



**North East London
Health & Care
Partnership**



North East London



Chief Strategy Officer

Candidate Information Pack

September 2026



Welcome from our Chair and Chief Executive

Thank you for your interest in joining NHS North East London as our Chief Strategy Officer.

This is an important time for health and care in north east London. We serve more than 2.4 million people across seven London boroughs and the City of London – a young, diverse and growing population, but one where significant and persistent health inequalities remain. We have enormous strengths within our communities and across our health and care system, and an equally significant opportunity to improve outcomes for the people we serve.

As the NHS changes, so too must our role. We are developing as a more strategic commissioner: increasingly focused on understanding the needs of our population, using evidence and insight to determine priorities, and working with partners to make the best possible use of our collective resources. Our ambition is to translate strategy into meaningful change for our communities, with a particular focus on the three major shifts towards community-based care, prevention and digital healthcare.

The Chief Strategy Officer will be central to this work. This is a broad and influential executive leadership role, bringing together strategy, population health, data and intelligence, digital and infrastructure, alongside significant strategic commissioning responsibilities. You will help us develop a deeper understanding of our population and how its needs will change, ensuring that evidence, insight and the voices of local people shape the decisions we make and the resources we deploy.

Just as importantly, this is a system leadership role. North east London is built on partnership. Our local authorities, NHS providers, primary care, voluntary and community organisations and our residents all bring different perspectives and strengths.

No single organisation can deliver the change we need alone. We are therefore looking for someone who can build trust, work across organisational and professional boundaries and bring people together around a shared ambition for our population.

We want an established and credible senior leader who combines strategic thinking with the ability to turn ambition into action. You will need to be comfortable with complexity, intellectually curious and able to use data and evidence rigorously, while remaining grounded in the experiences of our communities. You will also share our commitment to inclusive and compassionate leadership and to addressing inequality in everything we do.

For the right person, this is an opportunity to help shape not simply the future of NHS North East London, but the future direction of one of England's largest and most diverse health and care systems.

We hope this pack gives you a sense of our ambitions, the scale of the opportunity and the leadership we are looking for. If our purpose and ambitions resonate with you, we would be delighted to hear from you.

For an exploratory conversation about the role, please contact Finn McNulty at our recruitment partners, Hunter Healthcare by email: fmcnulty@hunter-healthcare.com or phone: **07966 006091**



Dame Marie Gabriel CBE
Chair
NHS North East London



Dr Nnenna Osuji
Chief Executive
NHS North East London

About us

North East London (NEL) is a diverse and vibrant area, with a rapidly growing population of more than two million people. It covers the City of London and the London boroughs of Hackney, Tower Hamlets, Newham, Waltham Forest, Redbridge, Barking and Dagenham, and Havering.

These form our seven place-based partnerships where our integration and tackling of health inequalities are focused. In addition we have four provider collaboratives across the acute sector (Barts Health, BHRUT and Homerton), mental health (NELFT and ELFT), community care (NELFT, Homerton and ELFT) and Primary Care (General Practice, Dentistry, Optometry, and Pharmacy). Additionally, our umbrella voluntary sector and our Healthwatch organisations have been supported and resourced to form their own NEL collaborations.

Our communities are diverse and aspirational but there are many challenges for health and care as we work to address historic health inequalities and respond to a growing population and changing landscape. We are committed to continuous improvement and innovation, meaningful co-production and resident participation and to ensuring the best possible outcomes for our residents and staff.

We are exceedingly ambitious and actively draw on best practice locally, nationally and internationally, clear that we are moving beyond performance management to maximising value and harnessing our individual capabilities for the mutual benefit of our residents.

Our strategy is shaped by resident-led success measures and the Good Care Framework. It focuses on delivering three key national priorities:

- Moving care from hospitals into community settings
- Expanding digital healthcare and reducing reliance on analogue systems
- Shifting from treatment to prevention to improve long-term health outcomes

Through this approach, we aim to create a more accessible, equitable and sustainable health and care system for all residents in north east London.

To learn more please visit:

- northeastlondon.icb.nhs.uk
- [NEL System Strategy](#)
- [NEL Strategic Commissioning Plan](#)
- [NEL People & Culture Strategy 2024–28](#)

OUR HOSPITALS



Our population

North East London is one of the largest and most diverse health and care systems in England, serving more than 2.4 million people across seven London boroughs and the City of London.

Our population is young, diverse and growing, with further growth of around 13% anticipated over the next decade. The wider health and care workforce comprises more than 130,000 people, while NHS North East London is responsible for commissioning the majority of NHS services for our communities and managing a healthcare budget of nearly £4 billion.

This is a significant period of change for NHS North East London. As the ICB evolves towards its role as a strategic commissioner, our refreshed System Strategy and Strategic Commissioning Plan provide the framework for improving population health, reducing inequalities and creating a more sustainable health and care system.

Central to this are the three national shifts: from hospital to community, from sickness to prevention and from analogue to digital.

North East London combines considerable strengths with significant inequalities. More than one in four residents live in areas ranked among the 20% most deprived in England, while our communities are among the most ethnically and culturally diverse in the country. This creates both an imperative and an opportunity to use population insight, strategic commissioning and partnership working to allocate resources differently and improve equity of access, experience and outcomes.

We also have some very specific health challenges. More North East London babies are born with low birth weight and the uptake of childhood vaccinations are lower than the national and London average. For adults some of our levels of poor mental health are the highest in the country; we have a higher percentage who are physically inactive while one in four adults have a long-term health condition.



OUR COMMUNITY IS OUR STRONGEST ASSET

Delivering good care depends on robust partnerships across North East London. We work collaboratively with local authorities, NHS bodies, community organisations and local residents, fostering a culture of high trust. This collective approach allows us to unite in meeting the needs of our communities.

Maintaining a strong and engaged system across North East London is crucial for achieving our long-term objectives. Through effective partnerships, we are able to adapt and respond to the system's priorities collectively, recognising the unique contributions of each partner and the strength of working together to overcome shared challenges.

Building community resilience is key to delivering our strategy. Our communities have the potential to lead the improvements in preventing illness, improving health and reducing inequalities. We will work with them and use all our resources to build on the assets of individuals, families and communities:

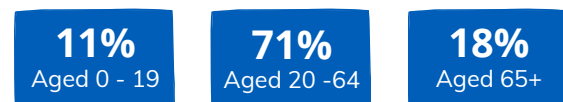
- **The people of North East London** – over two million people bringing vibrancy and diversity, sharing what is important to them, co-producing services, delivering solutions and taking greater control over their own health and well-being.
- **Neighbourhoods** – the development of neighbourhoods, across NEL, familiar to the communities they serve, strongly rooted in local communities, enabling local capacity and connection.
- **Voluntary, Community, Faith and Social Enterprise organisations** – thousands of community organisations, engaging with local people, directly delivering services.
- **Primary care** – Our GP practices, community pharmacies, dental practices and optometrists key to meeting the changing needs of our communities.
- **Our workforce** – one of the largest collective employers in North East London, with over 130,000 people working locally in health and care.



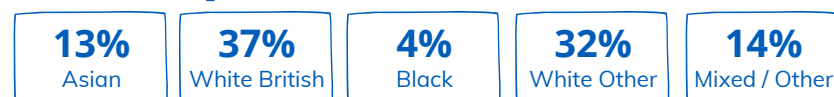
City of London

At a glance

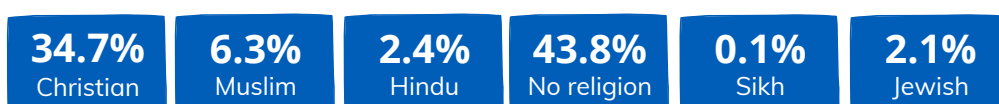
8,600 people living in the City of London



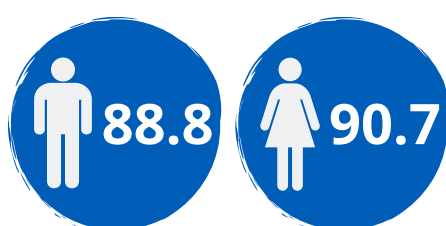
Ethnicity



Religion



Life expectancy



Employed

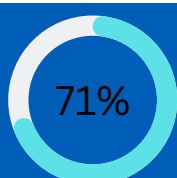
98.74%

population over the
age of 16 with
employment

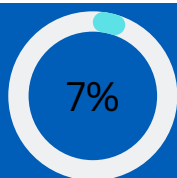
Area

1

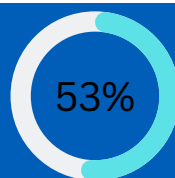
only one square mile



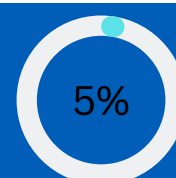
people aged 20-64 in
employment



of children under 18 live in
low income households



private and social rented
tenures



estimated growth by
2032

Place based partnership priorities

- Mental health
- Children and young people
- Housing and overcrowding
- Work and employability

Key Challenges

- Homelessness
- Employment
- Childhood obesity
- Diabetes
- Dementia
- MMR vaccine uptake
- Cancer screening
- Poverty/cost of living crisis

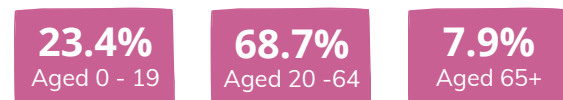
Most prevalent long term conditions

- Hypertension (11.7%)
- Diabetes (9%)
- Asthma (5.1%)
- Chronic kidney disease (2.5%)
- Coronary heart disease (2.3%)

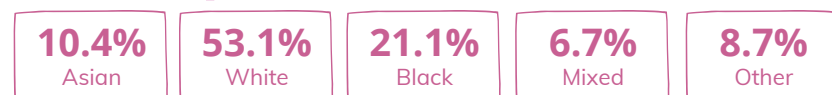
Borough of Hackney

At a glance

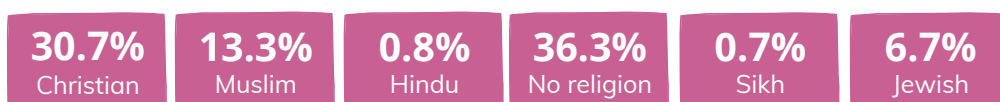
259,146 people living in Hackney



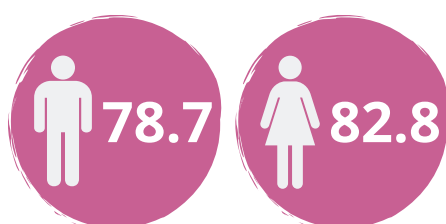
Ethnicity



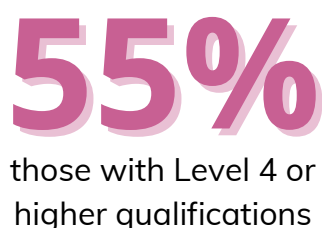
Religion



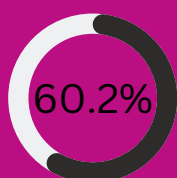
Life expectancy



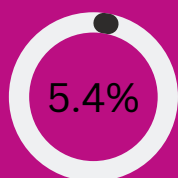
University degrees



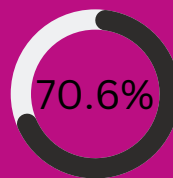
Hackney - Deprivation



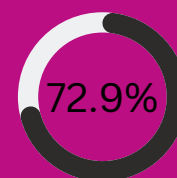
those never married



unemployed



adults in full-time employment



people live in rented housing

Place-based partnership priorities

- Mental health
- Increasing social connection
- Greater financial security
- Reducing poverty

Community-centred approach

- Strengthening communities
- Creating, supporting and working with volunteer and peer roles
- Accessing community resources
- Collaboration

Partnerships formed with:

- local NHS and care services
- Hackney Council
- the voluntary & community sector
- Healthwatch
- organisation in the borough that work with health and wellbeing

<https://bhrjsna.communityinsight.org/dashboard/>
<https://www.redbridge.gov.uk/health-and-wellbeing/public-health-strategies-and-policies/>
<https://consultation.hackney.gov.uk/>

Version 1 April 2023

Waltham Forest

At a glance

278,400 people  **Up 8%**
in the last decade



20.2%
Aged 0 - 15

69.9%
Aged 16 -64

10.2%
Aged 65+

Ethnicity

52.8%
White British

19.9%
Asian

16.7%
White other

15%
Black

6.5%
Mixed

Religion

39%
Christian

27.9%
No religion

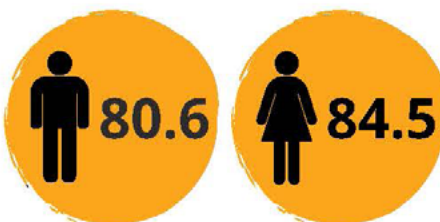
21.6%
Muslim

1.9%
Hindu

0.5%
Sikh

0.5%
Jewish

Life expectancy



Top ten languages

1. English
2. Polish
3. Urdu
4. Romanian
5. Turkish
6. Lithuanian
7. Punjabi
8. Tamil
9. Bengali
10. French

Deprivation

Areas with most deprivation

Cann Hall
Lea Bridge
Leyton
Markhouse
Higham Hill



people aged 16-74 are in employment



people have no qualifications



children aged 0-19 are in relatively low income families



people live in rented housing

Place based partnership priorities

- Avoiding hospital admissions
- Ensuring safe, timely hospital discharges
- Children and young people
- Mental health
- Learning disabilities

Key challenges

- Health inequalities
- Childhood obesity
- Access to primary care
- Redevelopment of Whipps Cross
- Cancer screening
- Diabetes screening
- Cardiovascular diseases

Most prevalent long term conditions

- Obesity (14.9%)
- Hypertension (11%)
- Diabetes (7.9%)
- Depression (7.2%)
- Asthma (4.8%)

<https://www.nomisweb.co.uk/reports/localarea>
<https://fingertips.phe.org.uk/PublicHealthOutcomes>
<https://www.lbdd.gov.uk/statistics-and-data>

<https://www.walthamforest.gov.uk/>

May 2023

Redbridge

At a glance

310,300 people living in Redbridge

22%
Aged 0 - 15

65.8%
Aged 16 - 64

12.2%
Aged 65+

Ethnicity

47.3%
Asian

34.8%
White

8.4%
Black

4.1%
Mixed

5.4%
Other



Religion

30.4%
Christian

31.3%
Muslim

11.1%
Hindu

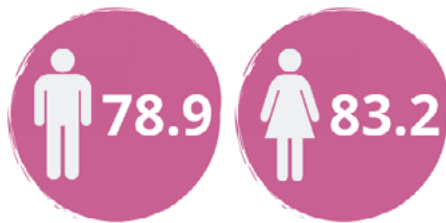
12.6%
No religion

5.7%
Sikh

2.1%
Jewish

0.5%
Buddhist

Life expectancy



Top ten languages

1. English
2. Romanian
3. Bengali
4. Panjabi
5. Urdu
6. Tamil
7. Gujarati
8. Lithuanian
9. Bulgarian
10. Polish

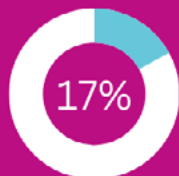
Deprivation

Areas with most deprivation

Loxford
Hainault
Ilford Town
Clementswood
Goodmayes



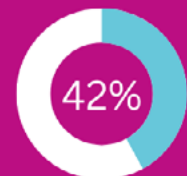
people aged 16-64 in employment



people aged 16-64 who have no qualifications



children aged 0-19 are in relative low-income families



people live in rented housing

Place based partnership priorities

- Mental health
- Children and young people
- Housing and overcrowding
- Work and employability

Key Challenges

- Housing/homelessness
- Employment
- Childhood obesity
- Diabetes
- Dementia
- MMR vaccine uptake
- Cancer screening
- Poverty/cost of living crisis

Most prevalent long term conditions

- Hypertension (11.4%)
- Diabetes (7.3%)
- Asthma (4.4%)
- Obesity (3.4%)
- Coronary heart disease (2.1%)
- Chronic kidney disease (2.1%)
- Cancer (1.8%)

*Data from Long Term Condition Power BI tool (Discovery database) March 2023

Sources of data:
OCSJ PHOF IMD 2019
NOMIS GLA APS Census 21 London Datastore

Version 2. March 2023

Havering

At a glance

262,052 people living in Havering



20%
Aged 0 - 15

62.4%
Aged 16 -64

17.6%
Aged 65+

Ethnicity

75.3%
White

10.7%
Asian

8.2%
Black

3.7%
Mixed

2%
Other

Religion

52%
Christian

31%
No religion

6.2%
Muslim

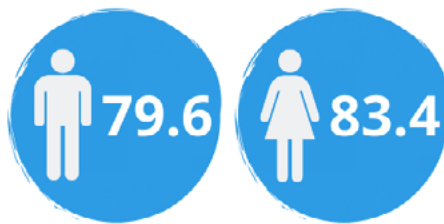
2.5%
Hindu

1.7%
Sikh

0.5%
Jewish

0.4%
Buddhist

Life expectancy



Top ten languages

1. English
2. Romanian
3. Lithuanian
4. Panjabi
5. Polish
6. Bengali
7. Urdu
8. Bulgarian
9. Portuguese
10. Russian

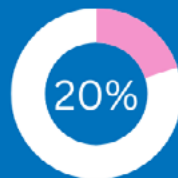
Deprivation

Wards with highest % of households experiencing at least one dimension of deprivation:

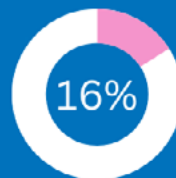
Heaton
Gooshays
Beam Park
Rainham & Wennington



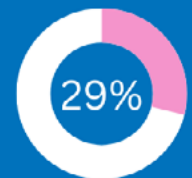
people aged 16-74 are in employment



people have no qualifications



children aged 0-16 are in relative low-income families



people live in rented housing

Place based partnership priorities

- Health inequalities
- Cost of Living
- Community connections
- Learning disability and autism
- Staying well at home
- Start well/Live well/Age well

Key Challenges

- Obesity
- Homelessness
- Dementia
- Support for older people
- Screening uptake
- Vaccination uptake

Most prevalent long term conditions

- Hypertension (14%)
- Diabetes (6.4%)
- Asthma (4.7%)
- Chronic kidney disease (3.1%)
- Cancer (3.1%)
- Obesity (2.9%)
- Coronary heart disease (2.3%)

*Data from Long Term Condition Power BI tool (Discovery database) March 2023

<https://bhrsna.communityinsight.org/dashboard/>
<https://www.haveringdata.net>
<https://fingertips.phe.org.uk>

2021 census results

Version 2. March 2023

Barking & Dagenham

At a glance

218,900 people living in Barking & Dagenham



26.1%

Aged 0 - 15

65.2%

Aged 16 -64

8.7%

Aged 65+

Ethnicity

44.9%

White

25.9%

Asian

21.4%

Black

4.3%

Mixed

3.6%

Other

Religion

45.4%

Christian

24.4%

Muslim

18.8%

No religion

3%

Hindu

2.0%

Sikh

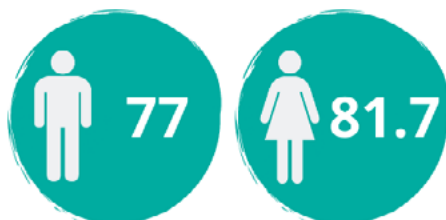
0.4%

Buddhist

0.1%

Jewish

Life expectancy



Top ten languages

1. English
2. Romanian
3. Bengali
4. Lithuanian
5. Urdu
6. Panjabi
7. Bulgarian
8. Portuguese
9. Polish
10. Albanian

Deprivation

Areas with most deprivation

**Gascoigne
Heath
Thames
Village
Mayesbrook**



people aged 16-74 are in employment



people have no qualifications



children aged 0-16 are in relative low-income families



people live in rented housing

Place based partnership priorities

- Reducing health inequalities
- Building community resilience
- Giving children the best start
- Improving mental health
- Population health management
- Report to post COVID pressures and population growth

Key challenges

- Population growth
- Cost of living crisis and debt
- CYP mental health and gang related youth violence
- Social isolation
- Increase in obesity/low activity
- Generational unemployment

Most prevalent long term conditions

- Hypertension (11.5%)
- Diabetes (6.9%)
- Obesity (4.7%)
- Asthma (3.9%)
- Chronic kidney disease (2.1%)
- Coronary heart disease (1.6%)
- Cancer (1.5%)

*Data from Long Term Condition Power BI tool (Discovery database) March 2023

<https://fingertips.phe.org.uk/PublicHealthOutcomes> 2021 census results
<https://www.lbbd.gov.uk/statistics-and-data>
 Office for National Statistics

Version 2, March 2023

Newham

At a glance

351,100 people  Up 14%
in the last decade

21.3%

Aged 0 - 15

71.6%

Aged 16 - 64

7.1%

Aged 65+



Ethnicity

42.2%

Asian

17.5%

Black

16%

White other

14.8%

White British

4.7%

Mixed

Religion

35.5%

Christian

34.8%

Muslim

14.5%

No Religion

6.1%

Hindu

1.6%

Sikh

Life expectancy



Top ten languages

1. English
2. Bengali
3. Romanian
4. Urdu
5. Gujarati
6. Portuguese
7. Tamil
8. Lithuanian
9. Spanish
10. Bulgarian

Deprivation

Areas with most deprivation

Custom House

Beckton

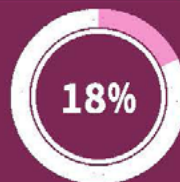
Canning Town South



people aged 16-64 are in
employment



people have no
qualifications



children aged 0-19 are in
relatively low income families



people live in rented
housing

Place based partnership priorities

- Living well
- Growing well
- Promoting independence

Key challenges

- Health inequalities
- Primary care access
- Mental health
- Cancer and screening
- Childhood obesity
- Cardiovascular disease

Most prevalent long term conditions

- Diabetes (11%)
- Hypertension (10.6%)
- Obesity (10%)

<https://www.ons.gov.uk/>
<https://www.newham.info/>
<https://fingertips.phe.org.uk>

May 2023

Tower Hamlets

At a glance

310,300 people  **Up 22%**
in the last decade

17.5%
Aged 0 - 15

76.9%
Aged 16 -64

5.6%
Aged 65+



Ethnicity

44.4%
Asian

39.4%
White British

7.3%
Black

5%
Mixed

3.9%
Other Ethnic

Religion

39.9%
Muslim

22.3%
Christian

26.6%
No religion

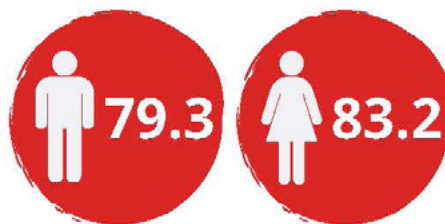
2%
Hindu

1%
Buddhist

0.4%
Jewish

0.3%
Sikh

Life expectancy



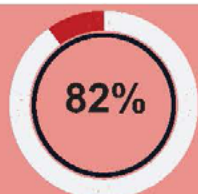
Top ten languages

1. English
2. Bengali
3. Chinese
4. French
5. Spanish
6. Italian
7. Somali
8. Polish
9. Portuguese
10. German

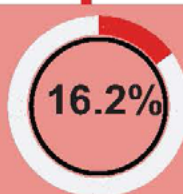
Deprivation

Areas with most deprivation

Lansbury
Bromley South
Mile End
Bromley North



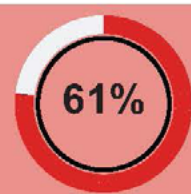
people aged 16-74 in
employment



people have no qualifications



children aged 0-16 are in
relatively low income families



people live in rented
housing

Place based partnership priorities

- Children and Families Executive
- Living Well
- Promoting Independence
- Mental Health Partnership Board

Key challenges

- Childhood obesity
- Diabetes
- Cardiovascular disease
- Smoking
- STIs
- Cancer & screening
- Poverty/cost of living crisis
- TB

Most prevalent long term conditions

- Obesity (19%)
- Diabetes (6.7%)
- Hypertension (7.1%)
- Asthma (4.5%)
- Chronic kidney disease (2.6%)
- Coronary heart disease (1.5%)

Job description

Band:	VSM
Team:	Strategy and Population Health; Digital
Department:	Strategy and Population Health; Digital
Responsible to:	Chief Executive
Location:	Usual office base: Canary Wharf but expected to visit other system sites.

PURPOSE OF THE ROLE

The Chief Strategy Officer (CSO) will lead on all aspects of strategy for the North East London ICB, ensuring that commissioning activity, including frameworks, plans and associated work, is supported with high-quality data, evidence and insight including from local people.

They will be responsible for delivering the frameworks and strategies for long-term planning (including embedding the wider national 10-year plan and leading the ICB's overall contribution to the London strategy) and ensuring core (estate and digital) infrastructure is in place.

They will lead the ongoing development and delivery of strategy for the ICB to ensure that our growing population is able to equitably access health and care support, reducing health inequalities and enhancing the health and well-being of our residents, ensuring that all strategies are co-produced with local people.

They will develop and lead the capability to use data and intelligence (including user feedback, partner insight, outcomes data, public health insight) to develop a deep and dynamic understanding of the North East London population and their needs and how these are likely to change over time, supported by population segmentation and risk stratification.

They will ensure that population health data and systems are built into all commissioning, and, with the Chief Finance and Resources Planning Officer (CFO), develop outcomes-based resource allocation strategies.

The CSO will lead on the system wide commissioning of planned care and specialised services and work with local acute providers to ensure North East London's people can access and experience the same high level of quality wherever they live and whatever their background.

They will be responsible for actively providing actionable insights to inform and evaluate commissioning decisions linked to key metrics within the North East London ICB outcomes and equity framework and will work to make these insights current, accessible and effectively presented at all levels of the system.



KEY ACCOUNTABILITIES

SETTING AND DELIVERING STRATEGY

- Support the Chief Executive in leading the development of system wide strategy to enable North East London to fulfill its vision and mission.
- Lead the integrated strategic planning framework for North East London, ensuring that there is a framework in place to deliver the future healthcare needs of the population.
- Lead the development of the population health framework for North East London, ensuring that there are tools and processes in place to deliver against this.
- Develop and lead the ICB's forecasting and modelling capability to enable it to develop long-term population health plans using epidemiological, actuarial, and economic analysis.
- Work with the wider executive team, both within the ICB and across the system, to form a strategy for a sustainable future ensuring this is shaped by local people in line with our participation strategy and approach.
- Ensure an innovative approach to infrastructure, incorporating new technologies and digital tools at the heart of our infrastructure approach.
- Develop and lead the capability to forecast/ model future demand and the impact of different service changes.
- Convene people, communities and partners to challenge, critique and inform population health plans, demand modelling and cost forecasts.
- Set overall system strategy to inform allocation of resources to maximise improved health and access to high-quality care (safety, effectiveness, user experience), shifting focus from institutions to population outcomes, and targeting health inequalities by improving equity of access, experience and outcomes.
- Determine where change is required, the priority outcomes for improvement and population metrics to track.
- Co-produce strategy with communities, reflecting unmet needs and targeting inequalities.

DELIVERING HIGH QUALITY, SUSTAINABLE OUTCOMES

- Oversee for North East London the delivery of an infrastructure strategy and development of the related portfolio of programmes and projects to ensure the effective delivery of future healthcare needs, integrated care and ensuring this addresses health inequalities. This includes digital and estates infrastructures.
- Act as strategic commissioner for planned care and wider acute care, working across the system to ensure all of North East London's local people can access timely and high quality secondary care services.
- Hold responsibility for overall commissioning of specialised services, working with colleagues to ensure the benefits of delegation to ICBs are realised.
- Work with the providers of secondary and tertiary care, ensuring that they are developing organisational capability to respond to commissioning plans, including through the development and delivery of appropriate strategies.
- Lead the planning and development of the capability for evaluation across all commissioned pathways to inform the commissioning cycle.
- Ensure that there is effective digital leadership of the North East London system of health care providers supporting effective integration of pathways, robust cybersecurity and digital innovation.
- Support the development of the ICS as a learning system, bringing tools and techniques and a culture of continuous improvement.
- Oversee relevant hosted services and other transitional services as required, including IT.

SYSTEM LEADERSHIP AND PARTNERSHIP WORKING

- Act as a system leader, supporting the ICB's aim of delivering improved population health and reduced inequalities by creating effective partnerships and relationships. Provide leadership across organisational and professional boundaries to lead and facilitate transformational change for the ICS population, ensure that the ICB influences and seeks input from the breadth of ICS system leaders.
- Engage in regional fora to support the development of London wide strategies where this supports the delivery of North East London's mission and strategic objectives.
- Support the overall organisational development of the ICB and ICS.
- Develop strong and effective relationships across the system to create an environment of collaboration and high levels of mutual accountability.
- Build effective relationships outside the ICS with other ICSs, regional and national NHS bodies and others as required to most effectively develop a high quality ICB.

CULTURE

- The postholder will create and promote a culture of inclusive, multi-professional leadership in the delivery of the functions of the role, the leadership of their teams and their work with all partners and communities.
- The postholder will lead their teams in a way which develops highly effective matrix working.
- The postholder will be visible as a collaborative and compassionate leader and role model, engaging health and care professionals, partners, patients, service users, carers across the whole system in the development and delivery of the ICB plan.
- The postholder will proactively address all discrimination and inequality going beyond the required meeting of national standards to embrace and develop best practice.
- The postholder will actively sponsor one of the established ICB networks.

VALUE FOR MONEY

- The postholder will ensure that all aspects of the role support the creation of good value for all of the money NEL ICB spends, including through ensuring that appropriate capability is in place to deliver productivity across commissioned pathways, using financial insight and financial incentive frameworks in commissioning activity.

PROVIDING ROBUST GOVERNANCE AND ASSURANCE

- Support a strong culture of public accountability, probity, and governance, ensuring that appropriate, effective, efficient and compliant structures, systems, and process are in place to minimise risk and to support the ICB to work towards its ambition.
- Work with colleagues to ensure appropriate and effective assurance and risk management mechanisms are in place, both within the responsibilities they discharge and by contributing and upholding effective governance as part of the ICB and ICS executive teams.
- The postholder will observe the Nolan Principles of Public Life and actively support a strong culture of public accountability and probity with the ICB, displaying the cultural values of openness, transparency, professionalism, curiosity, fairness, and respect.

GENERAL

- As an executive within the ICS executive team, the postholder will undertake specific projects as directed by the Chief Executive and take on the extended roles, responsibility and joint accountability for delivery of ICS functions as and when required.
- They will also participate in the Gold on-call arrangements and rota in accordance with local, system and regional requirements. In addition, they will actively participate in annual appraisals, setting clear objectives and monitoring progress in conjunction with the ICB Chief Executive.
- The job description is not intended to be exhaustive and it is likely that duties may be altered from time to time in the light of changing circumstances and after consultation with the postholder.

Person specification

EDUCATION/QUALIFICATIONS

- Educated to degree level with a Masters or equivalent qualification or experience
- Evidence of continuing professional and personal development

EXPERIENCE

- Previous experience and evidence of successful strategy development in a complex system environment
- Board director or wider very senior leadership level experience covering different portfolios to include planning in a complex healthcare or care organisation
- Evidence of driving improvement in services and 'customer' care/experience in a complex environment
- Track record operating and influencing at Board level
- Experience of successfully operating in and delivering in a partnership environment and across organisational boundaries
- Experience of successfully driving transformational change across organisational boundaries
- Experience of providing outcome focussed leadership, mentorship and professional development at a very senior level
- Experience of the planning and commissioning requirements for the delivery of planned care services
- Proven experience of working collaboratively with a range of external and public organisations, including local authorities, government agencies, voluntary and independent sector
- Proven and substantial experience of effectively and successfully communicating with a range of people representing a range of organisations and communities

SKILLS

- Able to create / shape an innovative strategic vision
- Proven strategic ability; an agent of change with the ability to enthuse, empower and involve colleagues and partners in shaping and delivering a future vision
- Highly sophisticated leadership skills that can draw on the most appropriate approach for different circumstances, including developing and leading collaboratively, holding others to account for the delivery of required outcomes, dealing with conflict and managing poor behaviours across staff, providers and the wider system
- Ability to inspire and work creatively on solutions to solve organisational and system challenges
- Setting strategy and delivering long-term improvements in outcomes
- 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
- Ability to identify how to develop and deliver a shift in the fundamental allocation of workforce and financial resources to support the shift to a community based health system

KNOWLEDGE

- Extensive knowledge of the health, care and local government landscape and an understanding of the resourcing implications of different commissioning strategies
- A strong understanding of North East London, its opportunities, challenges and diversity
- Strong understanding of all parts of the commissioning process
- Knowledge of health and care financial planning and budgeting and quality management at a board and/or system level
- Knowledge and application of strategies for securing equality, diversity and inclusion, particularly in relation to work with communities, patients, service users and carers
- Knowledge of commissioning and related resource allocation frameworks to achieve best value for money and improved outcomes
- Knowledge of digital systems and opportunities and demonstration of ability to utilise digital solutions to health and care challenges.

How to apply

The closing date for applications is **19 October 2026**.

Applications should include:

- A **covering letter** explaining why the appointment interests you, how you meet the appointment criteria and what you specifically would bring to the post (**ideally no more than two pages**).
- A **Curriculum Vitae (CV, ideally no more than three pages)** with education and professional qualifications and full employment history. Please include daytime and evening telephone contact numbers and email addresses. The CV should include names and contact details of three referees. References will not be taken without your permission.
- You will need the following reference code: **NEL-ICB-CSO-0926**

All applications will be acknowledged.

For an informal conversation about the post please contact Finn McNulty at our recruitment partners, Hunter Healthcare by email: fmcnulty@hunter-healthcare.com or phone: **07966 006091**

[CLICK HERE TO APPLY ONLINE](#) ➔

EVENT	DATE
Application closing date	19 October 2026
Shortlisting	22 October 2026
Interviews	29 October 2026





**North East London
Health & Care
Partnership**



North East London



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