NHS
Cheshire and Merseyside

Ref: VCFSE/BoardMember060826

18 September 2026

Dear Colleague

Re: Partner Member (VCFSE) position on the ICB Board

Prior to the establishment of the ICB it was agreed that there would be one Partner Member position on the Board that would be filled by individuals drawn from our Voluntary, Community, Faith and Social Enterprise Sector (VCFSE) within Cheshire and Merseyside. The ICB has agreed that there will be one Partner Member positions on the Board that would be filled by individuals that meet the following criteria:

- **Eligibility criteria for Board membership:**
  Each member of the Board of NHS Cheshire and Merseyside must:
  - comply with the criteria of the "fit and proper person test".
  - be committed to upholding 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.
- **And the additional eligibility criteria for VCFSE:**
  - Be the Chief Executive or hold a relevant senior leadership level role with significant experience of health and care in a VCFSE organisation as listed in 3.8.1. of Cheshire and Merseyside ICB constitution.
  - any other criteria as may be set out in any NHS England guidance.
  - any other criteria as may be agreed by NHS Cheshire and Merseyside.

In post currently is Warren Escadale (VSNW Chief Executive). The current term in office for Warren Escadale is due to finish at the end of September 2026, and whilst there is no limit to the amount of times an individual can sit on the ICB Board as a Partner Member, at the end of each term an open appointment process needs to be undertaken, unless agreed by the Chair in exceptional circumstances.

We are now inviting applications from individuals who would be interested in and who would meet the criteria to be a VCFSE Partner Member on the ICB Board. For the process to be undertaken in a fair and transparent manner, the appointment process includes the requirement for individuals to complete an Expression of Interest (EOI) form (Appendix Six) and confirm that they have understood the requirements of the role. All this detail, and the EOI form, is appended to this letter.

For interested colleagues the following information is key:

Criteria and process

We are carrying out the recruitment process with C&M VCFSE Alliance, whose administration is supported by Voluntary Sector North West:

- individuals will need to meet the required competencies of and be able to provide evidence of suitability against the Partner Member role description and responsibilities (Appendix One)

- individuals will be required to demonstrate that they do not meet any of the Exclusion Criteria, as set out in the Constitution of NHS Cheshire and Merseyside (Appendix Two)
- an individual's EOI application will need to be seconded by a representative from at least one other eligible organisation within the VCFSE constituency to make it valid
- the longlist of individuals who have submitted an EOI will be considered by the C&M VCFSE Partner Member Nominations Panel
- shortlisted candidates will be invited to an interview with the C&M VCFSE Partner Member Nominations Panel
- the Panel's nominated candidate will be confirmed to the ICB's Company Secretary
- the nominee will then be invited to an appointment discussion with the ICB Chair and a ICB Non-Executive Director (NED)
- the final appointment will be approved by the ICB Chair and reported to the ICB Board.

Applicants should also note that candidates will not be considered for board level roles if the ICB Chair and the NHS Cheshire and Merseyside ICB Conflicts of Interest Guardian deem that they (the applicant) hold a conflict of interest that would prevent the individual from carrying out their role effectively or fully (*see Appendix Three for summary guidance on Conflicts of Interest*). As such, candidates are asked to complete and return the ICBs Declaration of Interests (DOI) Form (Appendix Four). Prior to consideration for shortlisting the submitted declarations of interest will need to be reviewed, therefore it is important that applicants review the Conflicts of Interest information provided and review the ICB Conflicts of Interest policy which can be found on the ICB website[1].

All ICB Board Members are also required to confirm that they meet the Fit and Proper Persons regulations and as such need to complete and return the Fit and Proper Persons self-declaration form (Appendix Seven) alongside the EOI and DOI form.

In being considered for the appointment, individuals will also need to confirm that they are able to attend the scheduled ICB Board meetings (Appendix Five) for the 2026-2029 period. Applicants should note that the ICB holds its meetings of the Board in public and in private on the same day and meet across Cheshire and Merseyside. The time commitment on these days is usually 09:00am to 16:30pm. The successful individual will also be expected to attend Board development sessions as well as have the opportunity to be a member of one or more of the ICB sub-committees, which will be agreed between the appointee and the ICB Chair.

It is anticipated that the time commitment required will be on average three days per month.

The appointee is also required to attend the following Cheshire & Merseyside (C&M) VCFSE Alliance meetings to ensure connectivity and communication with the sector at least once before each Board – C&M VCFSE Health and Care Leaders Group (CMHCL), C&M VCFSE Transformation Programme Team meetings and infrastructure partnership meetings for Liverpool City Region (VS6) and Cheshire & Warrington (CWIP).

[1] https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/managing-conflicts-of-interest/

The term of office for this Partner Member position will be three years. There is no limit on the number of terms an individual may serve but there is no automatic reappointment, and an appointment process will be undertaken at the end of each term.

Current remuneration for this position is £13,000 per annum (for the three days per month commitment). The individual in post will be entitled to claim allowances for travel, subsistence and other legitimate expenses incurred on ICB business.

Next Steps

The EOI form, DOI Form and supporting Fit and Proper Persons self-declaration form needs to be submitted to cmhcl@vsnw.org.uk by **5pm 16 October 2026.**

Individuals, in their EOI, will need to confirm that they can attend an interview with the C&M VCFSE Partner Member Nominations Panel on **27 October 2026**, which will be chaired by the Reverend Canon, Dr Ellen Loudon. The Panel will select the nominated candidate, with the final appointment approved by the ICB Chair. It is a requirement of the Health and Social Care Act (2022) that the Chair of the ICB formally approves and appoints members to the Board of the ICB.

We would like to be in a position so that the new Board member is able to formally attend the ICB Board meetings from November 2026 onwards.

Conclusion

Partner member positions on the ICB Board are incredibly important and valued positions.

It is important to note that individuals in these positions when on the Board are not there as representatives of the organisations that they have been drawn from but are there as equal members of a Unitary Board, bringing their expertise, experience and perspective into the discussions of and shaping the decisions of the ICB. With this opportunity brings the requirement for shared ownership and responsibility for the decisions of the Board.

If any individual who would like to know more about the position and its expectations ahead of submitting their EOI, then they can arrange to have a meeting to discuss this with Sir David Henshaw (ICB Chair or suitable equivalent), and they can arrange this by contacting sally.thorpe@cheshireandmerseyside.nhs.uk.

May I thank you in advance for your interest in this opportunity.

Yours

Ben Vinter
Company Secretary
NHS Cheshire and Merseyside ICB

Appended to this letter:

- Appendix One: Partner member role description and competencies
- Appendix Two: Eligibility and disqualification criteria
- Appendix Three: Conflicts of Interest guidance
- Appendix Four: Declaration of Interests Form
- Appendix Five: ICB Board and Committees Calendar of dates
- Appendix Six: EOI Application form
- Appendix Seven: Fit and Proper Persons Self-Declaration Form

Appendix One

NHS Cheshire and Merseyside

NHS Cheshire and Merseyside
ICB Partner Members

Role Competencies, Priorities and Accountabilities

Role of a Partner Member

NHS Cheshire and Merseyside Integrated Care Board (ICB) has a Unitary Board, whereby all board members are collectively and corporately accountable for organisational performance. The purpose of the board is to govern effectively and in doing so, build patient, public and stakeholder confidence that their healthcare is in safe hands. The board is responsible for:

- formulating a plan for the organisation
- holding the organisation to account for the delivery of the plan; by being accountable for ensuring the organisation operates effectively and with openness, transparency and candour and by seeking assurance that systems of control are robust and reliable
- shaping a healthy culture for the organisation and the system through its interaction with system partners.

Partner members are appointed by the ICB to its Board to bring the perspective of their sector to the discussions and decisions made by the ICB. It is important to note that Partner members are not delegates from their constituencies/sectors, representing their interests, but equal and accountable members of the ICB unitary board.

Within NHS Cheshire and Merseyside there will be seven partner members:

a) 2 providing the ICB with access to a perspective and experience from acute or specialist and mental health care settings
b) 2 providing the ICB with access to a perspective and experience from primary care
c) 2 providing the ICB with access to a perspective and experience from local authorities drawing upon the range of context, circumstance and communities that make up Cheshire and Merseyside
d) 1 providing the ICB with access to a perspective and experience from the Voluntary, Community, Faith and Social Enterprise (VCFSE) sector drawing upon the range and experience of the varied organisations that make up the VCFSE sector across Cheshire and Merseyside.

Further detail regarding the Partner Member role and expectations include:

Partner Member Role	Expectations
NHS Trusts/Foundation Trusts: • One partner member nominated jointly by eligible NHS providers of acute or specialist hospital delivery within Cheshire and Merseyside • One Partner member jointly nominated by eligible NHS providers of community, mental health,	We expect the partner member(s) from NHS trusts/foundation trusts to bring the perspective of their sector. It will be of particular benefit for them to additionally engage with social enterprises that are major providers.

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Partner Member Role	Expectations
learning disability or ambulatory services within Cheshire and Merseyside	We expect that the partner member(s) will often be the chief executive of their respective organisation
Primary Care • At least one member nominated jointly by persons who provide primary (GP) medical services within Cheshire and Merseyside • at least one Partner Member (Primary Care) may be a practising primary care clinician or care professional and: • be a current provider of services (practicing in Cheshire and Merseyside and for a period of not less than the preceding 24 months).	We expect the partner member(s) nominated by primary care services providers to bring an understanding of primary care in the area.
Local Authorities At least two members nominated jointly by the local authorities whose areas coincide with, or include the whole or any part of, the ICB's area.	We expect this partner member(s) will often be the chief executive of their organisation or in a relevant executive-level local authority role, however this partner member may be a councillor where locally determined to be most appropriate Individuals will bring the local authority perspective of delivery within Cheshire and Merseyside and have the ability to draw upon consistent and sustained experience from at least one of: the care agenda, public and population health, policy areas related to wider health determinants and prevention, geographical diversity, perspectives and a variety of views relevant to the systems urban or more rural contexts.
Voluntary, Charitable, Faith and Social Enterprise Sector One member nominated jointly by VCFSE organisations who provide services for the purposes of improving the health and care of the population of Cheshire and Merseyside	We expect this partner member to be a Chief Executive of a VCFSE organisation or in a relevant senior leadership level role with significant experience in a VCFSE organisation in the ICB area

Role responsibilities and competencies
Appointed members will work alongside the Chair, non-executives, executive directors and other partner members as equal voting members of a unitary board.

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While the role of a partner member brings specific knowledge, experience and perspective from a sector to the decisions of the Board, the individuals appointed are not to act as delegates or representatives of those sectors.

Role holders will be collectively responsible for promoting board governance, securing wide contribution and bringing a unique constituency perspective:

- bringing independent and respectful challenge to the plans, aims and priorities of the ICB;
- drawing upon individual sectoral experience to assist, inform and shape the work and decision making of the Board
- promoting open and transparent decision-making that facilitates consensus aimed to deliver exceptional outcomes for the population. Personally, partner members will bring a range of professional expertise as well as community understanding and experience to the work of the Board.

As an NHS, public sector or VCFSE leader, partner members will demonstrate a range of leadership competencies, as outlined below, including compliance with the criteria of the "fit and proper person test", robust management of conflicts of interest (both actual and perceived) and expected standards of business conduct.

Corporately, as members of a unitary board, individuals 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 an Integrated Care System (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

- promoting dialogue and consensus with local government and broader partners, to ensure effective joint planning and delivery for system working and mutual accountability.
- developing strong relationships between the ICB Board and the Cheshire and Merseyside Health and Care Partnership (HCP)
- supporting the success of the HCP 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 forthcoming Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

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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

- supporting the development of other board members to maximise their contribution.
- 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.

As a Partner Member, individuals will need to be able to demonstrate and evidence their experience and skills against these competencies; namely:

Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation	• 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 • previous experience of working in a collective decision-making group such as a board
Building trusted relationships with partners and communities	• 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

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Competency	Knowledge, Experience and Skills required
Leading for Social Justice and health equality	• 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 insight
Driving high quality, sustainable outcomes	• problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions
Providing robust governance and assurance	• 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 • has the confidence to constructively question information and explanations supplied by others, who may be experts in their field
Creating a compassionate and inclusive culture for our people	• models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patient and staff • creates and lives the values of openness and transparency embodied by the principles of public life and in Our People Promise

Priorities and Accountabilities

Appointed members will:

- be, in their ICB role, accountable to the Chair of the ICB
- have a collective responsibility with the other members of the ICB Board to ensure corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and its financial obligations are met
- 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.
- ensure that the Board is effective in all aspects of its role and appropriately focused on the four core purposes, to:
    - improve outcomes in population health and healthcare
    - tackle inequalities in outcomes, experience, and access
    - enhance productivity and value for money
    - help the NHS support broader social and economic development.
- be champions of governance arrangements (including working with Cheshire and Merseyside Health and Care Partnership (HCP), 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 Cheshire and Merseyside Integrated Care System (ICS),

such as integration, the People agenda, Digital transformation, Emergency Preparedness, Resilience and Response (EPRR) and recovery of services post Covid-19.

- play a key role in developing 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.

Expected Time Commitment and Remuneration
The expected time commitment required for this position will be in the range of up to 3 days per month.

Remuneration will be made available for suitable candidates who are not already fully salaried employees of a partner organisation, or whose employing organisation will not provide remuneration to the individual to cover the days allocated for the ICB Board position.

The term of office for this Partner Member position will be **three years**. There is no limit on the number of terms an individual may serve but there is no automatic reappointment, and an appointment process will be undertaken at the end of each term.

ICB Board Member Eligibility and Disqualification criteria – extract from the ICB Constitution

1.1 Eligibility criteria for board membership:

1.1.1 Each member of the ICB Board must:

a) comply with the criteria of the "fit and proper person test".

b) be willing to uphold the Seven Principles of Public Life (known as the Nolan Principles).

c) fulfil the requirements relating to relevant experience, knowledge, skills and attributes set out in a role specification.

1.2 Disqualification criteria for board membership

1.2.1 A Member of Parliament.

1.2.2 A person whose appointment as a board member ("the candidate") is considered by the person making the appointment as one which could reasonably be regarded as undermining the independence of the health service because of the candidate's involvement with the private healthcare sector or otherwise.

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

a) in the United Kingdom of any offence; or

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

1.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, sections 56A to 56K of the Bankruptcy (Scotland) Act 1985 or Schedule 2A to the Insolvency (Northern Ireland) Order 1989 (which relate to bankruptcy restrictions orders and undertakings).

1.2.5 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.

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

a) that it was not in the interests of, or conducive to the good management of, the health service body or of the health service that the person should continue to hold that office;

b) that the person failed, without reasonable cause, to attend any meeting of that health service body for three successive meetings;

c) that the person failed to declare a pecuniary interest or withdraw from consideration of any matter in respect of which that person had a pecuniary interest; or
d) of misbehaviour, misconduct or failure to carry out the person's duties.

1.2.7 A health care professional (within the meaning of section 14N of the 2006 Act) or other professional person who has at any time been subject to an investigation or proceedings, by any body which regulates or licenses the profession concerned ("the regulatory body"), in connection with the person's fitness to practise or any alleged fraud, the final outcome of which was:
a) the person's suspension from a register held by the regulatory body, where that suspension has not been terminated;
b) the person's erasure from such a register, where the person has not been restored to the register;
c) a decision by the regulatory body which had the effect of preventing the person from practising the profession in question, where that decision has not been superseded; or
d) a decision by the regulatory body which had the effect of imposing conditions on the person's practice of the profession in question, where those conditions have not been lifted.

1.2.8 A person who is subject to:
a) a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002; or
b) an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

1.2.9 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.

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

Appendix Three

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Conflicts of Interest – summary of key items of note for Board appointments

A conflict of interest occurs where an individual's ability to exercise judgement or act in one role is, or could be, impaired or otherwise influenced, by his or her involvement in another role or relationship. All those nominated or considered for appointment by the ICB need to satisfy both their Partner constituency and the ICB Appointments Panel that there are either no conflicts of interest or the way in which any actual or potential conflicts of interest will be managed.

A conflict of interest may be:

- **actual** – there is a relevant and material conflict between one or more interests now
- **potential** – there is the possibility of a material conflict in the future.
- **perceived** – i.e., an observer could reasonably suspect there to be a conflict of interest regardless of whether there is one or not.

It is important that all Board appointees uphold the standards of conduct set out in NHS C&M Standards of Business Conduct Policy and adhere to the Seven Principles of Public Life (The Nolan Principles). The Appointments Panel must satisfy itself that all candidates for appointment can meet these standards and have no conflicts of interest that would call into question their ability to perform the role.

Candidates for Board appointments must declare all actual and potential conflicts of interest in their application. All identified conflicts of interest, and how they might be managed, must then be discussed with the candidate.

A potential conflict should not preclude a candidate from being shortlisted/ appointed provided that appropriate management arrangements are made. Advice should be sought from NHS C&M's Conflicts of Interest Guardian mike.burrows@cheshireandmerseyside.nhs.uk or the Executive Director of Corporate Services and Governance Ben.Vinter@cheshireandmerseyside.nhs.uk

The VCFSE sector will identify and nominate its preferred candidate through an agreed nominations process. Following nomination, the candidate will be subject to the NHS Cheshire and Merseyside ICB appointment process, including assessment of eligibility, suitability and any declared actual, potential or perceived conflicts of interest. The ICB Chair will assess the materiality of any declared interest, including whether the individual, or any person with whom they have a close association, could benefit financially or otherwise from decisions made by NHS Cheshire and Merseyside. Consideration will be given to the extent of the interest, the nature of the role and whether the conflict could impair the individual's ability to operate effectively and make a full and proper contribution as an ICB Board Member. Where a conflict of interest is considered sufficiently material to prejudice the individual's ability to fulfil the role, the candidate may not be approved for appointment. In reaching a decision, the ICB Chair may seek advice from the Conflicts of Interest Guardian and relevant governance advisers. The final decision regarding approval of the nominated candidate rests with the ICB Chair in accordance with the NHS Cheshire and Merseyside ICB Constitution.

Examples of conflicts of interest are noted below – this list is not exhaustive and does not immediately disqualify an individual. Each circumstance will be reviewed

on a case-by-case basis. For more information, please see the NHS C&M Conflicts of Interest Policy: https://www.cheshireandmerseyside.nhs.uk/about/how-we-work/managing-conflicts-of-interest/

Financial Interests

- Other Directorships/ Board Member or Senior Management roles e.g., Trust, Primary Care Network, charity, private sector
- Shareholder/ Partner or Owner of a private or not-for-profit company, business, partnership, or consultancy which is doing, or seeking to do business with NHS C&M
- In receipt of any payments e.g., honoraria, one off payments, sessional payments, travel/ subsistence, or a pension; from a provider, or private/ not-for-profit company, business, partnership, or consultancy which is doing, or seeking to do business with NHS C&M.

Non-Financial Professional Interests

- Provider with special interests e.g., acupuncture, dermatology etc
- Advocate for a specific group
- CQC/ NICE Advisor
- Medical Researcher.

Non-Financial Personal Interests

- Voluntary Community-Sector Champions
- Suffering from a particular condition requiring individually funded treatment
- Member of a lobby or pressure group relating to the business of NHS C&M.

Indirect Interests

- Close association with an individual who has a financial interest, professional or personal interest in an NHS C&M decision e.g.
- Spouse/ partner
- Close relative e.g., parent, grandparent, child, grandchild, or sibling
- Close friend
- Business partner.

Submitting a declaration of interest

Upon commencement as a Partner Member of the Board, you will be provided with details on the ICBs Civica Declare system which is an online portal that allows individuals to update their declarations online. This online portal is publicly available at: https://cheshireandmerseyside.mydeclarations.co.uk/home

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Appendix Four

Name:			
Position within, or relationship with, NHS C&M:	ICB Partner Member (VCFSE)		
Are you a Voting member of an ICB Committee – if YES please specify	COMMITTEE(s): ICB Board	VOTING MEMBER: Yes	NON VOTING MEMBER:
Are you a Voting member of an ICB Place-based Committee – if YES please specify	COMMITTEE(s):	VOTING MEMBER:	NON VOTING MEMBER:

Type of Interest* *See attachment for details *(If Indirect, please explain your relationship with the person that holds the interest)*	***Description of the Interest, including:*** • ***Name and details of the organisation (or subject);*** • ***The nature of the role / relationship with it which constitutes an interest.*** *(Please include positions within any provider organisation or GP practice; directorships; ownership / part-ownership of companies; shareholdings in companies in the field of health & social care; positions of authority in any organisation linked with health & social care; any research or funding grants received;* ***any other role or relationship which could be perceived to influence your judgement when acting for NHS C&M****) For secondary employment please state time & value impact of role(s).*	**The dates the interest remains valid** *(e.g. the length of tenure in a particular position)* **From:**	**To:**	**Actions to be taken to mitigate the conflict of interest** *(If already agreed with Associate Director Corporate Affairs/ Chief Executive or COI Guardian)*

The information submitted will be held by NHS C&M for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that NHS C&M holds.

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

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Appendix Four

I **do** give my consent for this information to published on registers that NHS C&M holds. If consent is NOT given please give reasons:

Signed: *(Individual)*		**Date**:	

Appendix Five

Scheduled Calendar of ICB Board Meeting Dates 2026-2028,

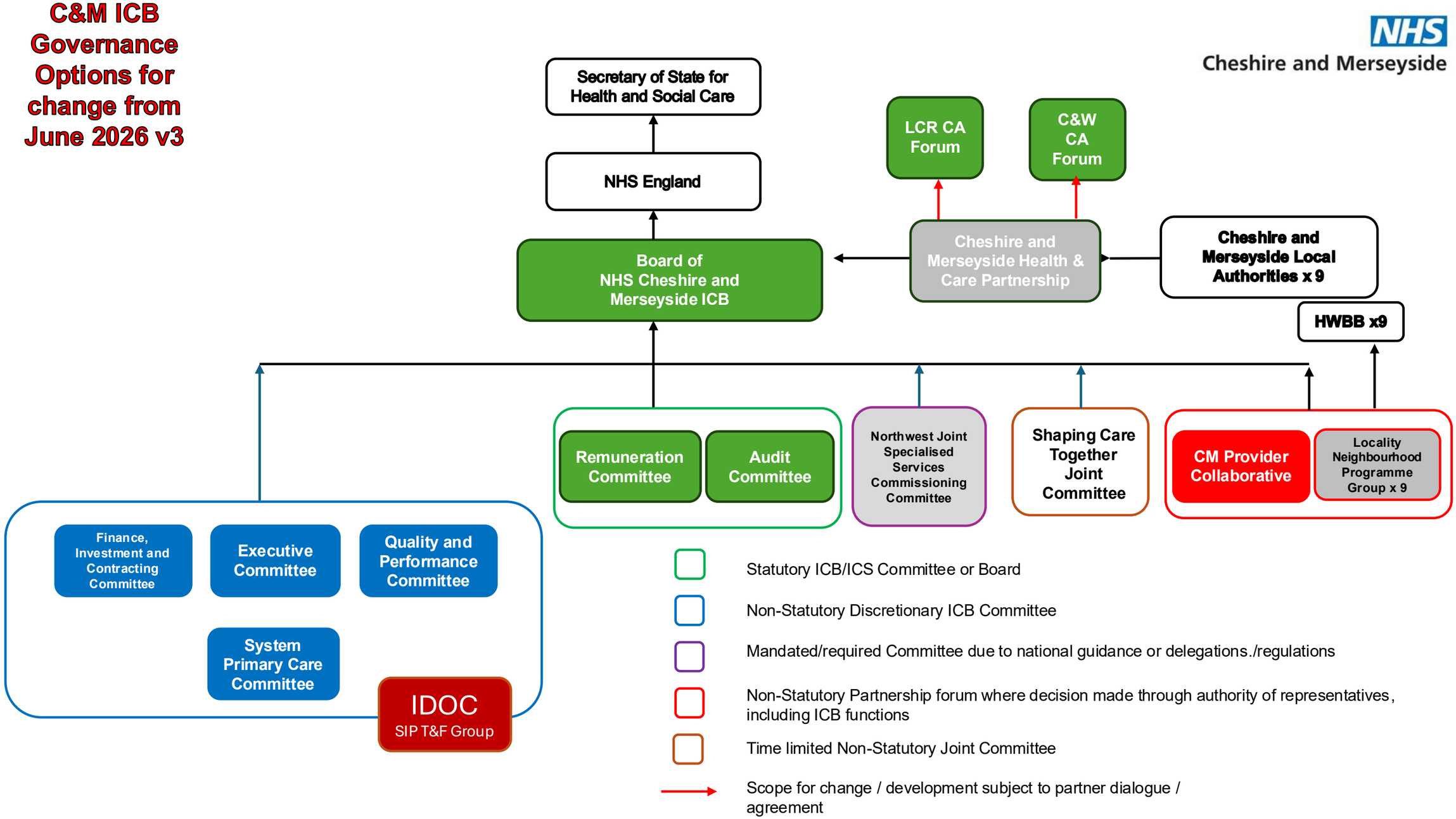
2026	Jan	29th	Board Meeting
	Feb	26th	*Board Development*
	March	26th	Board Meeting
	April	30th	*Board Development*
	May	28th	Board Meeting
	June	18th (am)	Board Meeting - Annual Report
	June	18th (pm)	*Board Development*
	July	30th	Board Meeting
	Aug	-	-
	Sept	24th	AGM & Board Meeting
	Oct	29th	*Board Development*
	Nov	26th	Board Meeting
	Dec	3rd	*Board Development*
2027	Jan	28th	Board Meeting
	Feb	25th	*Board Development*
	March	25th	Board Meeting
	April	29th	*Board Development*
	May	27th	Board Meeting
	June	17th (am)	Board Meeting - Annual Report
	June	17th (pm)	*Board Development*
	July	29th	Board Meeting
	Aug	-	-
	Sept	30th	AGM & Board Meeting
	Oct	28th	*Board Development*
	Nov	25th	Board Meeting
	Dec	2nd	*Board Development*
2028	Jan	27th	Board Meeting
	Feb	24th	*Board Development*
	March	30th	Board Meeting

Note: Board meetings require a 0900 – 1630pm commitment. Board Development is usually a ½ day commitment

Appendix Five

Cheshire and Merseyside ICB Governance Schematic

C&M ICB Governance Options for change from June 2026 v3



Appendix Five

ICB Function and Decision Map

	Role	Function/Purpose	Example of key decisions / responsibility
ICB Board	The statutory governing body responsible for leading, overseeing, and holding accountability for the planning, commissioning, and delivery of NHS services within its geographical area.	The Board ensures the ICB fulfils its legal obligations and delivers improved health outcomes for its population while working in partnership across health, social care, and community sectors.	• set the strategic direction and approves the ICB's plans, budgets, and policies. • allocate resources and oversees financial and operational performance. • ensure compliance with statutory duties, governance, and risk management. • approve major contracts, investments, and organisational structures. • hold the system to account for improving health outcomes and reducing inequalities
Cheshire and Merseyside Health and Care Partnership	The statutory joint committee between the ICB and the Local Authorities within its area. It key role is to act as a broad alliance of organisations—including the NHS, local authorities, voluntary, community, faith and social enterprise sectors, emergency services, and others—working together to improve the care, health, and wellbeing of the population across Cheshire and Merseyside	Acts as the Integrated Care Partnership for the region, bringing together the NHS, local authorities, and other key partners to develop and oversee a shared strategy for improving health, care, and wellbeing. Its main function is to facilitate collaboration across organisations, set system-wide priorities, and address complex, long-term challenges—such as health inequalities—by aligning efforts and resources to deliver better outcomes for all resident	• develop and approves the Integrated Care Strategy for the system. • set system-wide priorities and recommends collaborative actions to improve health and reduce inequalities. • align local and system strategies, and reviews progress against shared objectives. • engage partners and the public in strategic planning and decision-making. • report to the ICB and Health and Wellbeing Boards, escalating key issues and recommendations as needed.
Executive Committee	The Committee that that oversees its statutory commissioning responsibilities and aligns strategies with system priorities—improving health outcomes, reducing inequalities, delivering value, and supporting wider development. It supports the Chief Executive and provides assurance to the Board that decisions are evidence-based and risks are effectively managed.	The Committee manages the ICB's day-to-day operations and performance, making strategic, commissioning, and risk-related decisions within its delegated authority. It oversees key areas such as commissioning, digital transformation, workforce, governance, emergency planning, and partnerships. Additionally, it maintains risk oversight, ensures statutory compliance, and escalates major issues to the Board. By developing and approving policies, strategies, and operational structures, the Committee ensures the ICB runs efficiently, meets legal requirements, and continuously improves service quality for Cheshire and Merseyside residents	• oversee day-to-day operations, performance, and risk management for the ICB. • approve and monitors strategies, commissioning plans, and major service changes. • make decisions on workforce, digital, governance, and partnership arrangements. • ensure compliance with statutory duties and internal policies. • escalate significant risks or issues to the Board and provides assurance on delivery and improvement.
System Primary Care Committee (SPCC)	The ICB's key forum for system-wide leadership, assurance, and decision-making on all aspects of primary care commissioning and delivery, ensuring that services are effective, efficient, and aligned with both local and national priorities – all four contractor groups	Collective decision-making on review, planning, procurement, commissioning, and management of primary care service. Reports to, escalates to and provides assurance to the ICB Board	• approve the commissioning, procurement, and management of primary medical (GP), pharmacy, dental, and optometry services • approve and overseeing the implementation of the Primary Care Strategy /National Policy • oversee performance, quality, and financial assurance for primary care • approve remedial actions where assurance cannot be provided Approving the establishment of sub-committees and their terms of reference • approve sub committee-based recommendations or calling in decisions for system-level review • ensure risk management and escalation of primary care risks to the Board • approve policies explicitly related to the Committee's remit
Finance, Investment and Contracting Committee (FICC)	The ICB Committee that takes a system-wide view on the use and deployment of resources, helping to secure long-term financial sustainability and alignment with strategic objective.	To provide assurance, oversight, and expert advice on all matters relating to finance, investment, and resource management across the Cheshire and Merseyside system. Its key role is to support the development and delivery of the ICB's financial strategy, oversee financial performance, and ensure robust financial control and value for money	• set financial principles, priorities, and strategy for the ICB. • approve and monitor financial plans, investments, and major procurements. • oversee resource allocation, efficiency, and value for money. • ensure compliance with financial governance and approve related policies. • escalate significant financial risks and provide assurance to the Board.

Appendix Five

	Role	Function/Purpose	Example of key decisions / responsibility
Quality and Performance Committee	The Committee provides assurance to the ICB Board that high standards of care, patient safety, and clinical effectiveness are being maintained across all commissioned services.	Oversee the development and implementation of quality strategies, monitor performance against quality indicators, and ensures that learning from incidents, complaints, and patient feedback is used to drive continuous improvement	• oversee and assure the quality, safety, and effectiveness of commissioned services. • monitor performance against key targets and standards. • review serious incidents, complaints, and safeguarding issues. • approve and monitor quality improvement plans. • escalates significant risks or concerns to the Board. • ensures compliance with statutory and regulatory requirements.
Shaping Care Together Joint Committee	Act as a joint decision-making body established by and with delegated decision-making authority from NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB.	Oversee the Shaping Care Together programme, driving decisions to improve health and care services in Southport, Formby, and West Lancashire. It brings both ICBs together to plan, commission, and review services, ensuring decisions are clinically led, evidence-based, and meet local needs.	• oversee programme governance and ensure effective structures for decision-making. • approve key business cases (case for change, pre-consultation, outline and full business cases). • make joint decisions on service planning and commissioning within the programme's scope. • ensure clinical leadership and evidence-based proposals for service transformation. • lead public and stakeholder engagement and ensure compliance with statutory consultation duties. • monitor programme performance and consider long-term service transformation opportunities. • escalate recommendations and changes in scope to the Boards of both ICBs
North West Specialised Services Joint Committee	Acts as a collaborative decision-making body for NHS Cheshire and Merseyside, NHS Greater Manchester, and NHS Lancashire and South Cumbria Integrated Care Boards for specialised services.	Provides strategic leadership and oversight for planning, commissioning, and delivering specialised health services across the region, ensuring they are managed efficiently and align with regional and national priorities. It approves the operating model, sets strategic priorities, monitors quality and financial performance, ensures clinical leadership and stakeholder engagement, and supports service transformation and integration to reduce health inequalities	• oversee and make joint decisions on the planning, commissioning, and delivery of delegated specialised services across the North West • approve and review the operating model, strategic priorities, and annual financial plans for specialised services. • monitor quality, performance, and financial management of specialised services, including risk and issue escalation. • ensure clinical leadership, stakeholder engagement, and compliance with statutory and regulatory requirements. • support service transformation, integration, and reduction of health inequalities across the region

NHS
Cheshire and Merseyside

Application Form

Applications are welcome from individuals who meet the criteria as outlined.

Please note that your application must be seconded by one other eligible VCFSE organisation to make it valid.

Full Name	
Current Job/role and employer	
Date of Registration (if applicable)	
Application Seconded by *(Name, Role, Organisation)* (Note applications will not progress without having been seconded)	
Personal Statement (500 words maximum) • Why are you applying for this role? • What do feel you would bring to the Board of NHS Cheshire and Merseyside? • Please provide evidence of how you meet the Partner Member role description, to include the requirements expected as a VCFSE Partner Member.	
Signature of applicant	**Date**

Appendix Six

NHS
Cheshire and Merseyside

CHECKLIST	✓✗
I can confirm that I would be able to attend the scheduled ICB meetings for 2026-28	
I can confirm that I can commit to up to 3 days per month to this position	
I can confirm that I have reviewed the content of the ICBs Conflict of Interest policy and do not believe I have a Conflict of Interest that would exclude me from being considered.	
I confirm that I have completed and returned the ICB Declaration of Interest form	
I confirm that I can attend the interview date of 27 Oct 2026	
I confirm that I have completed and returned the Fit and Proper Persons Self-Declaration form	

Please complete the application form and return to cmhcl@vsnw.org.uk by no later than **5pm on 16 October 2026.**

Any application received after this time and date will not be considered.

Fit and Proper Person Test annual self-attestation / new starter self-attestation NHS Cheshire and Merseyside Integrated Care Board

I declare that I am a fit and proper person to carry out my role. I:

- am of good character
- have the qualifications, competence, skills and experience which are necessary for me to carry out my duties.
- where applicable, have not been erased, removed or struck-off a register of professionals maintained by a regulator of healthcare or social work professionals.
- am capable by reason of health of properly performing tasks which are intrinsic to the position.
- am not prohibited from holding office (e.g. directors disqualification order).
- within the last five years:
  - I have not been convicted of a criminal offence and sentenced to imprisonment of three months or more
  - been un-discharged bankrupt nor have been subject to bankruptcy restrictions, or have made arrangement/compositions with creditors and has not discharged
  - nor is on any 'barred' list.
- have not been responsible for, contributed to or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity or providing a service elsewhere which, if provided in England, would be a regulated activity.

The legislation states: if you are required to hold a registration with a relevant professional body to carry out your role, you must hold such registration and must have the entitlement to use any professional titles associated with this registration. Where you no longer meet the requirement to hold the registration, and if you are a healthcare professional, social worker or other professional registered with a healthcare or social care regulator, you must inform the regulator in question.

Should my circumstances change, and I can no longer comply with the Fit and Proper Person Test (as described above), I acknowledge that it is my duty to inform my direct manager.

Name:	
Job title/role:	
Professional registrations held (ref no):	
Date of DBS check/re-check (ref no):	
Date of last appraisal, and undertaken by whom:	
Signature:	
Date of signature:	
For Annual Attestation Approver to complete	
Name and job title/role of approver	
Signature:	
Date of signature:	