



South West London

Health & Care
Partnership



Chief Medical Officer

Candidate information pack

January 2022



HUNTER
Executive talent for the healthcare sector

Our South West London ICS

The NHS is seeing an unprecedented increase in demand for services. Growing and aging populations and expectations mean that we have real financial challenges and staffing pressures. We know that to meet these challenges we will need to work together differently, to ensure we use the best use of scarce resources, doing more together to prevent ill health, support people to self-care and tackle the health inequalities that exist in our boroughs.

The local health and care organisations in South West London – NHS commissioners and providers, local authorities, Healthwatch, and voluntary sector representatives – make up the South West London Health and Care Partnership (ICS). Our shared ambition is to support local people to Start Well, Live Well and Age Well.

Our partners include:

- Six Clinical Commissioning Groups (CCG): Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth
- Six Local Authorities: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth

- Acute and Community Providers: Central London Community Healthcare, Croydon Health Services NHS Trust, Epsom and St Helier University Hospitals NHS Trust, Hounslow and Richmond Community Healthcare, Kingston Hospital NHS Foundation Trust, Royal Marsden Foundation Trust, St George's NHS Foundation Trust and Your Healthcare
- Two Mental Health Providers: South West London and St George's Mental Health NHS Trust, South London and the Maudsley NHS Foundation Trust
- The GP Federations in each of the six boroughs
- The newly formed Primary Care Networks
- The London Ambulance Service
- Healthwatch
- Representatives from the Voluntary Sector and local hospices

We are now clear that the key to health and care improvement lies in each of our six borough partnerships who work together to address the health and care needs of local people.



Our Six Boroughs

South West London covers 296 square kilometres and six London boroughs; Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. The boroughs in South West London are very different with vastly different socio-economic indicators.

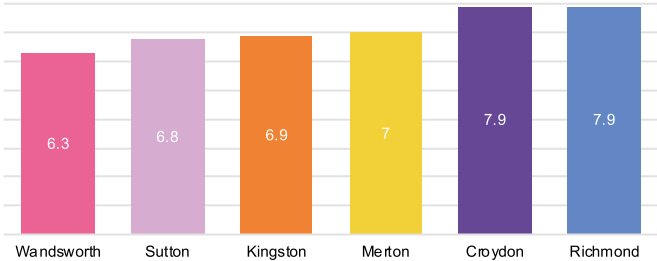
In 2017/18, across South West London 8.8 households per 1,000 were in temporary accommodation. In 2017, 4.9% of the population in South West London were unemployed, 9% were living in areas classified as the fifth most deprived areas of

the country and 1% were living in areas classified as the 10% most deprived areas of the country.

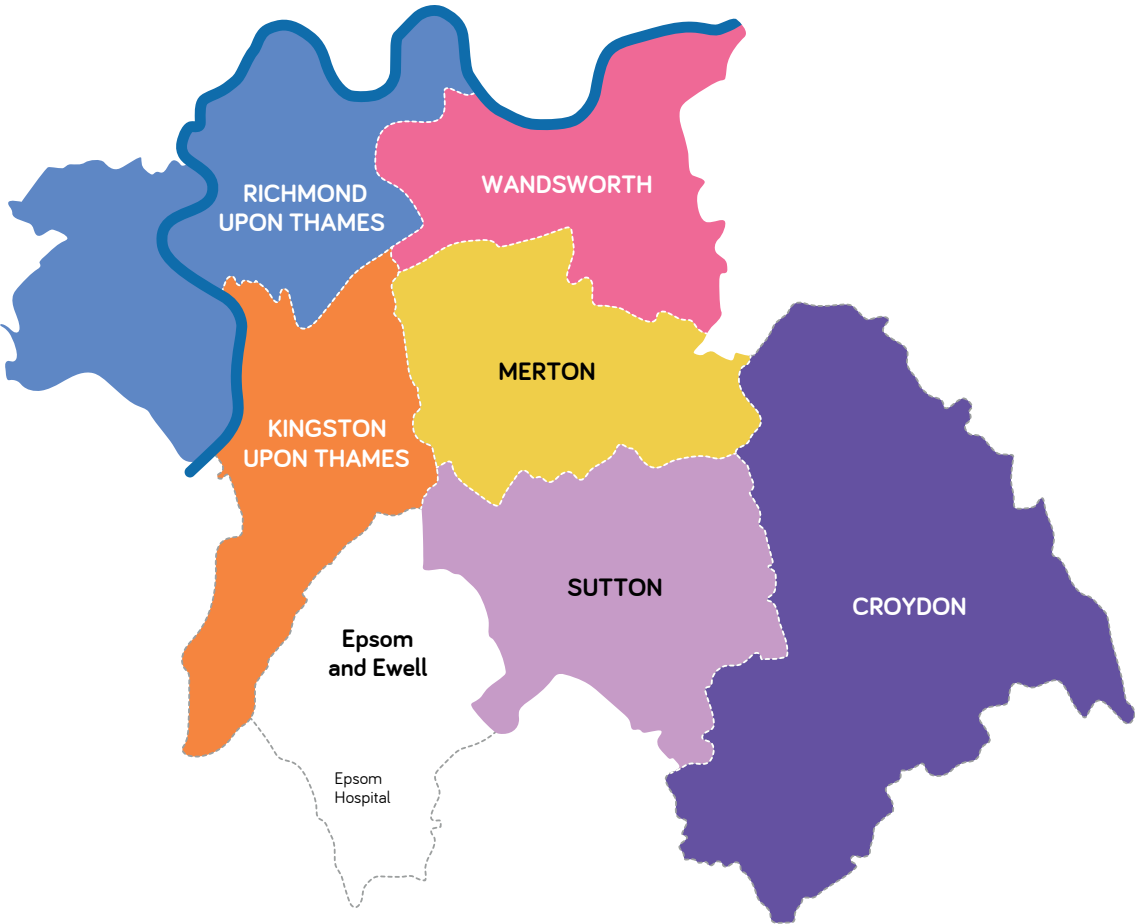
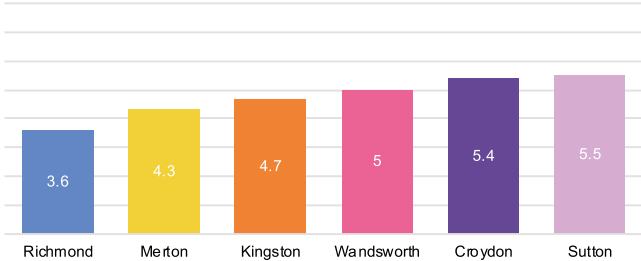
The Slope Index of Inequality shows the gap in life expectancy between those living in the most deprived areas of each borough and the least. Across South West London this ranges from 3.6 years to 7.9 years.

Our six local health and care partnerships are working together to drive the improvement of services at borough level.

Inequality in life expectancy at birth
(males, in years, 2015-17)



Inequality in life expectancy at birth
(females, in years, 2015-17)



Croydon

Over the last two years, we have been working as One Croydon, an alliance between the local NHS, Croydon Council and Age UK Croydon. Our partners are now working together to become a fully integrated care partnership.

One of the
fastest growing
populations
in London



Compared to Sanderstead, **healthy life expectancy in Fieldway**, one of the most deprived areas in Croydon, is



13 years
lower for men



14 years
lower for women



51.7%

of Croydon residents
are Black, Asian and
Minority Ethnic



Child population
is the largest in London



of adults are
overweight or obese

23%

of people have two or more
long term conditions



older people
always
or often
experience
loneliness



It is estimated
that **76%**
of people
living with
depression are
undiagnosed

Kingston

Kingston Coordinated Care is our alliance of Kingston partner organisations from across health and care, working together to improve community care.

1 in 200

children aged 15-19 are admitted to hospital due to self-harm



29%

of 10 to 11 year olds are overweight or obese



2,735

children have special educational needs in Kingston's state schools

More than **1 in 7** adults are providing 50 or more hours of unpaid care a week



Up to **25,000** people have

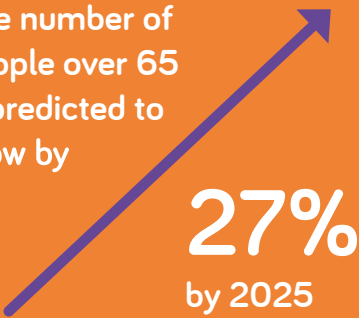
depression and/or anxiety



18.9%

of people are predicted to have hypertension

The number of people over 65 is predicted to grow by



8,707
over 65s live alone



9,960

over 65s have a long term condition

Merton

In Merton, we have formed a 'Merton Health and Care Together' Board to help us all work together in the best interests of Merton residents.



32%

of children and young people surveyed in 2019 were worried about the mental health of their friends



1,700

children with an Education, Health and Care Plan or Statement of Special Education Needs



25%

of children did not achieve the 'school readiness' standard

25,000



people living with common mental health conditions



11,000

people diagnosed with diabetes

6.2 years gap

in life expectancy between the most deprived and least deprived areas



1,700

people in Merton with dementia

Merton currently supports around

4,000

adults aged 18 and over with social care needs

17,000

carers



Richmond

In Richmond, we have established arrangements to support partnership working through the Richmond Health and Wellbeing Board, which will oversee the delivery of our health and care plan.



Prevalence of obesity
more than doubles between
reception and year 6

The average mental
wellbeing score for 15 year
olds in Richmond is the
fourth worst
in London

16% point gap
in achieving a 'good'
level of development in
reception between children
eligible for free schools
meals and those not

22,000



people have a
common mental
disorder, such as
depression and
anxiety

Nearly
1 in 10
adults have three
or more long term
conditions

An estimated
15,800
people provide some
level of unpaid care



The number of
over 65s is set
to increase by
almost



50%
over the next
20 years



2,072
residents are estimated
to have dementia



of over 75 year-olds
live alone

Sutton

Health and care organisations in Sutton want to deliver better health and wellbeing outcomes for local residents by working closely with a wide range of stakeholders, local people and carers who use services. Our aspiration is that we build upon the good outcomes already experienced by Sutton residents, who generally live longer than the England average and where fewer people die prematurely from conditions that could be avoided. We want the people of Sutton to start well, live well and age well through a more personalised and joined-up approach to the delivery of local health and care services.



12%

of Sutton school pupils have a special educational need

(lower than the London average)

The rate of hospital admission as a result of self-harm among 10-24 year olds in Sutton is above the London average

(but similar to England)



Estimated **8.5%** of young people aged 5-16 years have a mental health condition



Around **65,000** people have developed a long-term condition

Predicted **19%** increase in people with a learning disability need by 2030. The largest increase will be in people aged 85 years and over



70% of adults in Sutton are physically active



1 in 5

people consult their GP because they are lonely

59% of people who use social care services, and 72% of adult carers, say they do not get as much social contact as they would like



Delayed transfers of care from hospital have reduced significantly

Wandsworth

Health and social care organisations across Wandsworth have a shared commitment to work together. We recognise that we all share a responsibility to ensure our social care, community, wellbeing and hospital services are as joined up as possible. As a partnership we want to ensure we have quality health and social care services that meet the needs of Wandsworth residents and will continue to do so for future generations.



Around **2,800** children aged 5-16 have mental health disorders



primary school children are obese or overweight

12%

of 15-year-olds partake in 3 or more risky behaviours including taking drugs and alcohol



44,000 over 18s have a common mental health disorder, such as anxiety or depression



Approximately **15,000** people have diabetes and **25,000** are on the verge of developing it

Approximately

19,000 carers



The number of people aged 65 or over is projected to increase by

44% in the next 20 years



Over **10,000** older people live alone



Nearly **1,400** people have dementia

Our Vision and Values

As well as listening to local people, we have learned a lot from our partners and stakeholders, and our focus over the next five years will be on the following:



A local approach works best for planning

After talking to local people and communities, we believe a local approach works best for planning health and care. Our local health and care partnerships in Croydon, Merton, Kingston, Richmond, Sutton and Wandsworth are working together to drive the improvement of services at borough level.



The best bed is your own bed

We will work together to keep people well and out of hospital. Working together, one or more of our health and care partnerships, may want to provide some services together where it makes sense for patients.



Care is better when it is centred around a person, not an organisation

Clinicians and care workers tell that our Our local health and care partnerships are about health and care organisations coming together to look at what services their local people need, rather than continuing to provide services within traditional organisational boundaries. Local Health and Care Plans describe how we will we provide more joined up health and social care services.



This is likely to mean changes to services locally to improve care for local people

We may need to change how some services are delivered, and we will of course be open and transparent about this and involve local people. We will continue to need all our hospitals though we do not think every hospital has to provide every service.



Strengthening our focus on prevention and keeping people well

The greatest influences on our health and wellbeing are factors such as education, employment, housing, healthy habits in our communities and social connections. We want to strengthen the focus on reducing health inequalities and keeping people healthy at home by treating them earlier. We want to stop people from becoming more unwell and give them the right support at home so that they don't need to be admitted to hospital.



Job Description

N.B. Final appointment is dependent on the passage of the Health and Care Bill, and, subject to any potential amendments made to that Bill, will be made formally by the ICB chair/chief executive on establishment.

Job Title:	ICB Chief Medical Officer (CMO)
Band:	Very Senior Manager
Responsible to:	ICB Chief Executive Officer (CEO)
Accountable to:	ICB Chief Executive Officer (CEO)
Base:	SWL ICB Headquarters
Hours:	As required to fulfil the duties of the job

ROLE PURPOSE

Integrated Care Systems (ICSs) are partnerships of health and care organisations that come together to plan and deliver joined up services and to improve the health of people who live and work in their area. Their purpose is to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money and support broader social and economic development in their area. If proposed legislation is passed, from July 2022 each ICS will consist of two statutory elements:

- an Integrated Care Board, bringing the NHS together with its partners locally to improve health and care services
- an Integrated Care Partnership (ICP): the broad alliance of organisations and representatives concerned with improving the care, health and wellbeing of the population, jointly convened by the ICB and local authorities in the area.

ICBs will be statutory NHS bodies, with a chair, chief executive officer and board. As a member of the ICB Board, the Chief Medical Officer is responsible for planning and allocating resources to meet the four core purposes of integrated care systems (ICSs):

- 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.

ICBs are significantly different statutory organisations with a new and different approach to managing population health. Senior executive level roles will provide collaborative, executive leadership of our Integrated Care System Boards and will help fulfil the four core purposes of an ICS.

The Chief Medical Officer will support the development and delivery of the long-term plan of the integrated care board (ICB). They will ensure this reflects and integrates the strategies of all relevant partner organisations of the ICB, with a particular focus on developing a shared clinical strategy.

ROLE PORTFOLIO

The Chief Medical Officer portfolio includes:

- Population Health Management
- Health inequalities and prevention
- Working with Digital on PHM data strategy
- Working with DPHs and ICP to identify priorities
- System Clinical Leadership
- IFR and ECI
- Clinical Strategy
- Clinical Standards & Ethics
- Any regulatory responsibility from NHSE/I

The portfolio will be reviewed on an annual basis and will therefore be subject to change.

KEY ACCOUNTABILITIES

The Chief Medical Officer key accountabilities include:

- Along with the ICB Chief Nursing Officer, all matters relating to the relevant professional colleagues across the clinical and care workforce employed by the ICB.
- The development and delivery of the long-term clinical strategy of the integrated care board (ICB), ensuring this reflects and integrates the strategies of all relevant partner organisations within the ICS.
- With the ICB Chief Nursing Officer, leading on overseeing quality of health services within the ICS including sharing intelligence and working with other key partners and regulators across and outside SWL to improve quality of care and outcomes.
- Responsibility for building partnerships and collaborating with SWL provider collaboratives, SWL place leads and teams, public health, local government, other partners, and local people to deliver better access, improvements in life outcomes and reductions in health inequity.
- Working with the Chief Nursing Officer, to secure multi-professional clinical and care leadership in delivery of the ICB's objectives and form part of the wider network of clinical and care leaders in the region and nationally.
- Ensuring that population health management, innovation and research support continuous improvements in health and well-being including digitally enabled clinical transformation and the clinical and care elements of a sustainable People Plan for the ICS workforce.
- Appoint a Director of population Health to Support the CMO and the system in the delivery of strategic population health across South West London
- Influencing and working collaboratively as part of a wider system to create opportunities to make sustainable long-term improvements to population health with key partners. This may include developing approaches which are non-traditional in nature, ambitious and wide reaching in areas which incorporate the wider

determinants that have an impact on improving clinical outcomes, better life outcomes and reducing health inequalities for the population of the ICS.

- Fast tracking the ICS' Population Health Management capability and using PHM data identify the SWL Population Health priorities so that clinical care and services are improved, and health inequalities are reduced.
- Professional accountability to the regional medical director and may from time-to-time be formally requested to act on behalf of NHS England on key performance, monitoring and accountability matters. This will include the identification of performance risks and issues related to the quality of patient care and working with relevant providers and partners to enable solutions.
- As a registered professional, The Chief Medical Officer will be accountable for their own practice and conduct in the role.

LEADERSHIP COMPETENCIES

A set of ICB leadership competencies have been developed to support the appointment to Executive Director roles in the ICB. There are 6 domains:

- Setting strategy and delivering long-term transformation
- Building trusted relationships with partners and communities
- Leading for social justice and health equality
- Driving high quality, sustainable outcomes
- Providing robust governance and assurance
- Creating a compassionate and inclusive culture for our people



Setting strategy and delivering long-term transformation

Under this competency the postholder:

- Is responsible for influencing and contributing to the ICB plans and wider system strategies of the ICS, with the aim of driving innovation in clinical outcomes, reducing health inequalities and achieving better life outcomes across the ICS. This will include creating and influencing leadership relationships and wide scale system change to ensure that the ICB acts as an enabler to harness system development opportunities to improve the population health of the ICS.
- As a professional clinical and multi-professional system leader, provide leadership across organisational and professional boundaries and pathways to facilitate transformational change for the ICS population.
- Will ensure that the ICB influences and seeks input from wider ICS system leaders including provider collaboratives, place, public health, local government, voluntary and community sector, other partners and local people to make real transformational differences for the population through local, regional and national forums.
- Will support the production and delivery of a five-year ICB plan with the key aim to improve clinical outcomes, better life outcomes and reduce health inequalities, working with the CEO, other board members, partners across the ICS and the local community. Accountable for the supporting clinical strategy, including interpretation and implementation of the NHS Long Term Plan, NICE quality standards and other national strategic priorities.
- Is responsible (along with the Chief Nursing Officer and wider ICB/ICS colleagues) for developing the necessary multi-disciplinary clinical and care professional leadership required to deliver this strategy, including leading and influencing the development of a diverse group of clinical leaders to enhance the opportunities for collaboration across the ICS.
- Will ensure that there are effective mechanisms for anticipating, identifying, and responding to key clinical risks that could impact on the successful delivery of the strategy. This will include engaging with system leaders from across the ICS to drive research, innovation, quality improvement, patient safety and population health outcomes from a risk-based approach across the ICS footprint.
- Will promote research and innovation to support the development and delivery of the ICB strategy and share learning to inform approaches to population health management and health improvement across the country through engagement with regional and national colleagues as part of wider integrated care networking opportunities.

Building trusted relationships with partners and communities

- Success in this role is dependent on having strong relationships with local patient communities, their representatives, ICS partners and specifically clinical and care professional leaders across health and social care at all levels of the system.
- The Chief Medical Officer will promote and facilitate collective responsibility for improving whole pathways and removing organisational barriers to accessing health and care services. Negotiating with and influencing board level system leaders across health and care as well as with wider ICS partners will be a key responsibility of this role to ensure that progressive transformational change can be achieved which meets the population needs of the ICB.
- Leading for social justice and health equality
- Reducing health inequalities is a core objective of the ICB and the Chief Medical Officer will foster a culture in which equality, diversity, inclusion and allyship are actively promoted across the ICS.
- The postholder will drive innovative, clinically evidenced change on behalf of the ICB, focusing on ensuring that inequalities across the system are addressed and you will promote and enhance strategic approaches to further developing personalised care locally so that the ICB achieves the best possible health and care for its communities.

Driving high quality, sustainable outcomes

Under this competency the postholder will:

- Take a lead role on behalf of the ICB and where required on behalf of NHS England to ensure that there are appropriate and effective clinical monitoring and performance arrangements in place to ensure the ICS has robust quality and safety of clinical care outcomes through insight, involvement and improvement which meet the needs of its population.
- As a clinical system leader, acting as a catalyst and advocate, responsible for ensuring that there is a collective accountability for high standards of clinical care across the ICS. Positively engage with key system leaders to lead professional collective ICS leadership for the medical profession and wider professions. Take the role of a system leader to promote and lead clinical quality data driven improvements which have a direct impact on the population health needs of the ICB.
- Support wider executive colleagues in influencing strategic change and collaborative initiatives which have a direct impact on population health outcomes including key matters such as future workforce supply, quality and safety initiatives and system wide joint working at a strategic board level with system partners.
- Work with other ICB executive colleagues to oversee the quality of all health services delivered in the ICS area, including implementing a safer and just culture, safer systems, and safer care. Ensure there is clinical input, including robust and considered challenge, into ICB decision-making at all levels.
- Promote patient and public involvement in service design and decision-making and champion the delivery of personalised care in all clinical practice.
- Promote continuous quality improvement through learning, improvement methodologies, research, innovation, and data driven improvement initiatives both at a strategic and operational level.
- Take action to ensure underperformance in any service commissioned by the ICB is addressed in a timely manner, working with the relevant providers and NHS England and NHS Improvement regional team as required.

Providing robust governance and assurance

Under this competency the postholder:

- Will support a strong culture of public accountability, probity, and governance, ensuring that appropriate and compliant structures, systems, and process are in place to minimise risk and promote the freedom to speak up.
- With the Chief Nursing Officer, lead on the identification of performance risks and issues related to the quality and safety of patient care and work with relevant providers and partners to enable solutions, including making recommendations for informal/formal intervention where appropriate.
- Work closely with regional professional standards teams to manage any concerns arising regarding clinical or care professionals working within the ICS area.

Creating a compassionate and inclusive culture

- Under this competency the postholder will create and promote a culture of inclusive, multi-professional leadership. You will be visible as a collaborative clinical leader and role model, engaging health and care professionals across the whole system in the development and delivery of the ICB plan. This includes:
 - Providing mentoring and support to other clinical and care professional leaders
 - Ensuring that clinical and professional leaders are supported to perform their roles and given opportunities to develop
 - Ensuring that the talent management and development of clinical and care professional leaders is embedded at all levels of the system.

FIT AND PROPER PERSON STANDARD

The postholder will be required to fulfil the criteria of the CQC Fit and Proper Person Standard:

- The individual is of good character
- The individual has the qualifications, competence, skills, and experience which are necessary for the relevant office or position or the work for which they are employed
- The individual is able by reason of their health, after reasonable adjustments are made of properly performing tasks which are intrinsic to the office or position for which they are appointed or to the work for which they are employed

- The individual has not been responsible for, been privy to, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) while carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity

GENERAL DUTIES AND RESPONSIBILITIES

Confidentiality

In the course of their employment the postholder will have access to confidential information relating to the ICB's business, patients, the ICS and its staff. Staff are required to exercise due consideration in the way such information is used and should not act in any way, which might be prejudicial to the organisation's interests. Information which may be included in the category which requires extra consideration covers both access to the general business of the ICB and information regarding individuals. If in any doubt regarding the use of information in the pursuit of your duties staff should seek advice from their Line Manager before communicating such information to any third party.

Confidential information should always be treated according to the ICB's rules on confidentiality. Any inappropriate disclosure may be subject to the ICB's disciplinary procedures.

Raising Concerns

Staff may on occasion have genuine concerns about healthcare matters and consequently the ICB endorses the principle that these must be raised in a responsible and appropriate manner, and if necessary, using the ICB's 'Raising Concerns (Whistleblowing)' policy.

Data Protection

The ICB is registered under the Data Protection Act 1984. The post holder is responsible for ensuring that he/she maintains the integrity and quality of both computerised and manual data. Staff must not at any time use the personal data held by the ICB or ICS for a purpose not described in the Register entry or disclose such data to a third party. If in any doubt regarding activities in connection with the Data Protection Act staff should seek advice from their Line Manager.

Health and Safety

Employees must be aware of the responsibility placed on them under the Health and Safety at Work Act (1974) to maintain a healthy and safe working environment for both staff and visitors. Employees also have a duty to observe obligations under the ICB's Health and Safety policies and to maintain awareness of safe practices and assessment of risk in accordance with the Risk Management Strategy.

Infection Control

ICB staff are responsible for protecting themselves and others against infection risks. All staff regardless of whether clinical or not are expected to comply with current infection control policies and procedures and to report any problems with regard to this to their managers. All staff undertaking patient care activities must attend infection control training and updates as required by the ICB.

Financial Regulations

All staff are responsible for the security of the property of the ICB, avoiding loss or damage of property, and being economical and efficient in the use of resources. Staff should conform to the requirements of the Standing Orders, Standing Financial Instructions or other financial procedures including the Code of Conduct and Accountability and the Fraud and Anti Bribery Policies.

Safeguarding Children & Vulnerable Adults

All staff are required to act in such a way that at all times safeguards the health and wellbeing of children and vulnerable adults. Familiarisation with and adherence to Interagency Safeguarding policies is an essential requirement of all employees, as is participation in related mandatory/statutory training.

Risk Management

Managers are responsible for implementing and monitoring any identified and appropriate risk management control measures within their designated area(s) and scope of responsibility. Responsibilities of staff with regard to risk management are outlined more fully in the Risk Management Strategy. Staff are responsible for ensuring that they are aware of those responsibilities.

The Nolan Principles

The Seven Principles of Public Life (also known as the Nolan Principles) apply to anyone who works as a public office holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office holders are both servants of the public and stewards of public resources. The principles also apply to all those in other sectors delivering public services. The Seven Principles are:

- **Selflessness:** Holders of public office should act solely in terms of the public interest.
- **Integrity:** Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.
- **Objectivity:** Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.
- **Accountability:** Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.
- **Openness:** Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.
- **Honesty:** Holders of public office should be truthful.
- **Leadership:** Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

Acceptance of Gifts and Hospitality

The conduct of staff in the public service should be scrupulously impartial and honest and, in this context, any offers of gifts or hospitality should be discussed with your manager, prior to acceptance.

Equal Opportunities

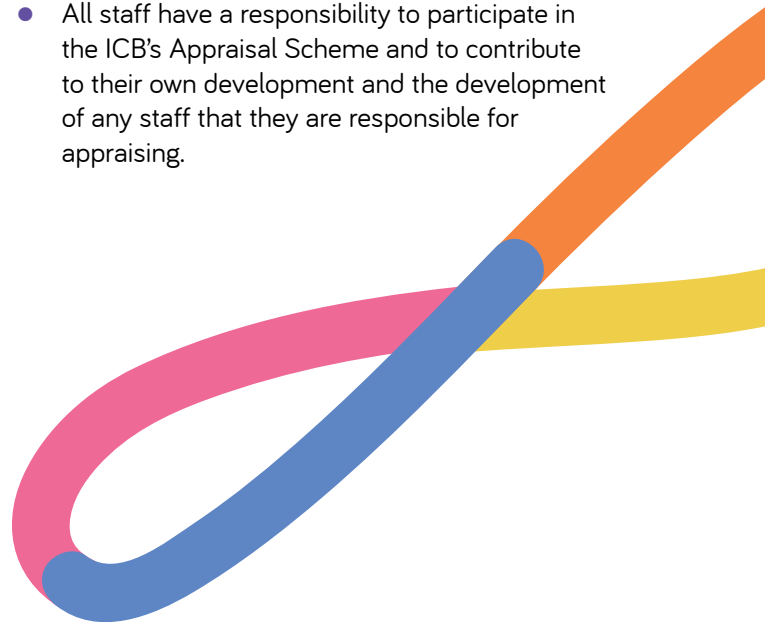
The post holder must at all times carry out his/her responsibilities with due regard to the ICB's Equality and Diversity Policy. The ICB is committed to ensuring equality of opportunity for all irrespective of their age, colour, creed, ethnic or national origin, marital status, nationality, physical or mental disability, race, religious belief, sex or sexual orientation.

No Smoking

Smoking by staff, patients and visitors, will not be permitted anywhere on ICB premises.

General

- The post holder may be required to work at any of the ICB's sites in line with the service needs.
- This job description provides an outline of the tasks, responsibilities and outcomes required of the role. The job holder will undertake any other duties that may be required which are consistent with the grade and responsibility of the post.
- This job description describes responsibilities, as they are currently required. It is anticipated that duties will change over time and the job description may need to be reviewed in the future.
- All staff have a responsibility to participate in the ICB's Appraisal Scheme and to contribute to their own development and the development of any staff that they are responsible for appraising.



Person Specification

In the supporting evidence of your application form, you must demonstrate your experiences by giving specific examples for the criteria within the person specification.

Factors	Description	Essential	Desirable	Assessment
Personal Values	<ul style="list-style-type: none"> Personal commitment to the values of the NHS Long Term Plan, the NHS People Plan, Nolan Principles and the Fit and Proper Persons regime. 	√		A/I
	<ul style="list-style-type: none"> Demonstrates a compassionate leadership style with a track record of improvements to equality, diversity, inclusion, and social justice. 	√		A/I
	<ul style="list-style-type: none"> Lives by the values of openness and integrity and has created cultures where this thrives. 	√		A/I
	<ul style="list-style-type: none"> Committed to continuing professional development. 	√		A/I
Experience	<ul style="list-style-type: none"> Substantial board or system leadership health care experience is essential. 	√		A/I
	<ul style="list-style-type: none"> Substantial experience of providing board level and/or system leadership within a regulatory environment and across complex systems with demonstrable impact. 	√		A/I
	<ul style="list-style-type: none"> Experience of managing highly sensitive situations with patients, families, or carers and/or with wider advocating agencies. 	√		A/I
	<ul style="list-style-type: none"> Experience of managing relationships with the media and political stakeholders. 	√		A/I
	<ul style="list-style-type: none"> Experience of providing clinical leadership, mentorship, and professional development at a very senior level with demonstrable outcomes. 	√		A/I
	<ul style="list-style-type: none"> Experience of leading highly complex and contentious quality improvement/clinical change and digital transformation at significant scale. 	√		A/I
Knowledge	<ul style="list-style-type: none"> Extensive knowledge of the health, care and local government landscape and an understanding of the social determinants of public health. 	√		A/I
	<ul style="list-style-type: none"> Current evidence and thinking on practices which reduce health inequality, improve patient access, safety and ensure organisations are Well-Led. 	√		A/I
	<ul style="list-style-type: none"> Sound knowledge of health and care financial planning and budgeting at a corporate and/or system level. 	√		A/I
Skills	<ul style="list-style-type: none"> Exceptional communication skills which engender community confidence, strong collaborations, and partnership 	√		A/I
	<ul style="list-style-type: none"> Strong critical thinking and strategic problem solving; the ability to contribute to a joint strategic plan and undertake problem resolution and action. Analytical rigour and numeracy 	√		A/I
	<ul style="list-style-type: none"> Highly sophisticated leadership and influencing skills; building compassionate cultures where individuals and teams thrive at organisation, partnership, and system levels. 	√		A/I
Qualifications	<ul style="list-style-type: none"> Be a registered medical practitioner with the regulatory body (GMC). 	√		A/I/C

*Assessment will take place with reference to the following information:

A=Application form; I=Interview; T=Test; C=Certificate

How to Apply

The closing date for applications is **13 February 2022**.

Applications should be made by submitting a full and updated CV, with a covering letter of no more than two sides of A4. Your supporting statement should give evidence of how you meet the requirements of the person specification relating to the role.

Along with your application, please include:

- Contact details for up to four referees (who will not be contacted without your permission)
- A contact email address and telephone number
- Information on current salary and notice period
- A completed **Equal Opportunities Monitoring Form** and **Fit and Proper Person Monitoring Form**.

All applications should be sent to: applications@hunter-healthcare.com. All applications will be acknowledged.

For an informal conversation about the post, please contact Brendan Davies at our recruitment partners, Hunter Healthcare on: bdavies@hunter-healthcare.com or phone: 07585356985

Key Dates

Closing date	13 February 2022
Interview panel	23 March 2022





South West London

Health & Care
Partnership



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