

From the office of: Anu Singh, Chair
Telephone:
Email:
Based At: County Hall, Leicester
Our Ref:

24 February 2026

Sent via email to:

- **GP Colleagues (contract holders and providers of primary medical services)**

Dear Colleagues,

Re: NHS Leicester, Leicestershire and Rutland Integrated Care Board Partner Member Nominations – Primary Medical Services (General Practitioner)

You may be aware that the *Model ICB Blueprint* sets out a future vision and direction for ICBs to become strategic commissioners and to operate in collaboration as Clustered ICBs. Locally, this means the clustering of NHS Leicester, Leicestershire and Rutland Integrated Care Board (LLR ICB) and NHS Northamptonshire Integrated Care Board (NICB) (collectively the ICBs). One of the aims of the *Blueprint* is to drive efficiencies through the clustering arrangements by reducing administrative costs across the ICBs, including costs associated with the Board membership where appropriate.

In December 2025, the ICB Boards agreed to reconfigure the respective ICB Board Partner Member composition and undertake a nomination, selection and appointment process across each ICB area. The agreed reconfiguration means the membership of the LLR ICB Board and NICB Board will each include one representative from each of the following sectors, as required by legislation:

- NHS Trusts / Foundation Trusts
- Local Authorities
- Providers of Primary Medical Services

As such we write to formally instigate the **nomination stage of the process** and invite you as a holder of a contract for Primary Medical Services, to nominate one eligible person for the Primary Medical Services Partner Member (General Practitioner) position on the Board of LLR ICB.

Who can nominate and be nominated?

As stipulated in legislation and the LLR ICB's Constitution, individuals eligible to nominate and be nominated for the position of Partner Member for Primary Medical Services must:

- Be providers of primary medical services for the purposes of the health service within the ICB's area, and
- Be primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

Chief Executive: Toby Sanders | **Chair:** Anu Singh

Room G30, Pen Lloyd Building, County Hall, Glenfield, Leicester, LE3 8TB

Tel: 0116 295 3405

www.leicesterleicestershireandrutland.icb.nhs.uk

NHS Leicester, Leicestershire and Rutland is the operating name of
NHS Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:



**Leicester, Leicestershire
and Rutland**
Health and Wellbeing Partnership

This includes holders of all General Practice contracts (i.e. GMS, PMS or APMS) however, does specifically exclude Trusts who may provide such services.

Eligible contract holders are permitted to make one nomination should they determine to do so. You may nominate yourself (subject to fulfilling the requirements set out within the eligibility criteria), or you may nominate an eligible person from your own organisation, or it may be an eligible person from another GP Practice within the ICB area.

Eligibility criteria for nomination

Appendix 1 to this letter provides an extract from the LLR ICB's Constitution which sets out the eligibility criteria for the role. In summary, a Primary Medical Services Partner Member must:

- Meet the generic eligibility criteria applicable to all LLR ICB Board roles
- Be a registered General Practitioner (registered with the General Medical Council)
- Be a current provider of general medical services, working in a primary care setting in the ICB area
- Have experience of a leadership role(s) in primary care
- Not be subject to any of the generic disqualification criteria applicable to all Board roles
- Not to be so conflicted (as determined by the ICB Chair or an ICB Board appointment panel), as to render them unable to fulfil the role.

A nominee must be able to demonstrate that they bring specific knowledge, skills and experience of the provision of the primary medical services sector.

The individual must also have the ability to secure engagement from other Partner organisations from the sector (encompassing General Practice and the wider Primary Care services) enabling them to bring broader sector experience to the ICB Board.

Appointment terms

The Primary Medical Services Partner Member Role Description is provided at Appendix 2.

The Primary Medical Services Partner Member will be appointed for a term of 2 years and will be remunerated by the ICB at the current sessional rate agreed by the ICB's Remuneration and People Committee for all roles undertaken by General Practitioners.

The role would usually require, and will be remunerated at, a commitment of 1 day per month to fulfil the ICB specific elements of the role (time determined by the postholder to support their engagement with the sector will be in addition).

Nominations process

This nominations process is the initial stage of the appointments process. The detailed process is outlined within Appendix 1.

The Leicester, Leicestershire and Rutland Local Medical Committee (LLR LMC) has kindly offered to support us at this initial stage of the process. In doing so, they will act as the conduit of communication between the LLR ICB and General Practitioners, as well as providing advice and support to contract holders as necessary.

For this initial stage, you are invited to nominate an individual for the above role. Please be advised that you may nominate one candidate, who meets the eligibility criteria, from your own organisation or from another within the ICB area as set out above.

Please submit your nomination in writing to the LLR LMC via enquiries@llrlmc.co.uk by close of play Tuesday 17 March 2026.

Within your letter of nomination to the LLR LMC please set out the following (as a minimum):

- The name of and post held by the nominee
- Confirmation that in the nominator's opinion the nominee is eligible for nomination
- Confirmation that in the nominator's opinion the nominee is not disqualified from nomination
- Confirmation that in the nominator's opinion the nominee is able to fulfil the requirements of the role description
- Confirmation that in the nominator's opinion the nominee meets the criteria in the personal specification

Following the passing of the deadline for nominations, the LLR LMC will contact all eligible General Practitioners to seek your collective support for jointly nominating the list of nomination(s) received.

Following this stage, the LLR LMC will forward the nomination(s) for the Primary Medical Services Partner Member role, as supported by the eligible General Practitioners, to the LLR ICB. Subsequently, the LLR ICB will undertake the necessary steps of the process pertaining to selection and appointment to the Board role.

Please do not hesitate to contact the LLR LMC or Daljit Bains, Head of Corporate Governance, LLR ICB (daljitkanur.bains@nhs.net) should you need any further information.

We would like to thank you for your engagement in the nominations process, and to also thank the LLR LMC for their support with this process.

We look forward to hearing from you.

Yours sincerely



Anu Singh
Chair
Leicester, Leicestershire and Rutland
Integrated Care Board and
Northamptonshire Integrated Care Board



Toby Sanders
Chief Executive
Leicester, Leicestershire and Rutland
Integrated Care Board and
Northamptonshire Integrated Care Board

**Eligibility criteria for ICB Board Members and disqualification criteria
(extract from the LLR ICB Constitution)**

3. Appointments process for the board

3.1 Eligibility criteria for board membership

3.1.1 Each member of the ICB must:

- a) comply with the criteria of the 'fit and proper person test'
- b) be committed to upholding 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

3.2 Disqualification criteria for board membership

3.2.1 A Member of Parliament.

3.2.2 A person whose appointment as a board member ('the candidate') is considered by the person making the appointment as one that 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.

3.2.3 A person who, within the period of 5 years immediately preceding the date of the proposed appointment, has been convicted:

- a) in the UK of any offence, or
- b) outside the UK of an offence which, if committed in any part of the UK, 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 3 months without the option of a fine.

3.2.4 A person who is subject to a bankruptcy restrictions order or an interim bankruptcy restrictions order under Schedule 4A to the Insolvency Act 1986, 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).

3.2.5 A person who has been dismissed within the period of 5 years immediately preceding the date of the proposed appointment, otherwise than because of redundancy, from paid employment by any health service body.

- 3.2.6 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 3 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.
- 3.2.7 A healthcare 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 that 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 that 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 that had the effect of imposing conditions on the person's practise of the profession in question, where those conditions have not been lifted.
- 3.2.8 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).

3.2.9 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 to which the person by their conduct contributed to or facilitated.

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

3.7 Partner member(s) – providers of primary medical services

3.7.1 This partner member is jointly nominated by providers of primary medical services for the purposes of the health service within the ICB's area, and that are primary medical services contract holders responsible for the provision of essential services, within core hours to a list of registered persons for whom the ICB has core responsibility.

3.7.2 The list of relevant providers of primary medical services for this purpose is published as part of the Governance Handbook. The list will be kept up to date but does not form part of this constitution.

3.7.3 This member must fulfil the eligibility criteria set out at 3.1 and also the following additional eligibility criteria:

a) Be a registered General Practitioner (registered with the General Medical Council).

b) Be a current provider of general medical services, working in a primary care setting in the ICB area.

c) Have experience of leadership role(s) in primary care.

3.7.4 Individuals will not be eligible if:

- a) any of the disqualification criteria set out in 3.2 apply
- b) A conflict of interest is evident, as determined by the Chair or an ICB Board appointment panel, which results in the individual being unable to fulfil the role

3.7.5 This member will be appointed by the Chief Executive subject to the approval of the chair.

3.7.6 The appointment process will be as follows:

a) Joint Nomination:

- when a vacancy arises, each eligible organisation described at 3.7.1 and listed in the Governance Handbook will be invited to make one nomination
- eligible organisations may nominate individuals from their own organisation or another organisation
- all eligible organisations will be requested to confirm whether they jointly agree to nominate the whole list of nominated individuals, with a failure to confirm within 10 working days being deemed to constitute agreement. If they do agree, the list will be put forward to step b) below. If they do not, the nomination process will be re-run until majority acceptance is reached on the nominations put forward.

b) Assessment, selection and appointment subject to approval of the chair under c):

- the full list of nominees will be considered by a panel convened by the chief executive
- the panel will assess the suitability of the nominees against the requirements of the role (published before the nomination process is initiated) and will confirm that nominees meet the requirements set out in clause 3.7.3 and 3.7.4
- if there is more than one suitable nominee, the panel will select the most suitable for appointment

c) Chair's approval:

- the chair will determine whether to approve the appointment of the most suitable nominee as identified under b)

d) The Chair of the ICB will report the appointed Partner Members to the next meeting of the ICB Board.

- e) Any re-appointment at the end of a term will follow the process as described in section 3.7.6 a) to d).
- f) Legislation may also allow for this Partner Member to be remunerated where relevant or appropriate, as may vary for different members and depending on their circumstances.

3.7.7 The term of office for this partner member will be two years and the total number of terms they may service is two terms.

Role description: Partner Member – Primary Medical Services

1. Partner Members

Partner Members share the generic roles and responsibilities of all Board members as outlined in sections 3 - 6 and in addition have responsibilities in the following areas.

- Bring knowledge and experience from their sector and contribute their perspective of their sector to the decisions of the Board.
- Support the board in its engagement with the sector that they represent, the wider ICS and beyond.
- Not act as delegates of their sector(s) or their host organisation.

2. Partner Members Eligibility Criteria for Board Membership

- a) Comply with the criteria of the “fit and proper person” test.
- b) Be willing to uphold the Seven Principles of Public life (the Nolan Principles).
- c) Fulfil the requirements relating to relevant experience, knowledge, skills and attributes.
- d) Will be a registered General Practitioner (registered with the General Medical Council).
- e) Will be a current provider of general medical services, working in a primary care setting in the ICB area.
- f) Will have experience of leadership role(s) in primary care
- g) Not be significantly conflicted as a result of another role held so to mean that the individual would be unable to perform the role sufficiently.
- h) Be able to commit to the requirements of a role on the Board, including at least one day a month in undertaking the role on the Board.
- i) Be able to commit to a 2-year Term of Office. They may serve a total number of two terms.

3. Priorities

The partner member will:

- a) As a Board member be collectively and corporately accountable for organisational performance, with the Board being responsible for:
 - i. formulating a plan for the organisation,
 - ii. 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,
 - iii. shaping a healthy culture for the organisation and the system through its interaction with system partners.
- b) Ensure that the Board is effective in all aspects of its role and appropriately focused to achieve the following four aims:
 - i. **improve outcomes** in population health and healthcare,
 - ii. **tackle inequalities** in outcomes, experience and access,

- iii. enhance **productivity and value for money**,
 - iv. help the NHS support broader **social and economic development**.
- c) Champion new governance arrangements, collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.
 - d) 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, Emergency Preparedness, Resilience and Response (EPRR).
 - e) Play a key role in establishing new statutory arrangements for the ICS to ensure that the ICB meets its statutory duties, building strong partnerships and governance arrangements with system partners, including the ability to take on commissioning functions from NHS England.

4. Accountabilities

Partner members:

- a) Are accountable to the ICB Chair in exercising their functions as a member of the ICB Board.
- b) Have designated areas of responsibilities as agreed with the ICB Chair.
- c) Have a collective responsibility with the other members of the ICB to ensure corporate accountability for the performance of the organisation, ensuring its functions are effectively and efficiently discharged and its financial obligations are met.

5. Responsibilities

Partner members will work alongside the Chair, other non-executives, executive directors and partner members as equal members of a unitary board. They will be responsible for specific areas relating to board governance and oversight to include:

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

Partner members will bring a range of professional expertise as well as community understanding and experience to the work of the Board. As NHS leaders, partner members will demonstrate a range of leadership competencies outlined below. Corporately, as members of a unitary board, partner members 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 ICB, the triple aim of improved population health, quality of care and cost- control.

- Aligning partners in transforming the *10 Year Health Plan for England* 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 development of strong relationships between partner organisations.
- Supporting the success of these relationships 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 embodied within the organisation and promoted across the system, 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.

6. Competencies

Competency	Knowledge, Experience and Skills required
Setting strategy and delivering long-term transformation	<ul style="list-style-type: none"> • Knowledge of health, care, local government landscape and/ or the voluntary sector • A capacity to thrive in a complex and politically charged environment of change and uncertainty • Experience leading change at a senior level to bring together disparate stakeholder interests
Building trusted relationships with partners and communities	<ul style="list-style-type: none"> • An understanding of different sectors, groups, networks and the needs of diverse populations • Exceptional communication skills and comfortable presenting in a variety of contexts • Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate • Experience working collaboratively across agency and professional boundaries
Leading for Social Justice and health equality	<ul style="list-style-type: none"> • An awareness and appreciation of social justice and how it might apply within an ICS • Record of promoting equality, diversity and inclusion in leadership roles • Life experience and personal motivation that will add valuable personal insights
Driving high quality, sustainable outcomes	<ul style="list-style-type: none"> • Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions
Providing robust governance and 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

All Board members must meet the requirements of the **Nolan Principles of Public Life**

<https://www.gov.uk/government/publications/the-7-principles-of-public-life>

and the **NHS Fit and Proper Persons Test**

<https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/> .