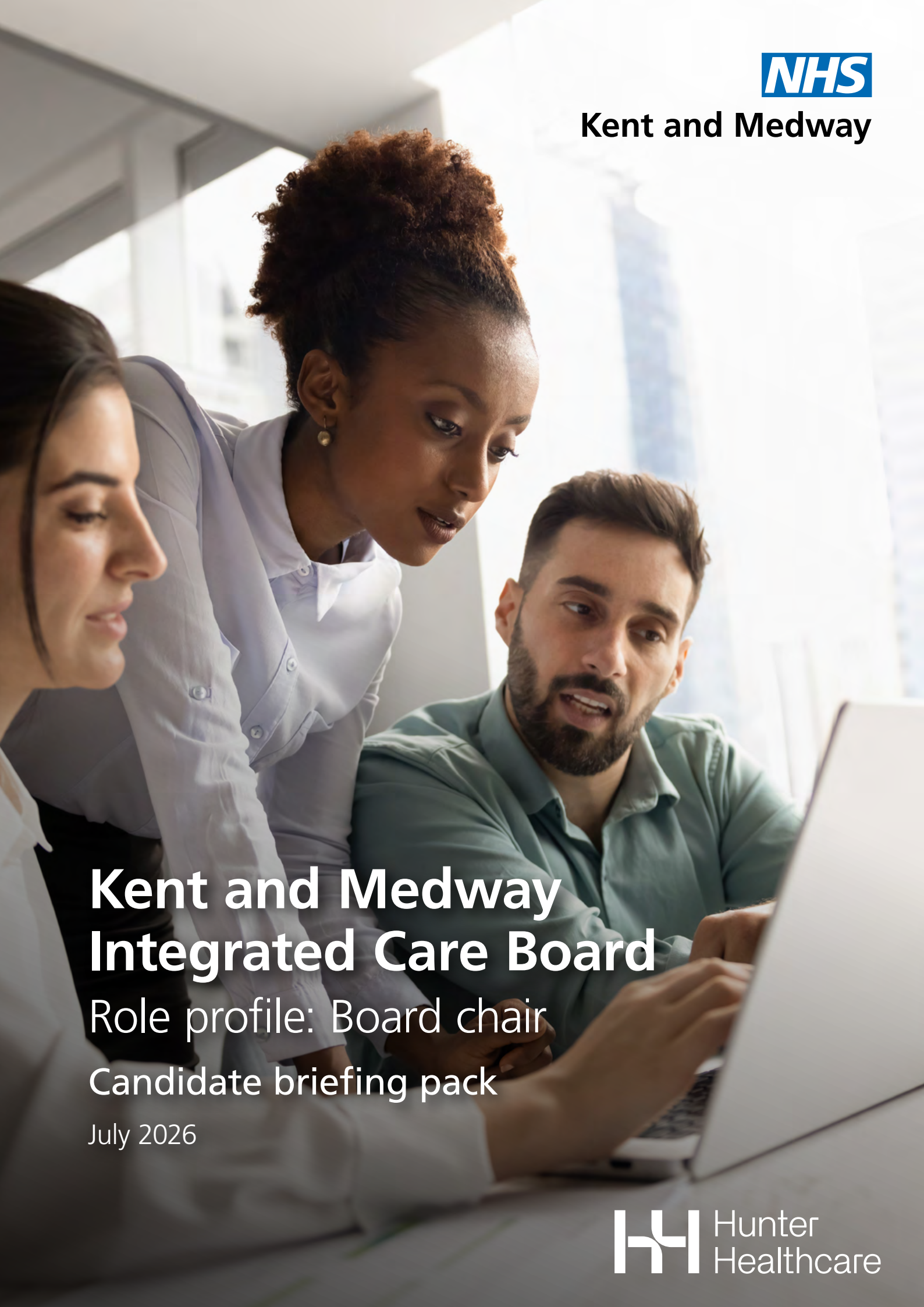


NHS
Kent and Medway

Kent and Medway Integrated Care Board

Role profile: Board chair

Candidate briefing pack

July 2026

Hunter Healthcare

Welcome

Thank you for your interest in the role of chair of NHS Kent and Medway Integrated Care Board. As chair of the Remuneration and People Committee, I am pleased to introduce this opportunity at what is a significant moment for both our organisation and the wider NHS.

The board is seeking an exceptional individual who can provide visible, credible and values-driven leadership as we continue our transition to a high-performing strategic commissioning organisation. This is an opportunity to lead an organisation responsible for planning and commissioning healthcare services for around two million people, ensuring resources are used effectively to improve outcomes, reduce health inequalities and secure long-term sustainability.

The role of chair extends well beyond governance oversight. We are looking for someone who can create the conditions for success, foster constructive challenge, support strong partnership working and ensure the board maintains a clear focus on its statutory responsibilities and strategic priorities. The successful candidate will work closely with the chief executive, Executive Team and board members to guide the organisation through a period of significant change and transformation.

Kent and Medway faces many of the challenges experienced across the NHS, including rising demand, persistent health inequalities, financial pressures and the need to redesign services around the needs of local communities. Addressing these challenges will require strong leadership, sound judgement, strategic thinking and a commitment to public service.

The board is committed to maintaining the highest standards of governance, integrity and inclusion. We are seeking a chair who will embody those values, encourage open and transparent decision-making and help ensure that the voices of patients, carers, staff and communities continue to shape our work.

Thank you for considering this appointment. I hope the information within this pack provides a helpful insight into the scale of the opportunity and the contribution you could make to the future of health and care across Kent and Medway.

Yours sincerely,

Gurvinder Sandher
Chair, Remuneration and People Committee
NHS Kent and Medway Integrated Care Board

About us

Kent and Medway Integrated Care Board (ICB) is responsible for planning and commissioning healthcare services for around two million people, with an annual budget of approximately £5.4 billion in 2026/27.

6
provider trusts, plus one CIC

45
primary care networks

175
general practices

300+
pharmacies

90,000
staff working in health and care

9
multi-neighbourhood areas

12
districts, one upper tier council, one unitary

Our vision and values

Our vision

Kent and Medway ICB commissions the right services at the right time for the people who need them, helping to improve health outcomes and reduce health inequalities while living within our budget.

Our values

We have five key values that underpin our work:

CARING FOR ALL

We look after each other and our communities.

INCLUDING EVERYONE

We celebrate who we are and our diversity.

BUILDING TRUST

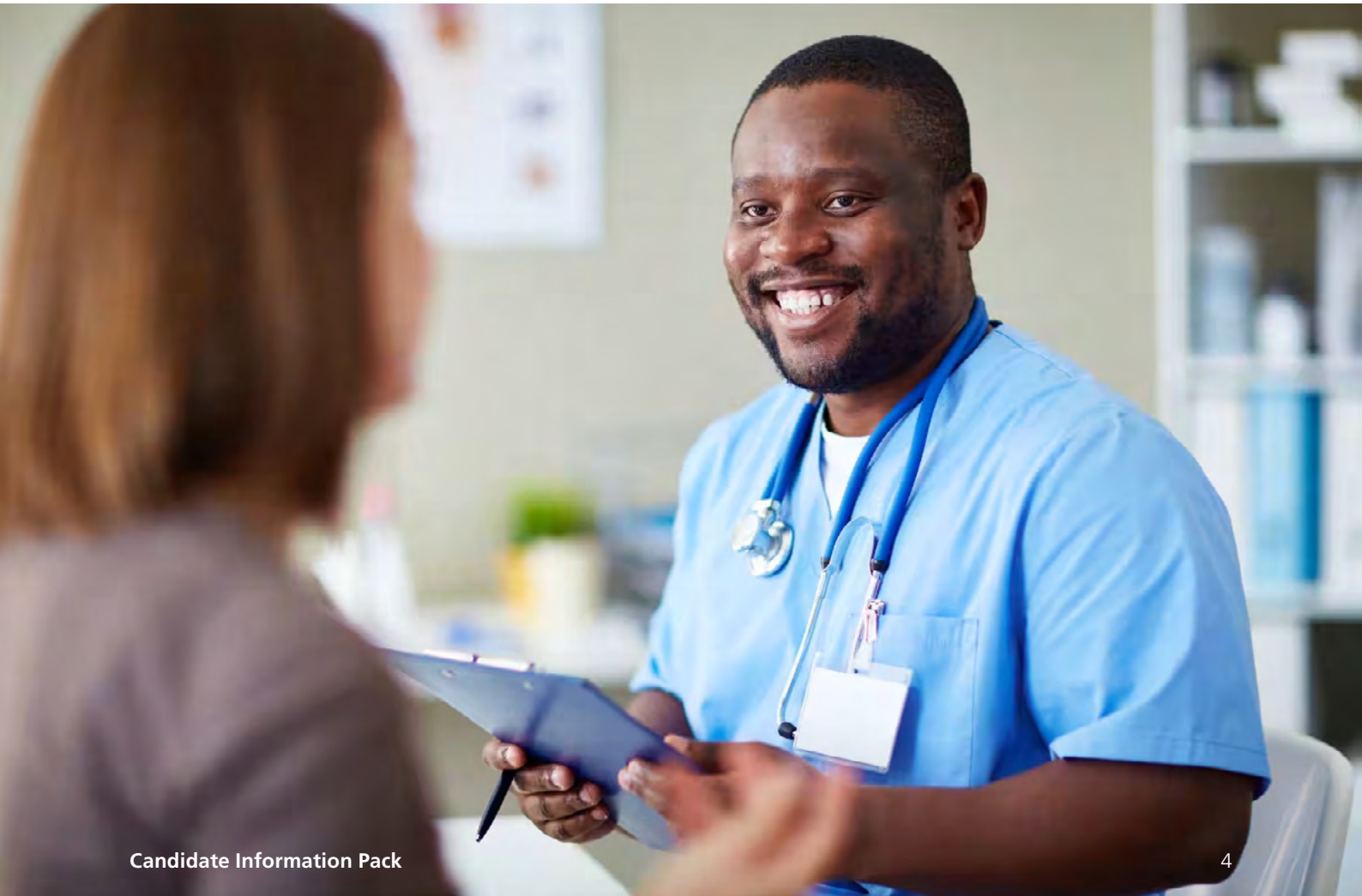
We are empowered to do our roles and respect each other.

DOING WHAT'S RIGHT

We are open, honest and welcome challenge.

BEING COURAGEOUS

We are bold and always want to improve.



Our work as an ICB

ICBs in England have four core objectives. These are to:

- Improve health outcomes and reduce inequalities in health.
- Ensure consistently high-quality care.
- Drive improved productivity.
- Improve social and economic impact.

In support of these four objectives, the government 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.

OUR ROLE AS A STRATEGIC COMMISSIONER

We are building a fundamentally different kind of organisation. Our role is to design and shape the healthcare of our system so that it consistently delivers better outcomes, reduces inequalities, improves quality and operates within its means while being clearly and consistently clinically led. This means we:

- Define the model of care the system will deliver.
- Align resource to that model, using planning, contracting and investment decisions.
- Set clear expectations on quality, access, outcomes and productivity.
- Use data and insight to understand variation, target intervention and track impact.
- Hold partners to account for delivery, intervening where performance falls short.

We work through partnership, but we are unambiguous in our role; we set the direction, we create the conditions for delivery, and we assure that the system delivers for our population.

OUR SYSTEM MODEL: FOUR LAYERS OF CARE

Everything we do is anchored in a single system model, known as our four layers of care. These are not conceptual. They are the framework through which we design services, commission pathways and measure performance.

- **Primary care** – the foundation of the system, providing consistent, accessible, relationship-based care, with a strong focus on prevention, continuity and long-term condition management.
- **Neighbourhood care** – multidisciplinary teams working at scale around defined populations, bringing together primary care, community services, mental health, social care and the voluntary sector to proactively manage need and reduce inequalities.
- **Intermediate care** – services delivered at scale in the community to improve flow, maximise recovery and independence, prevent admission and support timely discharge.
- **Acute care** – a coordinated system of hospital care, operating with shared accountability for safety, quality, access, productivity and outcomes.

Our role as commissioner is to ensure these layers operate as a coherent system rather than a set of disconnected services.

OUR CONTEXT AND CHALLENGES

Kent and Medway faces a set of long-standing and structural challenges:

- Significant population growth and ageing, with the 85+ population projected to grow rapidly.
- Increasing prevalence of multiple long-term conditions, strongly linked to deprivation and wider determinants of health.
- Persistent health inequalities, with substantial variation in life expectancy.

- Rising demand across all parts of the system.
- Fragile performance across key services.

These challenges require a different response: not incremental change, but a system that is designed and led differently, with a clear model of care and a strong, disciplined approach to commissioning.

HOW WE WORK

To deliver this, we are deliberately shaping a different kind of organisation. We expect:

- Clarity and accountability – individuals take ownership and operate with pace and discipline.
- Rigorous use of data and insight – decisions are evidence-based and outcomes-focused.
- Constructive challenge – high standards, open debate and continuous improvement.
- Multidisciplinary working – clinical, operational, analytical and commissioning expertise working as one.
- Strong relationships – working in partnership with providers, local government and communities.

We will invest in digital capability, automation and modern ways of working to reduce administrative burden and enable our teams to focus on leadership, influence and delivery.

- **Presence matters:** We expect all teams to be office-based at least twice a week, with executives on site more often, to build trust, cohesion, and collective ownership echoing the team-based innovation practices of leading design, technology, and consulting organisations. We would expect there to be changes in where we work over time, but we will explore that in the first year of the new organisation.
- **Self-sufficiency is expected:** We will support colleagues to operate with autonomy, clarity, and accountability mirroring successful professional services cultures where personal ownership is the norm. This also encompasses minimising the time and administrative burden created by leaders and communicating that to teams. Senior leaders are expected to effectively employ modern IT techniques to model the digital revolution within the NHS.
- **Time is precious:** We will invest significantly in automation and artificial intelligence to reduce administrative burden freeing our people to lead, influence, and deliver.
- **Challenge is welcome:** We will embed a culture where feedback is candid and constructive, where challenge is expected and taken in the spirit of improvement, and where psychological safety and high standards go hand in hand.
- **Behaviours are key:** We will ensure that our most senior leadership consistently exemplifies inclusive behaviours, setting the standard for integrity in language, tone, and conduct always. This includes addressing challenging behaviours as they arise to ensure that the credibility of the leadership is always maintained.
- **Multi-disciplinary working:** We will embed a culture of collaboration across professional boundaries, ensuring that teams operate as integrated units rather than isolated functions. This approach will enable us to draw on diverse subject matter expertise, improve decision-making, and deliver more innovative and patient-focused outcomes. In practice, this means prioritising shared accountability, open communication, and collective problem-solving. As executive leaders will play a key role in modelling this behaviour, fostering trust and psychological safety so that challenge and constructive feedback are welcomed. Over time, MDT working will become a cornerstone of how we operate, supporting agility and resilience as we transition to the new organisational model.

Our leaders are expected to model this consistently, creating a culture that is both high-support and high-accountability.

Role profile

Please note: the following role description is subject to future changes in policy direction and legislation. The role description will be used to appoint future chairs and joint chairs of integrated care boards (dependent on any proposed changes to the ICB footprint).

Role summary

NHS Kent and Medway ICB serves a population of around 2 million people across a diverse geography, including areas of significant deprivation alongside more rural and coastal communities. The system faces well-established challenges in improving population health outcomes, reducing inequalities, restoring financial balance and delivering sustainable service models.

The ICB is undertaking a significant transformation to become a high-performing strategic commissioning organisation, aligned to its Five Year Strategic Plan and three-year financial strategy. This includes a clear shift towards neighbourhood health, strengthening primary and community care, and ensuring that commissioning decisions are evidence-led, outcomes-focused and deliver value for money.

This transformation is being delivered alongside wider system change, including the development of provider collaboratives, increased partnership working with local authorities, and a renewed focus on prevention, early intervention and population health management.

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.

In this context, the chair will play a critical role in ensuring delivery of the ICB's strategic priorities, including:

- supporting the shift to neighbourhood and community-based models of care, improving access and outcomes
- ensuring commissioning decisions are aligned to population health need and reduce unwarranted variation
- strengthening system performance across urgent and emergency care, planned care, mental health and primary care
- embedding a culture of value for money and ensuring delivery of financial recovery over the medium term
- driving the development of a high-performing, data-informed strategic commissioning function.

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.

In addition to national accountability arrangements, the chair will play a key role in providing system leadership across Kent and Medway, working closely with local authority partners, provider organisations and wider stakeholders.

The chair will be expected to operate effectively within a complex partnership environment, where delivery depends on alignment across organisations with distinct statutory responsibilities. This includes chairing the ICB board and contributing to wider system governance arrangements, ensuring that the ICB plays a full and effective role within the Kent and Medway Integrated Care System.

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 lead the unitary board, which holds collective and corporate accountability for the performance of the organisation, ensuring its functions are effectively discharged and that NHS resources are used appropriately.

The chair will lead the board in setting and assuring delivery of the ICB's strategic direction, aligned to the Kent and Medway Five Year Strategic Plan and underpinned by a three-year commissioning and financial strategy. This includes driving the transition to a high-performing strategic commissioning organisation, focused on improving population health outcomes, reducing inequalities, and shifting care towards neighbourhood and community-based models.

The chair will ensure delivery of annual plans within this framework, including restoring the system to financial balance over the agreed three-year period, value for money, and system transformation. They will hold the board and organisation to account for delivery of strategy and financial balance, and lead the board to govern effectively, building confidence among patients, the public and system partners 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 and with senior leaders, recognising the importance of coherent system leadership across the wider Kent and Medway landscape. 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.

In this regard, the chair will support strong system leadership, fostering alignment between the ICB and local authority partners and wider system stakeholders within the existing statutory framework. This includes supporting the development of effective joint working arrangements to strengthen integration in practice, particularly in relation to prevention, neighbourhood health and population outcomes.

The chair will champion opportunities to align priorities, streamline governance where appropriate, and reduce unnecessary duplication, while maintaining clear accountability for statutory responsibilities. A key measure of success will be the extent to which system partners work together coherently to deliver shared strategic ambitions and improved outcomes for the population of Kent and Medway.

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, 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.

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
- A commitment to cross-sector collaboration and the belief that health, care, and wider public services must work in partnership to improve outcomes

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.
- Ability to convene, align, and influence across complex governance environments where formal responsibilities differ but ambitions for citizens are shared

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.
- Understanding of the role and function of councils and the opportunities for closer alignment between health, care, and wider public service activity.

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.
- Experience working collaboratively in systems where health, care, and wider public service collaboration is required to delivery shared outcomes.
- Demonstrated experience of operating effectively where accountability is shared or overlapping, requiring diplomacy, alignment and consensus-building.

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 have a non-executive director or chair role at an NHS trust. 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.

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 our **website**.

As part of these checks:

- NHS England will seek three employment references covering at least the previous six consecutive years.
- If you have held a substantive NHS board appointment (chair or non-executive director) after 30 September 2023, a Board Member Reference (BMR) will also be required from the organisation(s) where you served.

By submitting your application, you consent to these checks being undertaken and to relevant information being shared with NHS England for the purposes of assessing fitness and propriety.

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.

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: £75,000
- Initial term of appointment as ICB chair will be 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 two and a half to three 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

- **The Model ICB Blueprint**
- **The 10 Year Health Plan for England**
- For information about the ICB, such as business plans, annual reports, and services, visit the NHS Kent and Medway ICB **website** Follow the links 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
- **View all current chair and non-executive vacancies**
- **Sign up to receive email alerts on the latest vacancies**
- **Contact details for the Non-executive Appointments Team**

NHS England 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.

How to apply

The closing date for applications is **16 August 2026**.

Applications should include:

- A **covering letter** explaining why the appointment interests you, how you meet the appointment criteria and what you specifically would bring to the post **(no more than two pages)**.
- A **CV** with education and professional qualifications and full employment history. Please include daytime and evening telephone contact numbers and email addresses. The CV should include names and contact details of three referees. References will not be taken without your permission **(no more than three pages)**.
- You will need the following ID number for this role: **K&M-CHAIR-0726**

All applications will be acknowledged.

For an informal conversation about the post, please contact Lauren Virot or Jenny Adrian at our recruitment partners, Hunter Healthcare by email: **jadrian@hunter-healthcare.com** or phone: **07939 250362**

CLICK HERE TO APPLY ONLINE

KEY DATES

Application closing date	16 August 2026
Shortlisting	20 August 2026
Interviews	7 September 2026

The application process

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, including a one-to-one with the chief executive, to support candidate insight and alignment. 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: Selection panels 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 and Improvement for appointment and the Secretary of State for Health for final approval of appointment