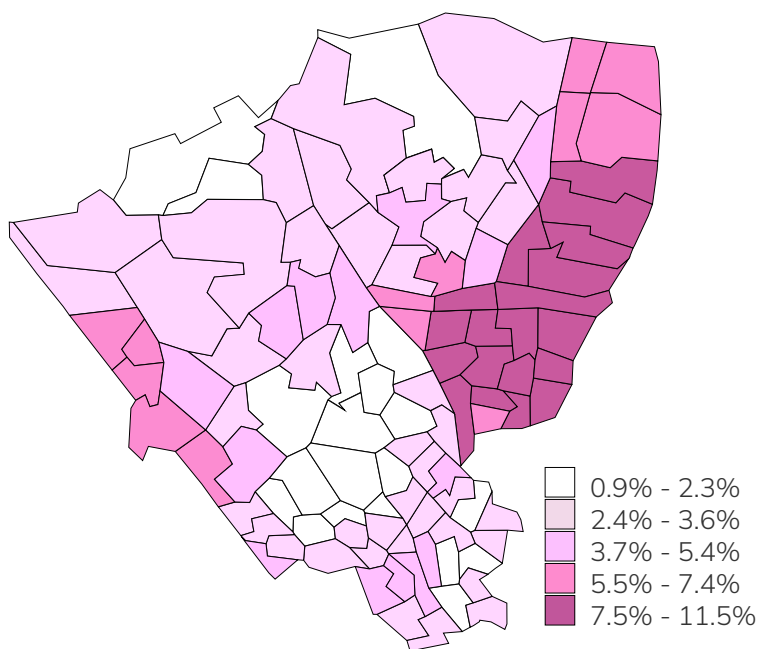
### Age group breakdown [June 2022]

Mid-Year Population Estimates. England and Wales.

	Under 18		18 - 64		65+		All ages	
	no.	%	no.	%	no.	%	no.	%
Barnet	90,538	23.3%	240,891	61.9%	57,672	14.8%	389,101	100%
Camden	36,237	16.6%	156,434	71.7%	25,378	11.6%	218,049	100%
Enfield	81,039	24.8%	200,179	61.2%	46,006	14.1%	327,224	100%
Haringey	53,903	20.6%	179,299	68.5%	28,609	10.9%	261,811	100%
Islington	36,288	16.5%	163,387	74.1%	20,698	9.4%	220,373	100%
<b>Grand Total</b>	<b>298,005</b>	<b>21.0%</b>	<b>940,190</b>	<b>66.4%</b>	<b>178,363</b>	<b>12.6%</b>	<b>1,416,558</b>	<b>100%</b>

### English language fluency

Low fluency wards	Borough	Value
Northumberland Park	Haringey	11.5%
Bruce Castle	Haringey	11.1%
Edmonton Green	Enfield	11.0%
St Ann's (Haringey)	Haringey	10.3%
White Hart Lane	Haringey	10.2%
Upper Edmonton	Enfield	10.2%
Haselbury	Enfield	9.7%
Lower Edmonton	Enfield	9.6%
Tottenham Central	Haringey	9.4%
South Tottenham	Haringey	9.4%
Seven Sisters	Haringey	9.4%
Woodside (Haringey)	Haringey	9.3%
Jubilee (Enfield)	Enfield	9.2%
West Green	Haringey	9.0%
Noel Park	Haringey	9.0%
Ponders End	Enfield	8.8%
Bowes	Enfield	8.8%
Tottenham Hale	Haringey	8.6%
Harringay	Haringey	8.5%



Darker colours indicate the wards with higher proportions of the population who cannot speak English well or at all. There are higher concentrations along the eastern area of NCL, notably in Enfield and Haringey where Indicator values range from 0.9% to 11.5%.

## CASE STUDY:

### Tackling mental health inequalities facing young black men

An innovative three-year programme in Islington aims to improve the personal wellbeing, aspirations, and life opportunities for young black boys and men as well as reduce school exclusions. It includes four elements: Becoming a Man – a mental health programme in schools; a community hub and coaches; an innovative initiative training up local barbers to be community mental health ambassadors; and a workforce development programme to educate and support frontline staff across education, health, social services, and the police. The partnership with local services to link workers ensures that the people supported have a single point of contact and continuity.



“It is often difficult to access support around mental health. There is a disconnect. I know friends who were sent to counsellors in schools, but they could not relate to us. They do not understand us. They cannot share our pain or our struggles.”

– Michael

## Our progress so far

**There is so much brilliant work happening across NCL and we're proud of the progress we're making. We can't list everything here, but just a few recent highlights include:**

### Outcomes Framework dashboard

Our new online **dashboard** will support delivery of our population health ambitions and help us identify opportunities to improve, and reduce variation in, outcomes across NCL. The dashboard – which anyone can access on our website – provides the most recent data for each of our key life course indicators at borough and NCL level, compared to London and England, along with recent historic data.

### Community diagnostics centres

We are continuing to help people to access diagnostic tests locally at our two Community Diagnostic Centres (CDCs), rather than needing to go to an acute hospital site. The centres – based in Finchley Memorial Hospital and in Haringey's Wood Green shopping centre – have both now won HSJ Partnership Awards.

### Population Health and Integrated Care Strategy – NCL Joint Forward Plan

In April 2023, the Board approved NCL's Joint Forward plan, setting in train an 18 month workplan for how we will make progress against our three population health priorities areas: **Start Well, Live Well, Age Well**.

### Start Well public consultation

Our ambitious Start Well programme aims to improve experience, access, and outcomes in maternity, neonatal and children's services provided across NCL's hospitals. The proposals for consultation were informed by doctors, midwives, nurses, and other health professionals, working together with families with experience of maternity, neonatal, and children's surgical services. We are grateful to have heard from hundreds of staff, stakeholders and residents during our 14- week consultation.

### Primary care access recovery

General practices now offer 50,000 more appointments each month than before the pandemic, and nearly two-thirds of all appointments are delivered face to face.

Work is underway to make it easier for patients to contact and get support from their GP practice by improving telephone and online systems, expanding the workforce, and building strong links between GPs and community pharmacies. Virtually every NCL pharmacy has signed up to be part of the Pharmacy First initiative to treat people for seven common, minor conditions.

### Organisational Change Programme

Like all ICBs, in order to meet the required 30% reduction in running costs, NCL has undertaken a significant change programme to ensure the organisation is set up to deliver our population health ambitions, with resources focused on those areas that matter most.

### Finance and performance

Despite the ongoing challenging financial landscape in which we operate, we achieved a breakeven position in 2023/24 and are on track to deliver a financially balanced position for 2024/25.

Our clinical performance has remained consistently strong throughout 2024/25. For example, currently 61% of NCL patients are waiting under 18 weeks, against the incoming national elective recovery ambition of 65% for 2025/26. Alongside this, NCL is consistently within the top performing systems for diagnostics nationally.

### NHS England assessment

NHS England assesses the performance of Integrated Care Boards (ICB) every year, looking at performance in five key areas including system leadership and improving population health.

In their assessment reviewing 2023/24 performance, NHSE described our work with partners on population health as "good examples of the coordination, facilitation and leadership needed to change outcomes for local people and ensure resources are focused on areas of greatest need".

**There is so much more to do, but we are confident that in NCL we have built the right foundations to ensure we continue to have a positive impact on the people and communities we are here to serve.**



# Delivering our strategy

Having a clear plan that brings together the health, care, and voluntary sector in North Central London is vital to achieve the objectives set out in our **Population Health and Integrated Care Strategy**.

Our residents are at the heart of what we do. We want to make sure they are able to play an active role in their own health and wellbeing, working together to manage health problems early on, or better still, prevent them from happening at all.

We also need to look at the bigger picture, focusing on the environments, habits, and situations that can gradually affect people's health. By working with residents and other partners from across the system, we want to tackle some of the root causes of ill health, from air quality and employment to financial hardship and social connections.

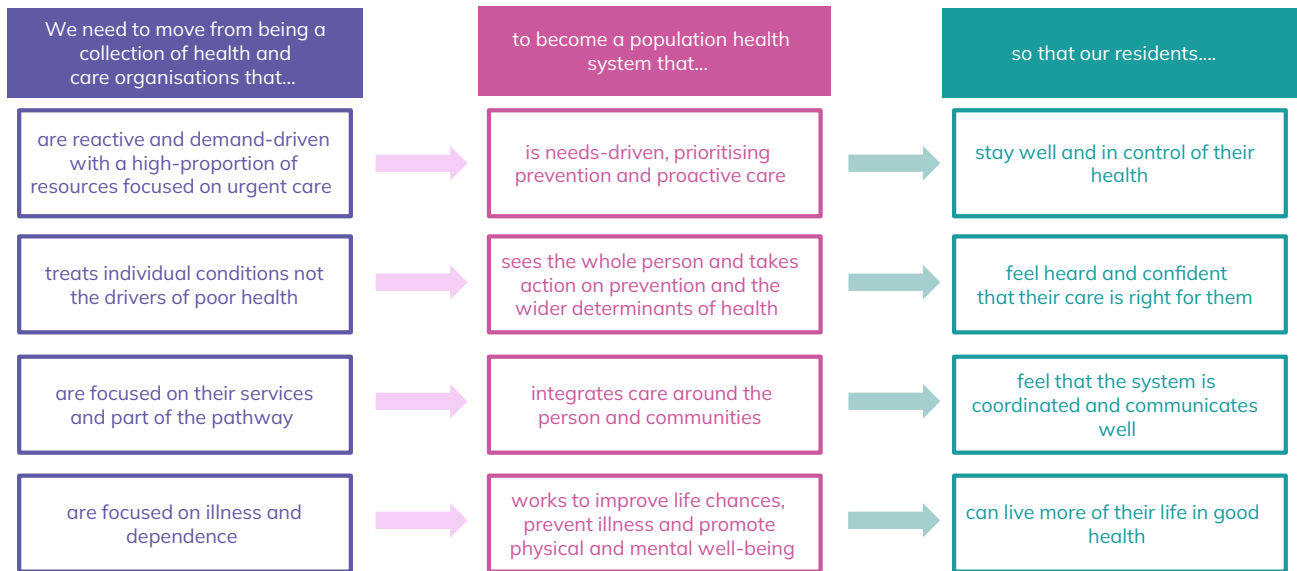
Together, we're determined to tackle the inequalities that we know affect so many of our residents and help more people to live longer, healthier lives.

## Transforming our approach

There are no overnight solutions – it will take time for us to bring about such a fundamental change in the way we work together and with residents.

By putting population health improvement at the centre of how we work, we hope to build the foundations to create better health for our residents not just in the short term, but for generations to come.

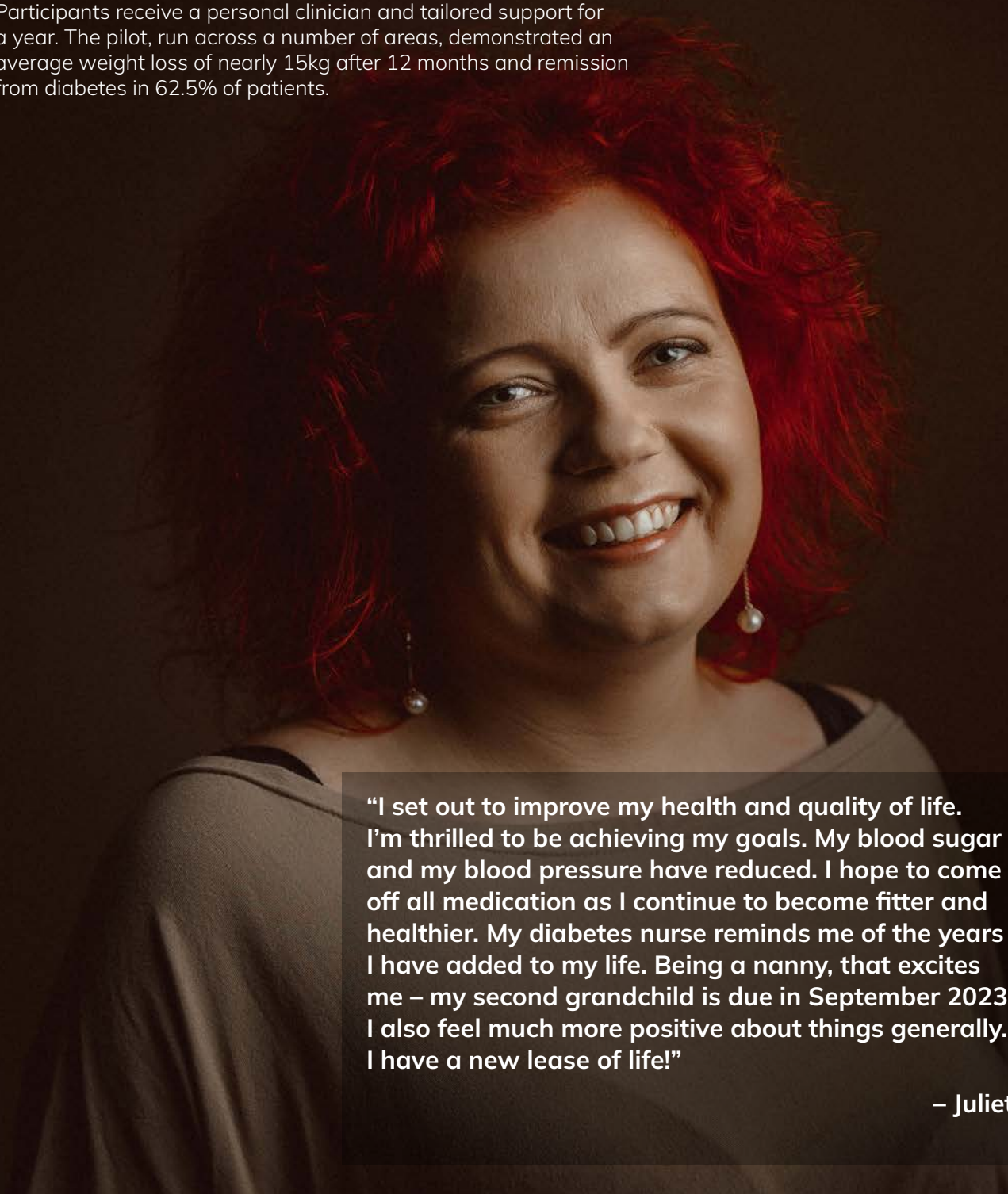
## How we will work in future



## CASE STUDY:

### Reversing type 2 diabetes

We provided extra investment in diabetes prevention targeted at East Haringey and Enfield to reach the most affected communities and ensure equity of access to new evidence-based interventions. One of these is the NHS Type 2 Diabetes Path to Remission Programme which uses meal replacements to support people recently diagnosed to achieve significant weight loss and potentially diabetes remission. Participants receive a personal clinician and tailored support for a year. The pilot, run across a number of areas, demonstrated an average weight loss of nearly 15kg after 12 months and remission from diabetes in 62.5% of patients.

A portrait of a woman with vibrant red, curly hair, smiling warmly. She is wearing a dark top and pearl earrings. The background is dark and out of focus.

“I set out to improve my health and quality of life. I’m thrilled to be achieving my goals. My blood sugar and my blood pressure have reduced. I hope to come off all medication as I continue to become fitter and healthier. My diabetes nurse reminds me of the years I have added to my life. Being a nanny, that excites me – my second grandchild is due in September 2023. I also feel much more positive about things generally. I have a new lease of life!”

– Juliet

# The role

## Priorities and accountabilities

### Priorities

The independent non-executive members will:

- Work collaboratively to shape the long-term, viable plan for the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money.
- Ensure that the Board is effective in all aspects of its role and appropriately focused on the four core purposes: to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money; and help the NHS support broader social and economic development.
- Be champions of governance arrangements (including with the Integrated Care Partnership, collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector. The partnership brings together the ICB and the five NCL local authorities as a statutory joint committee.
- Support the Chair and the wider Board on issues that impact organisations and workforce across the ICS, such as prevention, integration, care closer to home, as well as operational, financial and digital transformation.
- Play a key role in statutory arrangements for the ICS to ensure that the ICB meets its statutory duties, building strong partnerships and governance arrangements with system partners, including the ability to take on commissioning functions from NHS England.

### Accountabilities

The independent non-executive members:

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

## Responsibilities and competencies

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

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

We are interested in your life experience and personal motivations that will add valuable personal insights such as: being a patient, carer or service user; 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, 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

- Delivering 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 value for money.
- Aligning partners in transforming the **Joint Forward 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.
- Developing strong relationships between the ICB Board and the ICP.
- Supporting the success of the ICP in delivering 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** 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, encourages and enables system working and which is reflected and modelled in their own and the Board's behaviour and decision-making.
- Ensuring the Board acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved.

## Person specification

Competency	Knowledge, Experience and Skills required
<b>Setting strategy and delivering long-term transformation</b>	<ul style="list-style-type: none"> <li>● Knowledge of health, care, local government landscape 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>
<b>Building trusted relationships with partners and communities</b>	<ul style="list-style-type: none"> <li>● An understanding of different sectors, groups, networks and the needs of diverse populations</li> <li>● Exceptional communication skills and comfortable presenting in a variety of contexts</li> <li>● Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate</li> <li>● Experience working collaboratively across agency and professional boundaries</li> </ul>
<b>Leading for social justice and health equality</b>	<ul style="list-style-type: none"> <li>● An awareness and appreciation of social justice and how it might apply within an ICS</li> <li>● Record of promoting equality, diversity and inclusion in leadership roles</li> <li>● Life experience and personal motivation that will add valuable personal insights</li> </ul>
<b>Driving high quality, sustainable outcomes</b>	<ul style="list-style-type: none"> <li>● Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions</li> </ul>
<b>Providing robust governance and assurance</b>	<ul style="list-style-type: none"> <li>● An understanding of good corporate governance</li> <li>● Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity</li> <li>● Experience contributing effectively in complex professional meetings at a very senior level</li> </ul>
<b>Creating a compassionate and inclusive culture for our people</b>	<ul style="list-style-type: none"> <li>● Models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff</li> <li>● Creates and lives the values of openness and transparency embodied by the <a href="#">principles-of-public-life</a> and in <a href="#">Our People Promise</a></li> </ul>
<b>Additional role specific requirements</b>	
<b>Additional requirements for Independent NEM</b>	<ul style="list-style-type: none"> <li>● Experience operating at senior or board level</li> <li>● Demonstrate independent and proactive leadership with confidence and integrity</li> <li>● Champion open, frank and disciplined discussion and be prepared to ask the difficult questions</li> <li>● Strong strategic and financial capability with a deep understanding of effective partnership working and ideally a good grounding in health or social care</li> </ul>

# General information

## Eligibility

**You will be able to demonstrate that you meet the requirements of the NHS 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 north central London area served by the ICS.

Given the significant public profile and responsibility members of NHS boards hold, it is vital that those appointed inspire confidence of the public, patients and NHS staff at all times. We will undertake several specific background checks to ensure that those we appoint are “fit and proper” people to hold these important roles.

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 or other roles, to satisfy the experience, skills and values being sought. We value and promote diversity and are committed to equality of opportunity for all.

We believe that the best boards are those that reflect the communities they serve.

- 50% of the working age population and 77% of the NHS workforce are women
- 14% of the working age population and 23% of the NHS workforce are from ethnic minorities

- 16% of working age population and 5% of the NHS workforce are disabled
- 2% of the population over 16 and 3% of the NHS workforce identify as LGBT
- 82% of working age adults and 79% of the NHS workforce are under 55<sup>1</sup>

We want to increase the diversity of our NHS leadership and encourage applications from groups we know are all under-represented in these important roles. We prioritise equality, diversity and inclusion, team health and wellbeing and the principles of kind leadership in our ‘ways of working’. The successful applicants will have a key role in nurturing this culture.

## Terms of appointment

- **Remuneration:** competitive
- **Length of appointment:** an initial term of three years with the possibility of a second three year term.
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum 3-4 days a month, including preparation time, the occasional evening engagement, and events designed to support your continuous personal and collective board development.
- All NHS board members are required to comply with the **Nolan Principles of Public Life** and meet the **Fit and Proper Persons requirements**.

## More information

- **Support in preparing your application**
- **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**


<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)

## CASE STUDY:

### The Good Neighbours Scheme

The Good Neighbours Scheme operates in a number of locations to break down isolation by creating spaces and opportunities for people to come together, share experiences, and build real and sustained relationships with neighbours. Volunteers help coordinators run different sessions such as coffee mornings, meditation and yoga classes, and football clubs in the community.

The project links in with NHS services, council departments, and community police to communicate and address issues such as access to services, safety, the built environment and green spaces. It helps improve the health, wellbeing, and quality of life of residents, reduces inequalities, and empowers communities.

A close-up portrait of an elderly Black woman with short, curly grey hair. She is looking upwards and to the left with a thoughtful expression. She is wearing a grey sweater over a white collared shirt and a small hoop earring. The background is dark.

**“It gives you joy to come here. I was sitting at home, feeling sad, thinking I have to do this and that; once you’re out here you forget about problems, makes you happy.”**

**– Olanna**

## How to apply

The closing date for applications is 17 March 2025. Applications should be made by submitting:

- A full and updated CV, which includes your contact details and email address.
- A personal statement of no more than one side of A4, which should explain why you are interested in applying for the role and what you believe you will be bringing to it.
- Contact details for three referees (who will not be contacted without your permission)
- A completed [Diversity Monitoring Form](#) and [Fit and Proper Person Monitoring Form](#).

All applications should be sent to: [applications@hunter-healthcare.com](mailto:applications@hunter-healthcare.com). All applications will be acknowledged.

For an informal conversation about the post, please contact Rhiannon Smith or Jenny Adrian at our recruitment partners, Hunter Healthcare by email: [jadrian@hunter-healthcare.com](mailto:jadrian@hunter-healthcare.com) or phone: **07939 250362**

### Key Dates:

<b>Application Deadline</b>	17 March 2025
<b>Shortlist</b>	w/c 31 March 2025
<b>Interviews</b>	w/c 7 April 2025







North Central London  
Health and Care  
Integrated Care System



**North Central London**  
Integrated Care Board



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