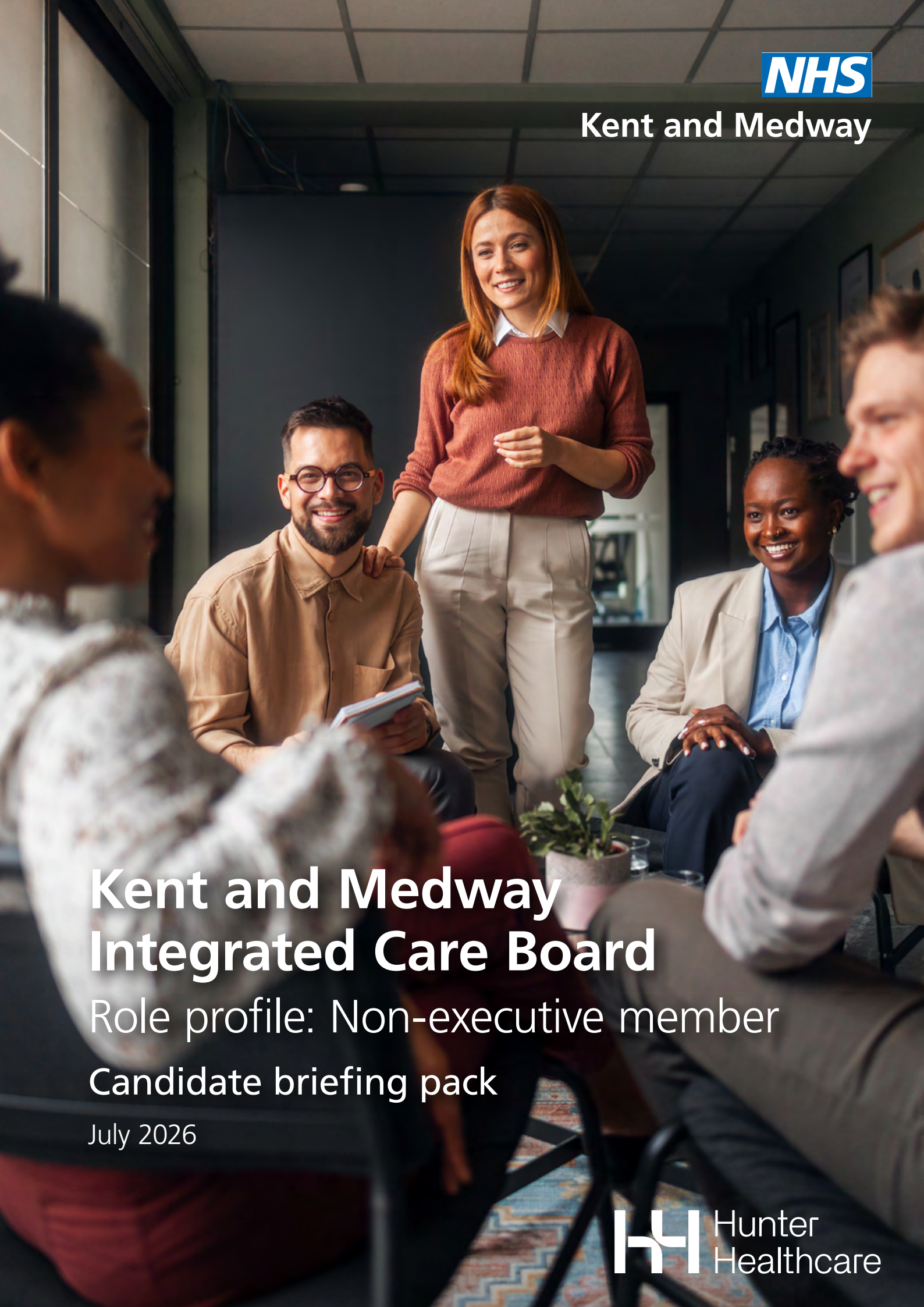


NHS
Kent and Medway

Kent and Medway Integrated Care Board

Role profile: Non-executive member

Candidate briefing pack

July 2026

Hunter Healthcare

Welcome from the interim chair

Thank you for your interest in becoming an Independent non-executive member of NHS Kent and Medway Integrated Care Board.

As interim chair, I have the privilege of working with board members who bring independent thinking, valuable experience and constructive challenge to our decision-making.

Our non-executive members play a vital role in ensuring the board remains focused on delivering better outcomes for the people of Kent and Medway while maintaining the highest standards of governance, accountability and stewardship of public resources.

The NHS is experiencing one of the most significant periods of transformation in its history. Within Kent and Medway, we are continuing to strengthen our role as a strategic commissioner, working with partners across health and care to improve population health, reduce inequalities, enhance quality and secure long-term sustainability.

Delivering these ambitions requires a board that is both supportive and challenging, bringing together a wide range of perspectives and expertise.

We are looking for individuals who can contribute independent judgement, strategic insight and a commitment to public service. Whether your experience has been gained within health and care or in other sectors, your ability to contribute effectively at board level, provide robust assurance and support effective decision-making will be highly valued.

Just as importantly, we are seeking people who share our commitment to inclusion, openness and continuous improvement. The most effective boards are those that create an environment where diverse views are welcomed, challenge is encouraged and decisions remain focused on the needs of the populations they serve.

This is an exciting opportunity to contribute to an organisation that commissions services for around two million people and plays a central role in shaping the future of health and care across Kent and Medway.

Thank you for taking the time to explore this opportunity. I hope the information in this pack provides a clear picture of the role and inspires you to consider joining us.

Yours sincerely,

Angela McNab
Interim chair
Kent and Medway ICB

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

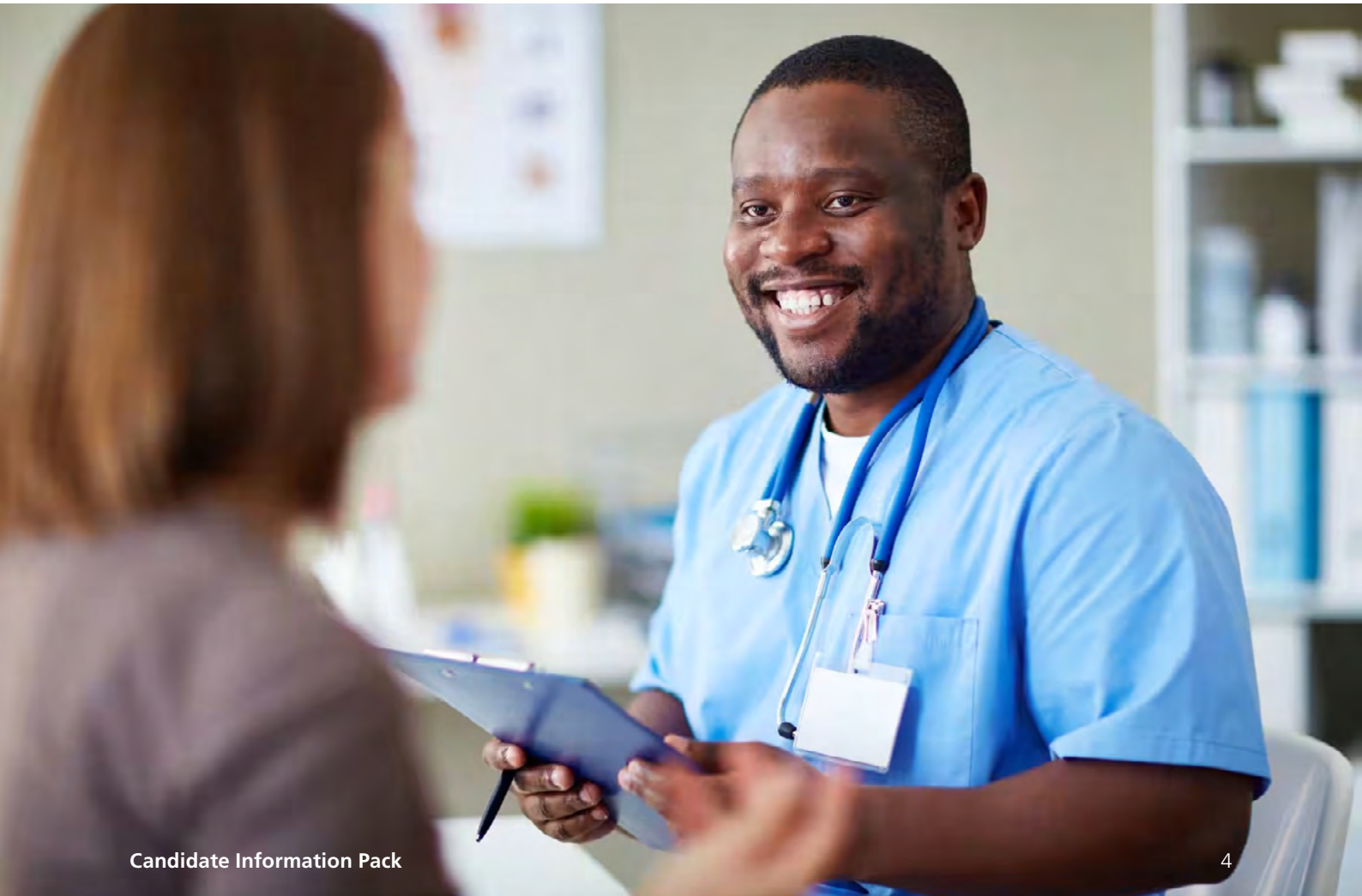
We are empowered to do our roles and respect each other.

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

Role title:	ICB non-executive
Reports to:	ICB chair
Accountable to:	ICB chair
Term:	Maximum of two terms for up to three years per term
Time commitment:	Approximately three days per month subject to role requirements
Location:	Flexible across Kent and Medway

Role priorities and accountabilities

The role of Independent non executive member is a statutory appointment within NHS Kent and Medway Integrated Care Board (ICB). Appointees operate as full members of the unitary board, with collective responsibility for setting direction and for ensuring effective governance, financial stewardship, risk management and assurance in accordance with the ICB's Constitution and statutory duties.

PRIORITIES

The independent non-executive members will:

- work collaboratively to shape a long-term, viable plan for the delivery of the functions, duties and objectives of the ICB while acting as a steward of public resources and ensuring the board maintains effective oversight, control, and assurance over performance, risk, and use of public funds.
- make sure 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 effective governance arrangements (including with the ICP), effective stewardship, proportionate delegation and collaborative leadership and effective partnership working, ensuring that partnership arrangements do not dilute clarity of accountability or statutory responsibility.
- support and constructively challenge the chair and support and hold the board to account on issues that impact organisations and workforce across the ICS, such as integration, the people agenda, digital transformation, and emergency preparedness, system resilience and business continuity.
- play a key role in ensuring statutory arrangements operate effectively and continue to develop in line with legislative and regulatory requirements including effective oversight of commissioning functions and any delegated responsibilities.

ACCOUNTABILITIES

The independent non-executive members:

- are accountable to the ICB chair.
- have designated areas of responsibilities as agreed with the ICB chair.
- have a collective responsibility with the other members of the ICB to ensure corporate accountability for the performance of the organisation, including the effectiveness of governance, risk management and internal control systems, ensuring its functions are effectively and efficiently discharged and its financial obligations are met and that significant risks are identified, escalated, and managed within the board's agreed risk appetite.

Role responsibilities and competencies

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

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

Personally, you will bring a range of professional expertise as well as community understanding and experience to the work of the board. We are interested in your life experience and personal motivations that will add valuable insights such as: being a patient, carer or 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 experience of living with mental health issues and/or living with physical chronic conditions or disability.

As an NHS leader, you will demonstrate a range of leadership competencies outlined below. 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 **NHS 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 Integrated Care Partnership (ICP), developing strong relationships between the ICB board and the ICP.
- Supporting the success of the ICP in establishing shared strategic priorities in the NHS and 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 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 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 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 and through effective assurance mechanisms that enable the Board to judge whether controls and mitigations are operating as intended.

- Ensuring alignment between the Board Assurance Framework, corporate risk register, and committee assurance arrangements, and that the board receives clear, evidence-based assurance on the effectiveness of controls.
- Ensuring the ICB delivers its functions in line with all 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 which is reflected and modelled in their own and the board's behaviour and decision-making.
- Ensuring the board acts with the highest ethical standards of public service and that any conflicts are appropriately resolved.

TIME COMMITMENT

The role is expected to involve a time commitment of approximately three days per month.

This includes attendance at board and committee meetings, chairing meetings where applicable, agenda planning with the executive lead, preparation and review of papers, follow up on actions arising, reporting to the board, and participation in development activities as required. There is an expectation of reasonable flexibility, as the time commitment may increase during periods of organisational change, heightened assurance activity, or in response to emerging issues.

ADDITIONAL RESPONSIBILITIES: AUDIT AND RISK COMMITTEE CHAIR

The Audit and Risk Committee supports the delivery of the Integrated Care Board's (ICB) objectives by providing independent oversight and assurance to the board on the adequacy and effectiveness of the ICB's governance, risk management, and internal control frameworks. In doing so, the committee undertakes objective review of the ICB's financial and corporate governance arrangements, risk management processes and compliance with applicable law, guidance, and regulations governing the NHS.

This committee is accountable to the board and provides an independent and objective view of the ICB's compliance with its statutory responsibilities. The committee is responsible for arranging appropriate internal and external audits.

Audit and Risk Committee chairs share the roles and responsibilities of the other non-executive members and in addition have responsibilities to:

- provide leadership and vision to the Audit and Risk Committee to ensure it is effective in its role and that robust internal control systems are in place and operating effectively;
- bring independent financial acumen to the work of the Audit and Risk Committee across its governance, risk management, assurance and internal control functions, including the ability to interrogate financial recovery arrangements, delegated financial control frameworks and system financial risk;
- ensure the committee identifies key risks in implementing its strategy, critically evaluates the adequacy of mitigations, determines its approach and attitude to providing effective oversight of those risks and ensures there are prudent controls to assist in managing risk;
- lead the committee's oversight of the delivery of internal and external audit recommendations, ensuring timely implementation of agreed actions and appropriate escalation of delayed or ineffective responses;
- set an integrated agenda relevant to the operating environment, taking full account of the important strategic issues it faces and aligning with the annual planner for the board and other committees;
- build and maintain relationships with key Audit and Risk Committee stakeholders, such as the board chair, the chief executive, finance director and internal and external auditors, including regular meetings with each as part of the process of developing the agenda and preparing for each committee meeting;
- lead and support a constructive dynamic in the committee, enabling grounded debate with contributions from all, ensuring the committee sees itself as a team, has the right balance and diversity of skills, knowledge and perspectives, and the confidence to challenge on all aspects of the agenda;
- guard the committee's independence as a source of assurance to the board and lead the committee in establishing effective and ethical decision-making processes;
- ensure the committee receives accurate, high quality, timely and clear information, that the related assurance systems are fit for purpose and there is a good flow of information between the committee, the Board and senior management;
- ensure safeguards are in place to allow staff and other individuals, where relevant, to raise, in confidence, concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety or other matters. These processes should also reassure individuals raising concerns that they will be protected from potential negative repercussions;
- develop a committee that is genuinely connected to and assured about staff and patient experience, as demonstrated by appropriate feedback and other measures;
- oversee the professional development of the members, ensuring that they have the right information to perform their roles.

In the context of external reviews, inspections or financial governance reviews, the Audit and Risk Committee chair will play a key role in assuring the board that agreed governance improvements are embedded, sustainable and operating effectively.

The Audit and Risk Committee chair will also be appointed as the conflicts of interest guardian. In collaboration with the ICB's governance lead, their role is to:

- act as a conduit for members of the public and members of the partnership who have any concerns with regards to conflicts of interest;
- be a safe point of contact for employees or workers to raise any concerns in relation to conflicts of interest;
- support the rigorous application of conflict of interest principles and policies;
- provide independent advice and judgment to staff and members where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation;
- provide advice on minimising the risks of conflicts of interest.

The board will periodically review committee arrangements, capacity, and chairing responsibilities to ensure they remain appropriate as the ICB's governance maturity and risk profile evolve.

Person specification

COMPETENCY DOMAIN	KNOWLEDGE, EXPERIENCE, AND SKILLS REQUIRED
Setting strategy and delivering long-term transformation	• Knowledge of health, care, local government landscape and/ or the voluntary sector. • A capacity to thrive in a complex and politically charged environment of change and uncertainty. • Experience leading change at a senior level to bring together disparate stakeholder interests.
Building trusted relationships with partners and communities	• An understanding of different sectors, groups, networks and the needs of diverse populations. • Exceptional communication skills and comfortable presenting in a variety of contexts. • Highly developed interpersonal and influencing skills, able to lead in a creative environment which enables people to thrive and collaborate. • Experience working collaboratively across agency and professional boundaries.
Leading for social justice and health equality	• An awareness and appreciation of social justice and how it might apply within an ICS. • Record of promoting equality, diversity and inclusion in leadership roles. • Life experience and personal motivation that will add valuable personal insights.
Driving high quality, sustainable outcomes	• Problem solving skills and the ability to identify issues and areas of risk, leading stakeholders to effective resolutions and decisions.
Providing robust governance and assurance	• Demonstrable experience of operating within robust corporate governance, risk management and assurance frameworks, including participation in audit, risk or finance committee. • 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. • Ability to challenge constructively at Board level on the effectiveness of controls, financial governance and risk management arrangements, particularly in complex system environments.
Creating a compassionate and inclusive culture for our people	• Models respect and a compassionate and inclusive leadership style with a demonstrable commitment to equality, diversity and inclusion in respect of boards, patients and staff. • Creates and lives the values of openness and transparency embodied by the **principles-of-public-life** and in **Our People Promise**.

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-NEM-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	27 August 2026
Interviews	September 2026 (tbc)

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 to support candidate insight and alignment. Feedback from these sessions will be shared with the selection panel.

Interviews: 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 the ICB's Remuneration and People Committee who will endorse the recommendation of the panel. The ICB board will be the final approval governance forum.