



Integrated Care Board Chair Applicant information pack August 2025

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Welcome

Dear Candidate

Thank you for your interest in the role of Chair at NHS Cheshire and Merseyside Integrated Care Board (ICB) - a key leadership position within one of England's largest and most diverse health systems.

On behalf of NHS England North West and NHS Cheshire and Merseyside ICB, we are pleased to introduce our system and the vital contribution you could make to its future.

Serving over 2.7 million people across nine local authority areas, Cheshire and Merseyside is a complex and ambitious ICB. The ICBs mission is to improve population health, reduce inequalities, and deliver integrated, person-centred care. Strong partnerships and a shared commitment to better outcomes underpin our work.

Despite the pressures facing the NHS, the system has delivered a number of notable achievements:

- first in England to re-achieve the six-week cancer diagnostic standard post-pandemic.
- Whiston Hospital ranked top nationally for stroke care.
- delivered over 500,000 additional primary care appointments last year.
- launched a regional oral health strategy to reduce paediatric dental waiting lists.
- developed advanced population health intelligence tools for targeted interventions.

The system does however face significant operational and strategic challenges:

- urgent and emergency care pressures remains our most significant operational challenge
- workforce shortages and industrial action impact service delivery.
- persistent health inequalities in some of England's most deprived communities.
- financial pressures require careful stewardship and innovation in order to deliver the ICBs and systems financial plans while working towards a balanced position in future years.

The NHS 10-Year Plan sets out a bold vision for prevention, care closer to home, and better use of technology. Our Joint Forward Plan aligns with the NHS 10-Year Plan, focusing on:

- tackling inequalities via the All Together Fairer programme.
- improving population health and care outcomes.
- enhancing productivity and value.
- supporting social and economic development.
- advancing Net Zero goals.

As Chair, you will lead the Board through financial recovery, strengthening ICB and system governance, and ensuring delivery of strategic priorities. You will play a pivotal role in:

- shaping the medium-term financial strategy.
- embedding system-wide efficiency programmes.
- hold partners accountable for performance.
- support the oversight of and delivery of the operational model and organisational changes required to meet the national ICB model blueprint.
- ensure alignment with national expectations and local priorities.

This is a unique opportunity to lead a system with both significant challenges and enormous potential. We are seeking a values-driven, inclusive, and strategic leader who can inspire collaboration, provide robust oversight, and champion innovation. If you share the commitment to improving lives and believe in the power of integrated care, then we warmly invite you to consider submitting an application.

Warm regards



Louise Shepherd
Regional Director
NHS England North West



Cathy Elliot
Chief Executive
NHS Cheshire and Merseyside

About NHS Cheshire and Merseyside

About Us

NHS Cheshire and Merseyside is the Integrated Care Board (ICB) for a diverse population of over 2.7 million people. Our nine "Places" include Cheshire East, Cheshire West, Halton, Knowsley, Liverpool, Sefton, St Helens, Warrington and Wirral. More information can be found at <https://www.cheshireandmerseyside.nhs.uk/about/>

Our ICB is responsible for planning NHS services in our region, including GP services, pharmacy, dentistry, optometry, and hospital care. We work as equal partners with local authorities, providers, and communities to support person-centred, joined-up care. We are also proud to be a Marmot Community and to embed the eight Marmot principles into our strategy to tackle the wider determinants of health. Our ambition is clear: improve the lives of the poorest fastest.

Our Vision, Values and Strategic Aims

Our Vision

To ensure everyone in Cheshire and Merseyside has a great start in life and receives the support they need to stay healthy and live longer.

Our Strategic Aims / ICB Four Key Objectives

- improve population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- support broader social and economic development.

Our Culture Framework

We are building a compassionate, inclusive and collaborative culture, shaped by the NHS Constitution, the Nolan Principles and the Equality Act. Our leadership values are underpinned by mutual accountability, integrity, and inclusion.

Organisational Structure

We have a unitary Board that the appointed candidate will lead and which is composed of Non-Executives, Partner Members and Executives. Further details about our Board can be found at: <https://www.cheshireandmerseyside.nhs.uk/about/nhs-cheshire-and-merseyside/leadership-team/>

A current ICB structure chart is available and will be included in your interview pack.

Strategic and Operational Context

We are navigating a challenging financial and operational landscape. The system has committed to a savings plan of £150m, while continuing to deliver high-quality care and meet growing demand. Our delivery plans, anchored in the 2025/26 Annual Delivery Plan and Joint Forward Plan, focus on recovery in urgent care, diagnostic excellence, equitable access and innovation.

With standout national performance in diagnostics and cancer access, and the implementation of region-wide digital and analytics transformation tools, the ICB continues to lead with ambition and purpose.

National context

In support of the four core objectives for ICBs, the Government has set out three strategic shifts for the NHS:

- **Treatment to prevention:** through proactive community and public health initiatives, working closely with local authorities, communities and individuals
- **Hospital to community:** moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care.
- **Analogue to digital:** harnessing technology and data to transform care delivery and improve quality of care.

The draft Model ICB Blueprint – and the 10-year plan – sets out the crucial role ICBs will play in delivering the three shifts and the wider 10-year plan. Further details on both can be found at: www.england.nhs.uk.

The Opportunity: Chair of the ICB

Revised Chair Role Description

Please note: the following role description is the most recent job description that has been approved nationally by NHS England, however it may be subject to future changes due to changes in policy direction and legislation.

Priorities

The Chair will play a crucial role in supporting and holding the ICB Board to account for ensuring the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money. This will include providing strong leadership and accountability for a shorter-term, fundamental transformation plan to oversee the transition to the Model ICB, building skills and capabilities to deliver against the functions of the ICB. The Chair champions actions to help meet the core purposes of the ICB.

ICBs will be responsible for the overwhelming majority of the healthcare budget for their local populations and will be expected to decide how best to spend monies to deliver against their objectives and the three shifts. ICBs will need to:

- understand population health needs, building deep analytical insights into different population groups
- work with a wide range of local stakeholders, communities and individuals to agree local priorities
- have a deep understanding of how well current services are meeting the needs of their populations and where there is room for improvement
- develop strategies for different population groups, and different service areas, to ensure optimal healthcare value – maximising outcomes and minimising costs
- ensure a high quality, financially sustainable provider market with a short-term focus on building neighbourhood health providers
- contract for services to deliver against ICB objectives and the three strategic shifts
- hold providers to account for delivery against contracts
- be financially balanced.

Accountabilities

The ICB Chair is appointed by NHS England (with the approval of the Secretary of State) and will be held to account by the NHS England Regional Director.

The Chair is accountable for ensuring proper governance is in place and effective for delivering the core statutory functions of the organisation, ensuring the ICB is compliant, accountable and safe. The Chair should assure and model a culture of good governance and inclusion at Board level. This includes ensuring the ICB is properly constituted and able to fulfil its strategic commissioning responsibilities to deliver against the four objectives of ICBs and the 10-year plan.

The Chair will lead the Board in setting and assuring strategy to deliver the shorter-term fundamental transformation strategy to oversee the transition to the Model ICB, effective oversight of delivery of 2025/26 plans, reduction in ICB operational running costs, building the foundation for neighbourhood health and managing the local changes involved with ICB redesign. In some areas, the ICB redesign will involve identifying at-scale opportunities, through significantly greater collaboration and clustering. The Chair should oversee and assure the transformation, ensuring accountability.

The Chair will establish and lead the unitary board of the ICB, which has joint collective and corporate accountability for the performance of the organisation, ensuring its functions are effectively discharged and that NHS resources are deployed appropriately to other organisations.

The Chair will hold the Board and organisation to account for the delivery of strategy and ensuring financial balance. They will lead the Board to achieve its purpose to govern effectively and, in so doing, build patient, public and stakeholder confidence that their health and healthcare is in safe hands.

To carry out their role effectively, the Chair must cultivate a strong, collaborative relationship with the Chief Executive. Many responsibilities in this role description will be discharged in partnership with the Chief Executive. It is important the Chair and the Chief Executive are clear about their individual and shared roles, and their respective responsibilities towards the unitary board.

Roles and Responsibilities

- leads the Board in setting a vision, strategy and clear objectives for the ICB in delivering on the four core purposes, as detailed above, in support of the 10-year health plan including the three strategic shifts (analogue to digital, hospital to community and treatment to prevention)
- holds the Board to account for delivery of the strategy
- responsible for leading the Board and ensuring it has the necessary constitutional and governance arrangements (e.g. committee and collaborative structures) in place to ensure legal compliance, transparency and public accountability.
- ensures clinical and information governance mechanisms and effective financial and risk management systems are adopted and aligned with best practice commissioning and quality assurance processes.
- supports the Board and organisation in working towards commissioning excellence, learning from successful international models.
- ensures effective system leadership, working in partnership, ensuring engagement and codesign with local government and fostering strong relationship with the places and across neighbourhoods within the ICB footprint to tackle population health challenges and enhance services across health and social care.
- responsible for appointing the ICB Chief Executive (with approval from NHS England) and Non-Executive Members (NEMs), and ensuring they are supported and developed to maximise their contribution. Responsible for approving the appointment of all ordinary members of the ICB Board, including the ICB Partner Members. Responsible for approving or appointing members of committees or subcommittees of the ICB which exercise commissioning functions.
- together with the Chief Executive, provides visible leadership in developing a healthy and inclusive culture for the organisation which promotes diversity, encourages and enables partnership working and which is reflected and modelled in their own, the Board's and the ICB's behaviour and decision-making.
- together with the Chief Executive owns the culture of the ICB, and oversees conduct and implementation of the Fit and Proper Persons framework on behalf of the organisation
- promotes the values of the [NHS Constitution](#) and role models the behaviours embodied in [Our People Promise](#) and Our Leadership Way to ensure a collaborative, inclusive and productive approach across the system.

Essential person specification

Personal values

- personal commitment to the Nolan principles of public life, values of the NHS, the NHS People Plan and the Fit and Proper Persons framework.
- lives by the values of openness and integrity and has created cultures where this thrives
- a collaborative leader, able to build productive working relationships across organisational, geographic and sector boundaries
- personal resilience in the face of change and fast-moving demands

Skills

- proven ability to think strategically and demonstrate excellent problem-solving skills and a breadth of vision beyond organisational, geographic and sector boundaries
- the capacity to deal effectively with multiple stakeholders, with exceptional communication skills which will engender community confidence, strong collaborations and partnerships
- strong critical thinking and strategic problem-solving: the ability to anticipate and frame issues to drive effective strategy, problem resolution and action
- ability to steer an organisation through significant legislative and policy reform, at pace.

Knowledge

- extensive knowledge of the health, care and local government landscape and an understanding of the social determinants of health.
- deep understanding of the principles of healthcare value, of strategic commissioning, of contract management.
- excellent business acumen with knowledge of effective governance, including an understanding of mechanisms to ensure clinical and financial risk management and collaboration, while ensuring appropriate accountability.

Experience

- previous experience as Chair of an organisation of similar size and complexity whether in a private, public or voluntary sector
- significant experience as an executive director of a large, complex, consumer facing organisation.
- evidence of exercising independent judgement.

Competencies

Being an NHS board member means holding an extremely demanding yet rewarding leadership responsibility. 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 Competency Framework](#) is for Chairs, Chief Executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future.

The six leadership domains:

- driving high quality and sustainable outcomes
- setting strategy and delivering long term transformation
- promoting equality and inclusion, and reducing health and workforce inequalities
- providing robust governance and assurance
- creating compassionate, just and positive cultures
- building a trusted relationship with partners and communities.

Eligibility

The successful applicants will not be able to have a non-executive director or chair role at an NHS Trust within the geographic areas of Cheshire and Merseyside. Applicants will need to stand down from such a role if appointed to the ICB Chair role.

Elected officials including MPs and members of councils are excluded from the NHS ICB chair role.

Applicants should have strong connections with the area served by the ICB.

Further details regarding ineligibility for an ICB Board role can be found in Appendix One.

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. NHS England makes 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 the NHS England website at

<https://www.england.nhs.uk/non-executive-opportunities/support-for-candidates/fit-proper-persons-requirements/>

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.

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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.

Personally, you will bring a range of professional expertise as well as community understanding and experience to the work of the board. We are also interested in your life experience and personal motivation that will add valuable personal insights such as: a patient or carer of a service user; experience of gender and women's issues; engaging with diverse social, economic and cultural groups and communities; experiences and challenges of younger people; and those with lived experience of mental health issues and/or living with physical disability or chronic condition.

Senior leadership experience is also required for NHS non-executive director roles, this may be at board or senior leadership level, often in a large or complex organisation.

Terms of appointment

The remuneration for this post is £70,000 - £80,000 per annum

The term of office is three years and individuals can serve up to three terms (a maximum of nine years in office) in accordance with the provisions of the constitution of the ICB

You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum 2.5 to 3 days a week, including preparation time, the occasional evening engagement and events designed to support your continuous development.

All NHS board members are required to comply with the [Nolan Principles of Public Life](#) and meet the [Fit and Proper Persons requirements](#)

More information

For information about NHS Cheshire and Merseyside, such as business plans, annual reports, and services, visit the website www.cheshireandmerseyside.nhs.uk

Go to <https://www.england.nhs.uk/non-executive-opportunities/> for more information about:

- **Support to prepare candidates to apply for a non-executive vacancy including:**
 - building your application
 - sources of information and useful reading
 - eligibility and disqualification criteria
 - terms and conditions of chair and non-executive director appointments
 - how we will handle your application and information.
- **Current chair and non-executive vacancies**
- **How to receive email alerts on the latest vacancies**
- **Contact details for the NHS England Non-Executive Appointments Team**

NHS England and NHS Cheshire and Merseyside ICB 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.

Making an application and process

We have commissioned the support of an independent executive recruitment firm called Seymour John, and in the first instance you are invited to contact them for an informal conversation.

Please contact Jonathan Phillips at Seymour John to discuss your interest:

- **Jonathan Phillips – 07817 988490 | jp@seymourjohn.com**

If you wish to be considered for this role please provide:

- a CV that includes your address and preferred contact details, highlighting and explaining any gaps in your employment history
- a supporting statement that highlights your skills and experiences and allows insights on your values and motivations for applying for the role. You should outline your personal responsibility and achievement within previous roles that demonstrates you have the knowledge, skills and competencies to deliver this role, as outlined in the person specification (max 2,000 words)
- the names, positions, organisations and contact details for three referees. Your referees should be individuals in a line management capacity (or senior stakeholders), and cover your most recent roles and employer, any regulated health or social care activity or where roles involved children or vulnerable adults. Your references will be taken prior to interview and may be shared with the selection panel
- a completed monitoring information form
- a completed self-declaration form confirming that you do not meet any of the criteria that would disqualify you from appointment (Fit and Proper Persons Self-Attestation)
- a completed declarations of interest form
- confirmation that you are able to attend the identified interview date of 13 October 2025.

Please send the required information to jp@seymourjohn.com with the reference CMICBChair2025.

Preliminary selection: 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 outlined in the person specification. Long-listed applicants may be invited for a preliminary interview. Feedback from any preliminary assessment will be given to the selection panel who will agree the applicants invited to interview.

Shortlisting: the selection panel will use the information provided by the applicants and feedback from any preliminary assessment to agree applicants invited to interview. Assessment will be based on merit against the competencies experience, skills and values outlined in the person specification.

Stakeholder event: shortlisted applicants will be expected to participate in a stakeholder engagement event or events to meet groups of key stakeholders. Feedback from these sessions will be shared with the selection panel.

Interviews: applicants will be asked to make a 5 - 10 minute presentation to help the selection panel draw out the competencies, experience, skills and values outlined in the person specification. The formal interview will be 45 mins to an hour of open questions from the selection panel to showcase past experience and explore applicant's values, motivations, creativity and ability.

Appointment: the selection panel will be asked to identify appointable candidates based on merit against the competencies experience, skills and values outlined in the person specification. The preferred candidate will be presented to NHS England for appointment and the Secretary of State for Health for final approval of appointment.

Recruitment Timetable

Application Closing Date:	12 noon on 22 September 2025
Shortlist Confirmation	by Friday 03 October 2025
Final Stakeholder and Selection Panel Interviews:	Monday 13 October 2025 - Warrington, Cheshire
Submission of preferred candidate to NHS England	Wednesday 15 October 2025
Confirmation of appointment	Subject to NHS England – anticipated before end of October 2025

Appendix One: Disqualification criteria for ICB Board membership

There is a nationally determined disqualification criteria for membership on a Board of an ICB Boards. This criteria is designed to ensure that board members meet high standards of integrity, independence, and professional conduct. Key disqualification criteria include:

- a person who is a Member of Parliament.
- 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.
- 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.
- 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).
- 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.
- 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.
- 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:
 - 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.
- 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 an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).

- 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.
- 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 (powers of the Court of Session to deal with the management of charities).