

NHS West and North London Integrated Care Board – Partner Member (Primary Care) Role Profile

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1. Introduction

Thank you for your interest in joining the Board as a Primary Care Partner Member of the new West and North London Integrated Care Board (ICB).

Following the announcement in March 2025 that ICBs were required to reduce their running costs by 50%, the Boards of both North Central London (NCL) ICB and North West London (NWL) ICB took a decision in July 2025 to merge the two organisations. This received Ministerial approval in September 2025, and preparations continue at pace to complete the full merger process, to take effect from 1st April 2026.

The merger dissolves the two existing ICBs and creates a new organisation that will be based in Marylebone Road. The merger process requires the appointment of a new Board of Members, including non-executive and partner members. Executive Officers have been appointed for the new organisation and are currently providing joint executive leadership across both ICBs. The ICBs are currently working through a full organisational redesign process impacting all staff.

The West and North London footprint will make WNL ICB the largest in the country.

Our area covers a population of c4.5m, 48% of the Greater London – with excellent public, voluntary and independent services with active and engaged communities.

Our system footprint includes 13 Local Authorities, 18 Trusts / Foundation Trusts and 511 General Practices. The commissioning budget for the new organisation will be c£12bn per annum.

In the context of the nationally refreshed role of Integrated Care Boards – a key focus of this budget will be to ensure, as a strategic commissioning organisation, improved quality health outcomes for residents and patients, looking to address long-standing and challenging areas where health outcomes need to be improved and health inequalities need to be addressed.

A key element of our strategy is to deliver these sustainable improvements including through the partnership delivery of a neighbourhood model – shifting more focus towards prevention, earlier diagnosis and treating more people out of hospital, where possible, while maximising the benefits that digital technology brings.

We are looking for **two** Partner Members from our Primary Care sector who are highly motivated to help lead and drive improvements in health outcomes across West and North London and will provide support and challenge to the development and delivery of our vision.

It will be important for applicants to be aware of the applications and nominations process to be considered for this opportunity, please see sections 4, 5 and 6 below in addition to **Annex c**.

2. The opportunity

2.1. About NHS West and North London Integrated Care Board (WNL ICB)

WNL ICB is a statutory body responsible for planning and allocating health and care resources to improve the lives of people in our thirteen boroughs:

- London Borough of Barnet
- London Borough of Brent
- London Borough of Camden

- London Borough of Ealing
- London Borough of Enfield
- London Borough of Hammersmith & Fulham
- London Borough of Haringey
- London Borough of Harrow
- London Borough of Hillingdon
- London Borough of Hounslow
- London Borough of Islington
- Royal Borough of Kensington and Chelsea
- City of Westminster

Our local population is large and diverse, with a wide range of health and care needs that are evolving all the time. We are committed to improving the health and experience of our patients and residents, working with partners across the West and North London Integrated Care System (ICS) - including Councils, providers, GPs and voluntary and community organisations - to plan and deliver high quality, joined-up and accessible health and care services that put people first.



As an ICS we are focused on:

- Improving outcomes in population health and healthcare
- Tackling inequalities in outcomes, experience, and access
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development.

In 2025, NHSE published a new operating model for ICBs as part of the national change programme. ICBs, as strategic commissioners, are required to focus on the following core functions:

- Understanding local context
- Developing long term population health strategy
- Delivery the strategy through payer functions and resource allocation
- Evaluating impact of the resource allocation

We are ambitious, driven, and passionate about working collaboratively and creatively to deliver the best health and care possible for the patients and residents in West and North London through every stage of their lives.

2.2. Partner Members – Overview

Partner Members hold an influential role in the West and North London ICB, with the opportunity to provide strategic leadership in improving population health outcomes for residents and patients across the West and North London integrated care system.

Partner Members are expected to bring an understanding of the NHS and the wider health and care landscape in the area.

Partner Members, as part of the unitary, Board will be required to ensure that the ICB fulfils its duties as a strategic commissioner, meets its statutory requirements and the targets set by NHS England, including living within the overall revenue and capital allocation.

While the Partner Members bring knowledge and experience from their sector and will contribute the perspective of their sector to the decisions of the Board, they are not to act as delegates of those sectors. The ICB is a unitary board, which means that all board members, including partner members and executive members, are collectively and corporately accountable for overall performance.

2.3. Role Priorities

The ICB's Partner Members are required to:

- 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.
- Help ensure that the Board is effective in all aspects of its role and appropriately focused on the four core purposes – as above.
- Be champions of collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary, community and social enterprise sector (VCSE).
- Support the Chair and the wider Board on key issues impacting the West and North London ICS.
- Help ensure that the ICB meets its statutory duties.

2.4. Accountabilities

The ICB's Partner Members:

- Are accountable to the ICB Chair.

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

2.5. Responsibilities and Competencies

The role holders will work alongside the ICB Chair, non-executives, executive directors and the other partner members as equal members of the ICB Board and be required to:

- Provide perspective and insight on the Primary Care sector across WNL.
- Form part of the Board and membership of specific ICB committees.
- Bring respectful challenge to the plans, aims and priorities of the ICB.
- Promote open and transparent decision-making which facilitates consensus aimed to deliver exceptional outcomes for the population.

Personally, the role holders will bring a range of professional expertise and experience to the work of the Board - supporting the ICB's delivery of its ambitions in relation to improving population health outcomes and tackling health inequalities across West and North London.

As an NHS leader and as a member of the ICB Board, the role holder will demonstrate a range of leadership competencies and contribute to a wide range of areas, including:

2.5.1. Strategy and Transformation

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

2.5.2. Partnerships and Communities

- Promoting dialogue and consensus with strategic partners, to ensure effective joint planning and delivery for system working and mutual accountability.
- Supporting the establishment of effective strategic system working, developing strong relationships between the ICB Board and system partners.
- Supporting the success of the system in establishing shared strategic priorities within the NHS, in partnership, to tackle population health challenges and enhance services across health and social care.

2.5.3. Social Justice and Tackling Health Inequalities

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

2.5.4. 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.

2.5.5. 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 its statutory duties, and that compliance with the expected standards of the regulatory bodies is maintained.
- Providing the ICB with strategic and impartial expertise and experience.
- On appointment, all board members will declare all potential conflicts of interest on the ICB Register of Interests. This will be kept updated regularly as circumstances change.

2.5.6. People and Culture

- Supporting the development of other board members to maximise their contribution.
- Providing visible leadership in developing a healthy and inclusive culture for the ICB, 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.

2.5.7. Our Commitment to Equality, Diversity and Inclusion

- We are committed to equality and diversity and work hard to make sure all individuals and service users have access to an environment that is open and free from discrimination. We value the diversity of our individuals and service users and therefore recognise and appreciate that everyone associated with the ICB are different and so should be treated in ways that are consistent with their needs and preferences.
- In support of this all individuals are required to be aware of the principles of the Equality Act 2010 and the Commitments and responsibilities to:
 - Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
 - Advance equality of opportunity between people who share a protected characteristic and those who do not.
 - Foster good relations between people who share a protected characteristic and those who do not.

2.5.8. Corporate Standards

- All individuals are required to observe legislation, organisational policies, standards, and guidelines relating to Risk Management, Equal Opportunities, Confidentiality, Data Protection, Freedom of Information, and the Code of Behaviour. It is the responsibility of each Board member to be aware of, and work in accordance with the Safeguarding Children and Adults policies and

procedures. This includes ensuring that they undertake statutory and mandatory safeguarding training appropriate for their role.

3. Person Specification

The Primary Care Partner Members are required to provide perspective and insight on the Primary Care sector across WNL (including general practice, dental, community pharmacy and optometry providers as well as primary care networks).

They will also be required to have substantial experience in operating at a senior Board level within the health and care sector and ideally across a strategic partnership and system landscape.

We are seeking **two** highly experienced Partner Members from across the Primary Care sector in the West and North London integrated care system. Candidates will need to be able to demonstrate that they:

- **Are well positioned to provide senior-level, strategic, perspective and insight for the sector**
- **Have existing experience of operating in a senior role on a strategic partnership board**
- **Are able to commit dedicated and regular time to WNL ICB (see section 5)**
- **Have been operating within the West and North London footprint continuously for the past 5 years.**

Specific competencies include:

Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation	<ul style="list-style-type: none"> • A capacity to thrive in a complex and politically charged environment of change and uncertainty • Experienced in providing independent and proactive leadership with confidence and integrity. • A strong understanding of population health and integrated care. • Able to bring insight to the work to strengthen WNL's health economy. • Able to provide strategic knowledge and experience to support wider evaluation of priorities and supporting programmes. • Demonstrable experience of success in a strategic leadership role at system level
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 • Experience of working in partnership with health and social care organisations in the context of shaping and delivering improved patient outcomes
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

	<ul style="list-style-type: none"> • Understanding of the impact of health inequalities on communities and individuals and the need to focus on the wider determinants of health.
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 • Champion open, frank and disciplined discussion and be prepared to ask the difficult questions. • Able to provide insight from evidence, research, statistical or academically based perspectives in relation to healthcare and preventative healthcare.
Providing robust governance and assurance	<ul style="list-style-type: none"> • An understanding of good corporate governance • Ability to chair a sub-committee of the Board. • Significant experience working in a collaborative decision-making strategic Board setting, or other board level working in a large and complex organisation. • Ability to support and challenge constructively, including at board 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 <u>principles-of-public-life</u> and in the NHS <u>Our People Promise</u>

4. Eligibility

We welcome applications from senior colleagues across the Primary Care sector in West and North London who can bring valuable expertise and sector insight to the ICB's deliberations and decision-making. This includes colleagues from dental services, community pharmacy, and optometry delivering care on behalf of the NHS, as well as those working within primary care networks, general practice (including practice nurses and managers), and executives from local at-scale primary care providers such as Federations.

Given the significant public profile and responsibility members of NHS boards hold, the successful candidate will be able to:

- Demonstrate that they meet the requirements of the Fit and Proper Person Test (FPPT).
- Be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles).
- Fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification including demonstrating experience operating at a strategic Board level.
- Demonstrate that they have the ability to contribute from the perspective of their sector whilst not acting as a delegate of their sector.
- Understand the need to effectively manage conflicts of interest and have demonstrated transparency by completing a Declaration of Interests Form.
- Not be automatically disqualified from holding the role (**see Annex B**).

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 are committed to ensuring diversity of our NHS leadership and encourage applications from groups we know are underrepresented in these important roles.

5. Terms of Appointment

Partner Member time commitments and duties will be in discussion and agreement with the ICB Chair, recognising their role within their respective partner organisation within WNL. However, it is expected to be approximately 2-3 days per month.

Partner Members may be required to fulfil commitments during the working day or in the evening. All members of the ICB Board are required to attend the WNL ICB Board and specific committee meetings, expected to be on Wednesdays (to be confirmed).

Partner Members are appointed for a three-year term of office with a maximum of two terms. A Partner Member may be removed from office if they no longer meet the requirements as set out in WNL ICB's Constitution.

For any appointed colleagues who work on a sessional basis – remuneration for ICB work will be in accordance with terms approved by the ICB's Remuneration Committee.

All NHS board members are required to comply with the Nolan principles of public life.

6. Applications

To apply for this role, please complete the application form and submit it along with your CV to ncl.governance@nhs.net by 17:00 on Friday 20th February.

Interviews will be held on Monday 9th and Thursday 12th March 2026 - please ensure you are available for these days. We expect to send the invitations for interviews to those candidates who have been shortlisted on Thursday 5th March 2026.

Due to the nature of this role, all applications must be supported by a practice partner (or equivalent) from at least one of the WNL GP practices listed in Annex A. In addition, all applications are subject to the full nominations process outlined in Annex C.

For further information on this position please contact: Ian Porter, Executive Director of Transition at ian.porter3@nhs.net or Martyn Schofield, Company Secretary at martyn.schofield1@nhs.net

Annex B

Automatic Disqualification

The following individuals are automatically disqualified from being a member of the ICB Board:

- a) A Member of Parliament.
- b) A person whose appointment as a Board member ('Candidate') is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the Candidate's involvement with the private healthcare sector or otherwise.
- c) A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—
 - in the United Kingdom of any offence, or
 - outside the United Kingdom of an offence which, if committed in any part of the United Kingdom, would constitute a criminal offence in that part, and, in either case, the final outcome of the proceedings was a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.
- d) A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, Part 13 of the Bankruptcy (Scotland) Act 2016 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings);
- e) A person who has been dismissed within the period of five years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any Health Service Body.
- f) A person whose term of appointment as the chair, a member, a director or a governor of a health service body, has been terminated on the grounds:
 - That it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office; and/or
 - That the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings; and/or
 - That the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest; and/or
 - of misbehaviour, misconduct or failure to carry out the person's duties.
- g) A Health Care Professional (meaning an individual who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was—
 - The person's suspension from a register held by the regulatory body, where that suspension has not been terminated; and/or
 - The person's erasure from such a register, where the person has not been restored to the register; and/or
 - A decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; and/or
 - A decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.
- h) A person who is subject to—
 - A disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002; and/or
 - An order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual);
- i) A person who has at any time been removed from the office of charity trustee or trustee for a charity by an order made by the Charity Commissioners for England and Wales, the Charity Commission, the

Charity Commission for Northern Ireland or the High Court, on the grounds of misconduct or mismanagement in the administration of the charity for which the person was responsible, to which the person was privy, or which the person by their conduct contributed to or facilitated;

- j) A person who has at any time been removed, or is suspended, from the management or control of any body under—
- Section 7 of the Law Reform (Miscellaneous Provisions) (Scotland) Act 1990(f) (powers of the Court of Session to deal with the management of charities); and/or
 - Section 34(5) or of the Charities and Trustee Investment (Scotland) Act 2005 (powers of the Court of Session to deal with the management of charities).