



Primary Care Partner Members
NHS North East London Integrated Care Board
Applicant information pack

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

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

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

1. The opportunity

The North East London (NEL) Integrated Care System, also known as the NEL Health and Care Partnership, is a partnership of health and care organisations, local government, voluntary sector, health and care providers and residents. We exist to improve population health, tackle health inequalities, enhance productivity and help the NHS support broader social and economic development. The NHS NEL Integrated Care Board (the ICB) is a statutory body, responsible for planning and funding most NHS services in the area.

The ICB was formed on 1 July 2022 following the Health and Care Act 2022 and replaced the North East London Clinical Commissioning Group. We are responsible for deciding how the local healthcare budget of nearly £4bn is spent and we do this by working with our local health and care partners. We are looking for two individuals to work with the Chair of the ICB, as a Primary Care Partner Member of the ICB's Board.

The successful individuals will be key members of the ICB and wider Integrated Care System (ICS), including some of its committees and programme/collaborative groups.

The key priorities for the roles will be to work collaboratively to ensure the delivery of NEL-wide improvement to health and care through provider collaboratives and place-based partnerships:

- delivering on national plans and strategies (e.g. the upcoming 10-year plan)
- recovering from the pandemic
- clinical strategy and service changes
- population health – inequalities, prevention, population health management and tackling wider determinants as an anchor system

The ICS needs diverse, inclusive and compassionate leaders who not only reflect the community they serve and the staff employed, but have the leadership style and breadth of perspective to make good collective decisions. There is emphatic evidence that diverse boards make the best decisions and, to assist us in ensuring a diverse Board, we would like to increase its diversity. We are therefore very interested in receiving applications from people with different backgrounds, skills and experience.

2. About us

Overview of NEL

North East London (NEL) is a diverse and vibrant area of London, with a rapidly growing population of over 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.

North East London Health and Care Partnership (our Integrated Care System) brings together NHS organisations, local government, community organisations, health and care providers, patient groups and residents with a commitment to working with and for all the people of north east London, to create meaningful improvements in health, wellbeing and equity.

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 and internationally, and clear that we are moving beyond performance management to maximising value and harnessing our individual capabilities for the mutual benefit of our residents.

As a system partnership we have agreed four key priorities to focus on together:

- Employment and workforce – to work together to create meaningful work opportunities for people in North East London
- Babies, Children and Young People – to make North East London the best place to grow up
- Long Term Conditions – to support everyone living with a long term condition in North East London to live a longer, healthier life
- Mental health – to improve the mental health and wellbeing of the people of North East London

Throughout this the spirit of co-operation and togetherness and the focus on delivery has sustained the system and this is the foundation for how we will:

- Address health and economic inequalities across NEL - Addressing variation in clinical outcomes across NEL, with a focus on tackling health inequalities in the context of rapid population growth and the impact of Covid-19.
- Support our people - who have worked tirelessly during the pandemic and ensuring we deal with the impact of the pandemic on them.
- Build our integrated care system and culture – developing ourselves as partnership teams focused on delivering better outcomes for our local population

3. Our Population

North East London is a diverse, vibrant and thriving part of London. It is rich in history, culture and deep-rooted connections with strong and resilient communities.

However, large proportions of our population live in some of the most deprived areas nationally. NEL has four of the top six most deprived borough populations in London and some of the highest in the country, with Hackney and Barking and Dagenham in the top 25 of 377 local authorities.

By deprivation quintile, Barking and Dagenham (54%), City and Hackney (40%), Newham (25%) and Tower Hamlets (29%) have between a quarter and more than half of their populations living in the most deprived 20% of areas in England.

We are the most diverse integrated care system in the country: 53% of our community is Black, Asian and Minority Ethnic and we are the fastest growing. We grew by 500,000 in 2020-21 and is predicted to grow by another 18% by 2041. We have one of the youngest populations too, which means we have the potential for a higher proportion of residents being of working age.

We also have some very specific health challenges. More NEL 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.

4. Specific requirements for primary care member candidates

As required by the legislation, candidates will be jointly nominated by providers of primary medical services (PMS) for the purposes of the health service within the ICB's area and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

The process and the requirements for the ICB's Partner Member roles are described at section 3.7 of the ICB's [constitution](#), and in [national guidance](#).

As the national guidance requires, the Partner Member should *"bring the perspective of general practice and an understanding of wider primary care, including PCNs and primary dental, community pharmacy and optometry providers."*

In accordance with the ICB's Constitution, the individual must:

- not hold any other senior clinical leadership role in the ICB that would compromise the candidate's ability to carry out the role;
- have sufficient senior experience at board level or experience leading collaborative programmes (for example, gained from working within an NHS or VCSE organisation or a local authority);
- shall not be disqualified by the criteria at section 3.2 of the ICB's constitution.

They must be able to provide the ICB with knowledge and experience of the primary medical services sector, and an understanding of wider primary care sectors (dental, ophthalmic and pharmaceutical services sectors). While they will be expected to bring knowledge and experience of their sector and will contribute the perspective of these sectors to the decisions of the ICB, Partner Members are to act on behalf of the entire NEL population and not as delegates of their sectors. Primary Care Partner Members are equal and accountable members of the unitary Board of the ICB.

They must be a practicing provider of primary medical services and registered with the appropriate regulatory body, as applicable.

They will need to:

- Have clinical and board level leadership experience or experience leading collaborative programmes – likely to mean at least three years' post qualification clinical practice.
- Demonstrate commitment to the working collaboratively with NHS and care partners.
- Have the confidence of clinical peers and think outside personal professional boundaries.
- Be able to take a balanced view of the clinical and management agenda and draw on their specialist skills to add value.
- Be able to contribute a generic view from the perspective of primary care, whilst putting aside specific issues relating to their own practice and place.
- Have the ability to think innovatively and generate new ideas.
- Demonstrate the ability to understand financial and performance data, and challenge appropriately.
- Be an effective communicator – able to influence and persuade others.
- Be committed to working flexibly and within a fast-changing environment.
- Display the values of honesty and integrity and respect confidentiality.
- Display and ensure that the organisation values diversity and promotes equality.

Qualifying primary medical services candidates shall either self-nominate or nominate another eligible primary medical services candidate to the ICB's Head of Governance. These nominations must be supported by a proposer and seconder (each from different practices) from within the PMS provider community in the ICB area.

5. Role priorities and accountabilities

Priorities

The partner members will:

- Work collaboratively to shape the long-term, viable plan for the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money.
- Play their part as a member of the unitary Board, ensuring that the Board is effective in all aspects of its role and appropriately focused on the four core purposes of 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.
- Be champions of new governance arrangements (including with the NEL Integrated Care Partnership), collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.
- Support the Chair and the wider Board on issues that impact organisations and workforce across the ICS, such as integration, the people agenda, digital transformation and emergency preparedness, resilience and response (EPRR)
- Play a key role in statutory arrangements for the ICS to ensure that the ICB meets its statutory duties, building strong partnerships and governance arrangements with system partners, including the ability to take on commissioning functions from NHS England (including primary care functions).

Accountabilities

The partner members:

- Are accountable to the ICB Chair.
- Have a collective responsibility with the other members of the ICB to ensure corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and its financial obligations are met.
- Have a responsibility to act in the interests of the whole population covered by the ICB rather than furthering their organisational and area interests.
- Have a responsibility to ensure that any conflicts of interests are declared and managed robustly.

6. Role responsibilities and competencies

You will work alongside the Chair, non-executives, executive directors and other board members and as equal members of a unitary board. You will be responsible for:

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

Personally, you will bring a range of professional expertise and experience to the work of the Board. We are interested in your professional and life experience, and personal motivations that will add valuable personal insights, such as being a patient, carer or service user and experience, relevant to our diverse communities where over 53% are from a Black, Asian or minority ethnic background.

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

Strategy and transformation

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

Partnerships and communities

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

Social justice and health equalities

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

Sustainable outcomes

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

Governance and assurance

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

People and culture

- Ensuring your own personal development and supporting the individual and collective development of the board to maximise effectiveness.
- Providing visible leadership in developing a healthy and inclusive culture for the organisation, which promotes diversity, encourages and enables system working and which is reflected and modelled in their own and the Board's behaviour and decision-making.
- Ensuring the Board acts in accordance with the highest ethical standards of public service and that any conflicts are appropriately resolved.

7. Partner member: person specification

Core Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation	<ul style="list-style-type: none"> • Knowledge of health, care, local government landscape and/ or the voluntary sector • A capacity to thrive in a complex and politically charged environment of change and uncertainty • Experience leading change at a senior level to bring together disparate stakeholder interests
Building trusted relationships with partners and communities	<ul style="list-style-type: none"> • An understanding of different sectors, groups, networks and the needs of diverse populations • Exceptional communication skills and comfortable presenting in a variety of contexts • Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate • Experience working collaboratively across agency and professional boundaries
Leading for Social Justice and health equality	<ul style="list-style-type: none"> • An awareness and appreciation of social justice and how it might apply within an ICS • Record of promoting equality, diversity and inclusion in leadership roles • Life experience and personal motivation that will add valuable personal insights
Driving high quality, sustainable outcomes	<ul style="list-style-type: none"> • Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions
Providing robust governance and	<ul style="list-style-type: none"> • An understanding of good corporate governance • Ability to remain neutral to provide independent and unbiased leadership with a high degree of personal integrity • Experience contributing effectively in complex professional meetings at a very senior level
Creating a compassionate and inclusive culture for our people	<ul style="list-style-type: none"> • Models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff • Creates and lives the values of openness and transparency embodied by the principles-of-public-life and in Our People Promise

NHS board members have both an individual and collective role in shaping the vision, strategy and culture of a system or organisation, and supporting high-quality, personalised and equitable care for all now and into the future.

The NHS [Leadership and Competency Framework](#) and its six competency domains provide a guide for the development of members on NHS boards. Achievement against the competency domains also supports the Fit and Proper Person assessment for individual board members.

8. Terms of appointment

You will have some flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum 2 - 3 days a month, including preparation time, Board and Committee meetings, the occasional evening engagement and events designed to support your continuous development.

The normal term of office for a partner member will usually be three years and in accordance with the letter of appointment to the role. This will be subject to change if there are changes to the ICB Constitution or Operating Model. After this time further nominations will be sought, and an appointment will be made, in accordance with the process as set out in the constitution. An individual will only be eligible for further nomination and reappointment if they continue to meet the relevant criteria.

All NHS board members are required to comply with the Nolan Principles of Public Life and you will need to be able to demonstrate that you meet the requirements of the fit and proper person test and that you have no actual or potential conflicts of interests that would interfere with your ability to be independent and offer an impartial perspective. In accordance with the legislation, a candidate will be ineligible for membership of the Board if it is considered that the appointment could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

National Guidance on the management of conflicts of interest in the NHS is available here: [NHS England » Managing conflicts of interest in the NHS: guidance for staff and organisations](#).

Given the significant public profile and responsibility members of NHS boards hold, it is vital that those appointed inspire confidence of the public, patients and NHS staff at all times. We will undertake a number of specific background checks to ensure that those we appoint are "fit and proper" people to hold these important roles. More information can be found on our website and in NHS England's guidance: [NHS England » NHS England fit and proper person test framework for board members](#)

Applications will be assessed on merit, as part of a fair and open process, from the widest possible pool of candidates. The information provided by applicants will be relied on to assess whether sufficient personal responsibility and competence have been demonstrated in previous/other roles, to satisfy the experience, skills and values being sought. We value and promote diversity and are committed to equality of opportunity for all. We believe that the best boards are those that reflect the communities they serve.

Primary care partner members/their practice will be compensated for their time in accordance with the standard allowance for clinical leads – the maximum allowance will be £19,938 per annum.

Applicants should not hold any other senior clinical leadership role in the ICB that would compromise the candidate's ability to carry out the role and have sufficient senior experience at board level or experience leading collaborative programmes (for example, gained from working within an NHS or VCSE organisation or a local authority).

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

- 50% of the working age population and 77% of the NHS workforce are women
- 14% of the working age population and 23% of the NHS workforce are from ethnic minorities
- 16% of working age population and 5% of the NHS workforce are disabled
- 2% of the population over 16 and 3% of the NHS workforce identify as LGBT
- 82% of working age adults and 79% of the NHS workforce are under 55¹

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

1. Population data source gov.uk/ons.gov.uk (2011 Census). NHS source: Workforce NHS Digital - Hospital and Community Health Services workforce statistics: Equality and Diversity in NHS Trusts and CCGs in England (2020 September data used)

9. More information

NHS England / NHS Improvement respects your privacy and is committed to protecting your personal data. We will only use personal data where we have your consent or where we need to comply with a legal or statutory obligation. It is important that you read [this information](#) together with our [privacy notice](#) so that you are fully aware of how and why we are using your data.

10. Nomination process

The following nomination process will be followed:

- All member practices are invited to nominate a maximum of one candidate per practice who meets the person specification
- All nominees must be seconded by a different practice.
- Nominations by practices and submissions by each nominee should be submitted to Annemarie.keliris@nhs.net no later than **Friday 2 May, 2025**.
- Nominees are required to submit a supporting statement and CV/chronology of relevant experience which demonstrates the nominee meets the criteria set out above.
- Following this, a nomination list will be collated by the ICB and shared with all practices to jointly agree a single list of individuals to be put forward for selection and appointment.
- A selection panel, convened and chaired by the ICB's Chief Executive, will review the nominees against the criteria above. The panel will include the Chief Executive, the Chair, two LMC representatives and an independent member from a London region.
- If two nominees meet the criteria they are put forward to the ICB chair as recommended to appoint.
- If more than two nominees meet the criteria a shortlist is created.
- Shortlisted nominees will be invited to interview on 28 May 2025 and the strongest two candidates recommended for appointment to the ICB Chair.

- Appointment will be made as a result of a formal assessment by the panel against the expectations of the role description and the eligibility and disqualification criteria for Board membership as set out in the ICB's constitution, and to ensure the individual has the ability to contribute effectively to the overall functioning of the Board.
- Appointment to the role will always be subject to approval by the Chair.
- Fit and proper person checks will be undertaken before the appointments are confirmed.

For more information, you can get in touch with: Anne-Marie Keliris, Head of Governance, North East London ICB on Annemarie.keliris@nhs.net