

Lancashire and South Cumbria Integrated Care Board: Voluntary, Community, Faith and Social Enterprise Sector Partner Member

Role Priorities, Accountabilities, Eligibility and Competencies

1. Role of the Partner Member

The ICB has a unitary board, and all board members, including partner 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.

As an equal member of a unitary board, you will bring knowledge and a perspective from your sector, but not acting as a delegate of your sector and are not appointed as representatives of the interests of any particular organisation or sector.

2. Priorities

As a member of the unitary board you will:

- Work collaboratively to shape the long-term, viable plan for the delivery of the functions, duties and objectives of the ICB and for the stewardship of public money.
- 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 and;
 - help the NHS support broader social and economic development.
- Be champions of established and emerging governance arrangements, collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.
- Support the Chair and the wider Board on issues that impact organisations and workforce across the ICS, such as integration, the People agenda, Digital transformation, and Emergency Preparedness, Resilience and Response (EPRR).

- Play a key role in ensuring that the ICB meets its statutory duties, and building strong partnerships and governance arrangements with system partners, including the ability to take on commissioning functions from NHS England.
- Actively contribute and participate in Board Development activities and relevant Leadership development programmes.

The ICB Chair and Appointment Panel will actively consider the breadth and diversity of perspectives, experience and system reach and coverage brought forward by nominees in respect to the objectives it has described above.

3. Accountabilities

Each Partner Member:

- Is accountable to the ICB Chair.
- Has 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.
- Will work alongside the Chair, non-executives, executive directors and other partner members as an equal member of a unitary board.
- Will bring a range of knowledge and professional expertise as well as a high level of understanding and experience from your sector to the work of the board.

4. Role Responsibilities and Eligibility

You will:

- Bring a Voluntary, Community, Faith and Social Enterprise (VCFSE) sector perspective of delivery within the LSC system with the ability to draw upon consistent and sustained experience from across the sector

Eligibility

- Be a Member of the Lancashire and South Cumbria VCFSE Alliance
- Be the Chief Executive or hold a relevant senior leadership level role with significant experience of health and care in a VCFSE organisation who provide services for the purposes of improving the health and care of the population of Lancashire and South Cumbria.

You will be able to demonstrate that you meet the requirements of the fit and proper person test and that you have no substantial conflicts of interests that would interfere with your ability to undertake this role.

Corporately, as members of a unitary board, you will contribute to a wide range of areas, including:

Strategy and transformation

- Setting the vision, strategy and clear objectives for the ICB in delivering on the four core purposes of the ICS, the triple aim of improved population health, quality of care and cost-control.

- Aligning partners in transforming the [Long Term Plan](#) and the [People Plan](#) into real progress

Partnerships and communities

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

Social justice and health equalities

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

Sustainable outcomes

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

Governance and assurance

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

People and culture

- 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.

5. Competencies

As a leader, you will demonstrate a range of leadership competencies outlined below.

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

6. Terms of Appointment

- The term of office for Partner Members will be two years and there will be a re-appointment process at the end of this two-year term.
- The incumbent Partner Member is eligible to be nominated in any reappointment process.
- All NHS senior appointments are required to comply with the [Nolan Principles of Public Life](#) and meet the [Fit and Proper Persons requirements, including compliance with an annual self-attestation submission](#).
- **Remuneration** will be determined if appropriate, with the principle that no member will be paid twice for the same time.
- **Time commitment** You will have some flexibility to decide how you manage the time needed to undertake this role. Typically, it will be in the order of 2 days per month, including the occasional evening engagement and events.

7. Declarations

Individuals will be asked to declare any other leadership roles they hold inside or outside the ICS footprint. Any such declarations would not necessarily preclude an appointment to the Board.

8. Disqualification criteria for board membership

- i. A Member of Parliament
- ii. 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.
- iii. A person who, within the period of five years immediately preceding the date of the proposed appointment, has been convicted—
 1. in the United Kingdom of any offence, or
 2. 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.
- iv. 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)
- v. 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.
- vi. 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:
 1. 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
 2. that the person failed, without reasonable cause, to attend any meeting of that Health Service Body for three successive meetings,
 3. 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
 4. of misbehaviour, misconduct or failure to carry out the person’s duties.

- vii. 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:
1. the person’s suspension from a register held by the regulatory body, where that suspension has not been terminated
 2. the person’s erasure from such a register, where the person has not been restored to the register
 3. 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
 4. 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.
- viii. A person who is subject to:
1. a disqualification order or disqualification undertaking under the Company Directors Disqualification Act 1986 or the Company Directors Disqualification (Northern Ireland) Order 2002, or
 2. an order made under section 429(2) of the Insolvency Act 1986 (disabilities on revocation of administration order against an individual).
- ix. 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.
- x. A person who has at any time been removed, or is suspended, from the management or control of any body under:
1. 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
 2. 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).