



Improving lives **together**

Norfolk and Waveney Integrated Care System

Candidate Information Pack

Chair of Norfolk & Waveney
VCSE Assembly

Welcome

I am delighted to welcome candidates interested in the role of Chair of the Norfolk and Waveney VCSE Assembly.

The voluntary, community and social enterprise sector is a vital partner in the Norfolk and Waveney Integrated Care System, which makes the role of the Chair of the VCSE Assembly vital in ensuring the needs, skills and scope of the sector is effectively represented in local decision-making.

I have seen first-hand how the VCSE sector can have a significant impact on connecting individuals and communities and supporting better health and wellbeing, but also championing the needs of under-represented populations and people that face day-to-day inequalities. As an Integrated Care System, we must ensure these voices are heard and are an active part of our decision-making.

**Rt Hon. Patricia Hewitt, Chair
NHS Norfolk and Waveney Integrated Care Board**



As I step down from the role of Chair, I am keen to hand over this position to a new leader from within our Norfolk and Waveney VCSE. I know we have a wealth of individuals who can offer expertise, dedication and the vision required to drive our plans forward. In my capacity as VCSE Partner Member on the Integrated Care Board, I am looking forward to supporting the new Chair to achieve new milestones and foster an environment of growth and innovation.

**Emma Ratzer, MBE, Chair
Norfolk and Waveney VCSE Assembly**



Context

Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services to improve the health of people who live and work in their area. They exist to achieve four main aims:

- 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 [ICS design framework](#) sets the expectation that Integrated Care System governance and decision-making arrangements support close working with the VCSE sector, as a key strategic partner in shaping, improving and delivering services, and developing and delivering plans to tackle the wider determinants of health.

In support of these ambitions NHS England published [ICS implementation guidance on partnerships with the VCSE sector](#). The guidance sets out clear recommendations and requirements, including the development of a formal agreement for engaging and embedding the VCSE sector in system-level governance and decision-making arrangements, ideally by working through a VCSE alliance to reflect the diversity of the sector.

Since 2019, VCSE organisations across Norfolk and Waveney have been working in collaboration with health and social care partners to better understand how to work more closely together and improve health outcomes for our local population.

In October 2022 the first Chair of the Norfolk and Waveney VCSE Assembly was recruited and an Assembly Board launched. Since then there has been much learning and in recent times a strategic review has been undertaken to capture this learning and develop a proposed approach for the future development of the Assembly. A copy of this is available on request, please email nwicb.vcseassembly@nhs.net

VCSE Partnering in Norfolk and Waveney

The diversity in purpose, aim and reach of the VCSE is one of its key strengths and it is recognised that we need to enable the sector, and health and care partners to work collaboratively on an equal footing. This in turn will enable a community-led, place-based response to local population health and wellbeing needs, and ultimately improve outcomes for our residents.

Working together as an Assembly we have developed a VCSE Integration Programme, which outlines the key actions required to both further develop our VCSE Assembly, as well as strengthening the collaboration between the VCSE sector and statutory partners to achieve better outcomes for our population.

We have identified four key objectives:

1. Embed the VCSE sector as an equal partner within our ICS, through our VCSE Assembly.
2. Work together to drive change, support prevention and tackle health inequalities.
3. Support and enable a thriving VCSE sector to play its part.
4. Build strong, inclusive and empowering relationships through our partnership.

This programme of work will be supported and enabled by a VCSE Assembly, working alongside our Norfolk and Suffolk infrastructure arrangements which are commissioned by our local government partners, as described below:

Norfolk & Waveney ICS VCSE Integration Programme

The overall VCSE Integration Programme underpins the arrangements we have in place with the sector to achieve 4 core objectives:

1. Embed the VCSE sector as an equal partner within our ICS, through our VCSE Assembly
2. Work together to drive change, support prevention and tackle health inequalities
3. Support and enable a thriving VCSE sector to play its part
4. Build strong, inclusive and empowering relationships through our partnership.

Collaborate,
Co-produce
& Embed

Norfolk & Waveney VCSE Assembly

The VCSE Assembly supports engagement with the VCSE sector, to embed sector voice into planning & decision-making processes, whilst providing sector oversight to the ICS VCSE Integration Programme by:

- Developing engagement mechanisms to connect the sector into the ICS, focused on Joint Forward Plan priorities and connecting to thematic system and place-based arrangements.
- Increasing influence and participation of the sector in design and delivery of services

Listen &
Involve

Norfolk & Suffolk VCSE Infrastructure arrangements

The infrastructure arrangements for Norfolk & Suffolk are commissioned by Norfolk & Suffolk County Councils. These arrangements seek to:

- Grow and enable volunteering for the ICS.
- Raise awareness and support the sector to access and maximise funding and income sources.
- Support sector resilience and growth through training and development.
- Provide financial support to grow, expand or innovate their services
- Provide opportunities for the sector to meet and collaborate

Support,
nurture &
develop

Our VCSE Assembly

Purpose of the VCSE Assembly

To support partnering and engagement with the VCSE sector as part of the Integrated Care System, embedding sector voice into planning and decision making.

Key Assembly Functions

- Utilise local networks, forums and communications channels to support connectivity and effective communication between the VCSE sector, the Integrated Care Board and the wider Integrated Care System.
- Develop VCSE leaders to act as 'portfolio holders' linked to key system priorities, to provide two-way connection and communication with the wider VCSE sector.
- Support the development of strategy, policy, services and planning to ensure sector voice is embedded across all parts of the system.
- Support the integration of the VCSE sector into Integrated Care System governance and decision making structures to enable collaboration, coproduction and effective decision making.
- Capture and escalate risks that relate to the core purpose of the Assembly through appropriate channels.
- Work collaboratively with statutory organisations to support sector resilience and enable a thriving and sustainable VCSE sector.

The current plans for the Assembly are based on much learning, input and feedback from both VCSE sector and statutory colleagues. A 'reset' of the Assembly is currently underway, with a strategic review of its role and achievements having been undertaken in 2023/24.

It is recognised that the landscape has changed significantly since the inception of the VCSE Assembly, with further changes likely given the changing political landscape. It is important that we continue to grow and evolve our Assembly model over time, and are able to reflect on what we have learnt and continue to learn.

There is a real opportunity for the incoming Chair to shape and influence the future direction of travel, whilst building on all that has come before. ICS partners are keen to collaborate across this agenda.

Job description

Role title: Chair of VCSE Assembly for Norfolk and Waveney

Responsible to: Integrated Care Board and VCSE Assembly

Supported by: Rt Hon Patricia Hewitt - Chair, Norfolk and Waveney Integrated Care Board

Time commitment: Estimated average 3-4 days per month

Job Summary

Providing leadership and direction to the VCSE Assembly to enable the Assembly to effectively function as a mechanism to hear the views of the VCSE sector and collaborate and connect with a wide and diverse range of partners and stakeholders, on key issues and the wider ICS ambition. To represent the VCSE Assembly within the Integrated Care System, by ensuring equitable engagement and breadth of representation.

Overall duties and responsibilities

- To support the development of innovative methods to effectively engage with the Norfolk and Waveney VCSE sector, in order to receive their views on key issues and to be able to disseminate information and feedback.
- To be an effective spokesperson for the VCSE Assembly by impartially and inclusively hearing the diversity of voices with the sector, from grass roots to large national charities, and appropriately represent their views.
- Work with the ICB Health Inequalities and VCSE Partnering team, alongside other statutory partners, to support further development and implementation of the VCSE Integration Programme.
- To lead the next iteration of the Memorandum of Understanding that underpins the relationship between the Integrated Care System and VCSE Sector.
- Actively participate as a member of the Integrated Care Partnership Board, representing the VCSE sector and providing leadership to the VCSE Assembly and its active contribution towards the achievement of the ambitions of the ICS, particularly the Joint Forward Plan and Integrated Care Strategy.
- Provide leadership around some key emerging programmes of work including:
 - The ICS Health Inequalities Strategic Framework for Action, particularly the focus on Living and Working Conditions.
 - Developing our system strategy/plan for social prescribing and enabling communities.
 - Developing future VCSE infrastructure arrangements.

Person specification

Essential attributes and core competencies of the Chair

- To be a visible strategic leader with the drive and experience to bring about positive change. This will require excellent knowledge and understanding of the strategic context and VCSE sector, as well as a breadth of senior experience and understanding relevant to the challenges and complexities faced by both the VCSE sector and wider Integrated Care System partners.
- To embody independence, neutrality, diplomacy and integrity with a commitment to represent the diversity of VCSE views.
- A track record in engaging, influencing and securing shared ownership to enable a collaborative vision to be realised.
- A champion of innovative, inclusive and robust methods of engagement, able to embrace challenge and be held to account.
- To be an ambassador and effective spokesperson for the Assembly, you will have excellent communication skills, able to lead in meaningful debate, with an ability to articulate views informed by accurate knowledge and commitment to engagement.



Ambitious

- Proven track record of strategic leadership at a senior level, including a depth of experience in strategic planning and leading change and / or system transformation.
- Excellent awareness of, and commitment to, equality, diversity and inclusion and trauma informed approaches, able to ensure this informs the work of the Assembly and Integrated Care Partnership.
- A strategic thinker who can work through complexity, apply reasoned and creative solutions with good judgement and risk management.
- Understands the values of the voluntary and community sector with knowledge of the strategic and operational landscape of the sector in Norfolk and Waveney.
- Knowledge and track record of working at Board level of similar scale and complexity, with good governance insight; prior chairing experience will be advantageous.
- Adept in chairing meetings, provides focus, manages contributions, facilitates rather than dominates.
- Encourages constructive challenge and high quality debate, with energy and enthusiasm to support effective decision making.

Connected

- Skilled at bringing people together to generate a collaborative vision.
- Strong communication, listening and presentation skills; adept at public speaking and engaging a range of audiences.
- Emotionally intelligent; is self-aware and adept in reading relationships and behaviours in a sensitive manner.
- Well-developed people skills; can support, challenge, develop and inspire others.

Integrity

- Is recognised as a person of integrity, credibility and honesty in their conduct and ability to demonstrate the level of impartiality required.
- Open to learning, for self and for others.
- Seeks opportunities to be exposed to new thinking and innovation.
- Respects confidences, able to manage sensitive situations, generates confidence in their leadership.
- Can devote the necessary effort and input into the role.

Application and recruitment process

The Chair will be appointed through an Appointment Panel with senior representatives from across the ICS, including members of the VCSE Assembly, Integrated Care Board, and Integrated Care Partnership. The date for the appointment panel will be **Thursday 26 September 2024**.

A robust and transparent approach will form part of the recruitment procedure to ensure effective management of conflicts of interest.

Please submit your expression of interest by our closing date of **Thursday 12 September 2024**, by providing the following information on email to nwicb.vcseassembly@nhs.net.

- A comprehensive CV (no more than three sides of A4) to reflect your key competencies and experiences in response to the job role.
- A supporting statement that sets out why you are interested in the appointment and how you meet the person specification (no more than two sides of A4)
- A completed conflicts of interest form
- Please also include with your submission the names and addresses of two referees. Referees will not be approached until the final stages and not without prior permission from candidates.

If you'd like to speak to a member of the VCSE Assembly Board for an informal and confidential discussion about the role please email nwicb.vcseassembly@nhs.net

Appointment details

Appointment

This role is an appointment and not an employed role, therefore it is not subject to the provisions of employment law except where discrimination is alleged.

Start date

Start date is negotiable, but we are ideally looking for someone to be appointed from 1 October 2024, to enable a transition from outgoing Chair. The ICS Conference is on the 16 October and we would ask the successful candidate to prioritise attendance so that official announcements can be made.

Time Commitment

We estimate the Chair will be expected to commit, on average, in the region of 3-4 days per month.

Term

The initial term of office is 36 months from appointment. This will be subject to discussion with the successful candidate. After the initial term there may be scope to agree a further term.

Remuneration and Payment Arrangements

£13,500 p/a

The payment arrangements necessary to support the successful candidate to take up the post of the Chair will be agreed with the successful candidate once appointed.

Eligibility Criteria

To be eligible to stand as a candidate you:

- Must have experience of working in or with the VCSE in Norfolk and Waveney, whether in a paid or voluntary position.
- Must not be a person falling within any of the disqualification categories set out below
- Must demonstrate you meet the requirements of the role as described in the essential knowledge, experience and competencies above.

Applicants will be asked to complete a Declaration of Interest form. Any interest declared will be considered on a case by case basis.

Disqualification from Appointment

A Member of Parliament.

A person whose appointment as a board member (“the candidate”) is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate’s involvement with the private healthcare

A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted

- a) in the United Kingdom of any offence, or
- b) outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

A person who, has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.

A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:

- a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office
- b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings,
- c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest, or
- d) of misbehaviour, misconduct or failure to carry out the person’s duties;

A Health Care Professional or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned (“the regulatory body”), in connection with the person’s fitness to practise or any alleged fraud, the final outcome of which was:

- a) the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated
- b) the person’s erasure from such a register, where the person has not been restored to the register
- c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded, or
- d) a decision by the regulatory body which had the effect of imposing conditions on the person’s practice of the profession in question, where those conditions have not been lifted.

A person who is subject to:

- a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
- b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated.

A person who has at any time been removed, or is suspended, from the management or control of any body under:

- a) section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities), or
- b) section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).

Template Declaration of Interests for ICB Board Members, employees and any person working for, or on behalf of, the ICB

Name:							
Position within, or relationship with, NHS Norfolk and Waveney ICB							
Detail of interests held (complete all that are applicable):							
Type of Interest* Place a X in box. *See reverse of form for details				Description of Interest	Date interest relates From & To		Actions to be taken to mitigate risk (must be agreed by line manager)
Financial	Non-Financial Professional	Non-Financial Personal	Indirect				

*If you have more interests to list please insert extra lines

If you have no interests to declare and wish to submit a nil return, please tick this box

Board Members, Members (voting and non-voting attendees) of the ICB's Primary Care Commissioning Committee and Joint Senior Leaders are all required to disclose their GP Practice. This enables the ICB to manage any potential conflicts in respect of primary care decisions. If you fall into one of the above categories, please complete the below:

GP Practice in N&W	Yes <input type="checkbox"/> (complete below)	No <input type="checkbox"/>
GP Practice:		

Data Protection and Freedom of Information

In accordance with the Data Protection Act 2018, the information provided in completing this form will be held by the ICB in both paper and electronic forms. For further details on how the ICB processes personal information please see our Fair Processing Notice. It should also be noted that information provided to the ICB may be subject to release under the Freedom of Information Act 2000.

Statutory duties and publication

Consistent with Section 140 of the NHS Act 2006 and guidance produced by NHS England on the management of conflicts of interest, the ICB is required to hold and publish the interests of members and employees to comply with its statutory duties.

As a minimum, ICBs are expected to publish the interests of any person who fall into the following categories:

- Board, Committees, and management groups of the ICB
- Any person involved in procurement decisions and/or service re-design
- Any person at AfC 8d and above
- Any person with delegated functions or authority (as set out within the ICB Governance Handbook)

Staff who fall into the above categories should expect their interests to be published online unless in exceptional circumstances where the public disclosure of information could lead to a real risk of harm or is prohibited by law. Similarly, if a person believes that substantial damage or distress may be caused to them or somebody else by the public disclosure of information, they are entitled to request that the information is not published. Requests should be set out in the free text box below.

[Reasons for non-disclosure of information here]

In this case, if the request to withhold the information is approved, the person's name will be removed from the record and the interest will be published anonymously.

Please confirm below which Norfolk & Waveney ICB Committees you belong to or attend:

<input type="checkbox"/> ICB Board	<input type="checkbox"/> Integrated Care Partnership
<input type="checkbox"/> Conflicts of Interest Committee	<input type="checkbox"/> Audit and Risk Committee
<input type="checkbox"/> Patient and Communities Committee	<input type="checkbox"/> Quality and Safety Committee
<input type="checkbox"/> Remuneration, People and Culture Committee	<input type="checkbox"/> Primary Care Commissioning Committee
<input type="checkbox"/> Finance Committee	<input type="checkbox"/> Performance Committee
<input type="checkbox"/> Executive Management Team	<input type="checkbox"/> Other (please state below)

Other:

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Signed		Date	
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Type of Interest	Description
Financial Interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • In secondary employment (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional Interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
Non-Financial Personal Interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect Interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.