NHS Devon

NHS Cornwall and Isles of Scilly

Independent Non-Executive Member (NEM)

NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards

Candidate Pack

February 2026

Contents

Welcome

Dear Candidate

Thank you for your interest in the role of Non-Executive Member for the Devon, Cornwall and Isles of Scilly ICB Cluster. Non-Executive Members (NEMs) contribute by bringing an external perspective, upholding the highest standards of governance, and championing the interests of people and communities

The South West Peninsula Cluster was established in response to national NHS reforms to consolidate leadership, reduce running costs and strengthen strategic commissioning across England. Our cluster brings together NHS Devon and NHS Cornwall & Isles of Scilly with a single Board, shared leadership model and joint operating arrangements ahead of an anticipated formal merger in 2026/27.

This moment represents both continuity and renewal: we remain fully committed to high-quality, compassionate care for our communities while reshaping our system for the future. Our priority is unchanged, improving the health and wellbeing of the c.2 million people across the peninsula but the way we work must evolve to ensure stability, sustainability and long-term transformation.

NEMs play a vital role in providing independent oversight, constructive challenge, and strategic guidance as the two ICBs progress towards an anticipated merger.

Working collaboratively with executive colleagues and system partners, NEMs help ensure that transformation is cohesive, that transitions enhance service delivery, and that new models maximise value for local populations while supporting improved health and wellbeing.

About the role

Our Non-Executive Members (NEMs) work collaboratively to shape the long-term, viable plan for the delivery of the functions, duties and objectives of the Cluster and for the stewardship of public money.

You will be accountable to the Cluster Chair (as members of both the NHS Devon and NHS CIOS ICB Boards), have designated areas of responsibilities

You will ensure that the Cluster Joint Committee/Board is effective in all aspects of its role and appropriately focused ICB statutory objectives and you will bring independent and respectful challenge to the plans, aims and priorities of the Cluster.

You will be a champion of new governance arrangements, collaborative leadership and effective partnership working, including with local government, NHS bodies and the voluntary sector.

Who we are looking for

We are seeking an established, exceptional NHS leader who will:

- Drive high quality and sustainable outcomes
- Set strategy and delivering long term transformation
- Promote equality and inclusion, and reducing health and workforce inequalities
- Provide robust governance and assurance
- Create compassionate, just and positive cultures
- Build a trusted relationship with partners and communities.

Personally, you will bring a range of professional expertise as well as community understanding and experience to the work of the Cluster Joint Committee/Board.

We are interested in your life experience and personal motivations that will add valuable personal insights.

Our Commitment

As Chair, I want to emphasise that this is not solely a period of consolidation. It is a moment of opportunity and true transformation. Across the peninsula we have exceptional people — clinicians, staff, leaders, communities — who continue to innovate and serve despite challenging circumstances. We are building on strong foundations and shaping a system that truly works together for its population. This interim leadership role is pivotal to strengthening that journey.

If you are motivated by leading change in complex organisations, transformation, collaboration and public service; if you bring accountability, credibility, stability and strategic edge; and if you are energised by the chance to shape the future of health and care for our peninsula, I would be delighted to hear from you.

Yours sincerely,

John Govett

Chair — NHS Devon and NHS Cornwall and Isles of Scilly
South West Peninsula ICB Cluster

About Devon

One Devon is a collaboration of the NHS and local councils, as well as a wide range of other organisations like the voluntary sector, who are working together to improve the lives of people in Devon. We want to make our system as strong and effective as possible, through partnership working and with the ambition to tackle health inequalities, help communities thrive and achieve the very best for everyone.

About the One Devon Integrated Care System

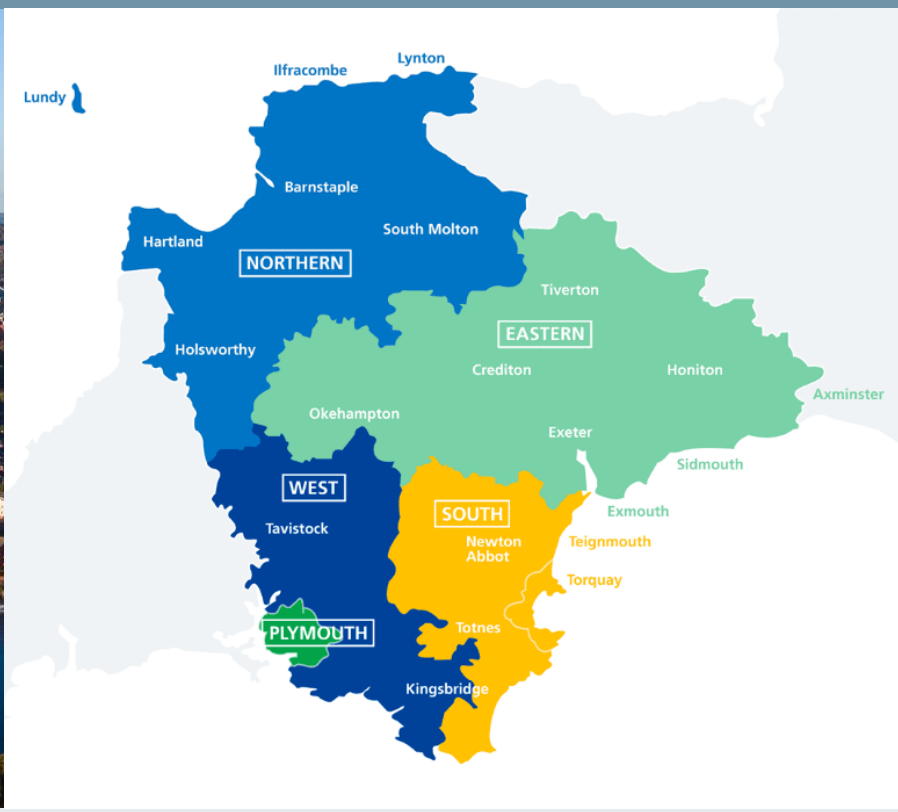
Devon is a complex system, with many different arrangements delivering functions across a unique geography:

- Two unitary authorities (Plymouth City Council and Torbay Council).
- One county council (Devon), with eight district councils.
- 117 GP practices across 31 Primary Care Networks (PCNs).
- Devon Partnership Trust (DPT) and Livewell South West (LWSW) provide mental health services.
- Four acute hospitals – North Devon District Hospital and the Royal Devon and Exeter Hospital, both managed by the Royal Devon University Healthcare NHS Foundation Trust (RDUH), Torbay and South Devon NHS Foundation Trust (TSDFT) and University Hospitals Plymouth NHS Trust (UHP).
- One ambulance trust – South Western Ambulance Service NHS Foundation Trust (SWASFT).
- Dental surgeries, optometrists and community pharmacies.
- A care market consisting of independent and charitable/voluntary sector providers.
- Many local voluntary sector partners across our neighbourhoods

Our population and area

Devon is one of the largest counties in the UK, with a population of 1,271,620 (weighted population of 1,342,794) spread across an area of more than 2,500 square miles. This makes Devon's population density one of the lowest in England at 1.27 people per hectare (UK average is 28.1).

It is an area of many contrasts, with varied landscapes including remote rural, coastal and environmentally sensitive areas, interspersed with villages and historic market towns, where affluence sits alongside some of the most disadvantaged areas in England.



NHS Devon Integrated Care Board has an annual budget of £3.7 billion and is responsible for commissioning the majority (two-thirds) of NHS services for the county, including planned care, urgent care, primary care, community care, maternity, mental health and children and young people's services.

One Devon

The county is also home to a complex care market of independent and charitable/voluntary sector providers, plus many local voluntary sector partners across our neighbourhoods.

There are also alliances and joint working across a range of other areas including, medicine and dentistry, radiology, neonates, cancer and critical care.

In terms of demographics, Devon has an ageing and growing population with increasing long-term conditions, co-morbidity and frailty. The population is older than the England average and has a disproportionately small working age population relative to those with higher care needs. This places increased pressure on the health and care system.

Devon has complex patterns of urban, rural and coastal deprivation. Hotspots of urban deprivation are evident, with the highest overall levels in Plymouth, Torbay and Ilfracombe. Many rural and coastal areas, particularly in north and west Devon experience higher levels of deprivation, impacted by lower wages, and a higher cost of living.

Significant inequalities exist across Devon, with people living in deprived areas and certain population groups experiencing significant health inequalities as a result.

People living in more deprived areas have poorer health outcomes caused by modifiable behaviours and earlier onset of health problems than those living in the least deprived communities. This leads to lower life expectancy and lower healthy life expectancy in these communities, coupled with higher and earlier need for health and care services.

The proportion of the population providing unpaid care is increasing, with higher levels of the One Devon population caring for relatives, both the physical and mental health of carers can suffer as a result.

Cornwall and Isles of Scilly

NHS Cornwall and Isles of Scilly Integrated Care Board plans and funds most NHS services for its local population, including planned care, urgent care, primary care, community care, maternity, mental health and children and young people's services. It unites system partners (NHS organisations, local government, voluntary, community and social enterprise sector (VCSE) and others) to develop and deliver our integrated care strategy.

The ICB and its partners prioritise out of hospital care, with investment directed to the development of integrated neighbourhood teams. Other key priorities for 2025/26 include the development of community-based alternatives to admission for our frail elderly, 24/7 end of life community services, strengthened discharge to assess arrangements, improving our urgent and emergency care response, and enhancing mental health services and neurodiversity support for adults and children.

Our budget for 2025/26 is £1.5 billion. We have achieved a balanced budget for three consecutive years, resulting in historic debt of £114 million being written off by NHS England (NHSE)

Cornwall Council is England's largest unitary authority, with a population of 578,324, whilst the Council of the Isles of Scilly is the smallest with a population of 2,229 (2023 MYE, ONS).

For the purposes of ICB configuration and related resources, NHSE is using our weighted population of 676, 091. Weighted populations are a population count that has been adjusted to reflect varying healthcare needs, and unavoidable geographical differences in the cost of providing services.

Cornwall covers an area of 3.559 sq. km and has the longest coastline of all English counties (697 km). It is an area of many contrasts, including remote rural, coastal and environmentally sensitive areas, interspersed with villages and market towns, where affluence sits alongside some of England's most disadvantaged areas.

Approximately 32% of residents live in settlements with fewer than 3,000 people. Population density is one of the lowest in England at 1.6 people per hectare – presenting unique service delivery challenges compared to more densely populated regions.

Our Integrated Care System

The Royal Cornwall Hospitals NHS Trust provides most acute care. University Hospitals Plymouth NHS Trust serves 20% of patients for their acute care and delivers most tertiary care for our population. Some patients also use Royal Devon University Healthcare NHS Foundation Trust services.

Cornwall Partnership NHS Foundation Trust provides mental health, community services, community hospitals, and minor injury units. South Western Ambulance Services NHS Foundation Trust delivers ambulance services.

Primary care consists of 55 general practices, nearly 100 community pharmacies, 65 dental practices, and 47 ophthalmic providers. Kernow Health community interest company provides NHS 111, out of hours, school immunisations and some primary care services.

To address inequalities and deliver social value, we have invested significantly in care delivered through a wealth of voluntary and community sector organisations, including nationally recognised community health and wellbeing workers, community hubs and reablement at home services.

Cornwall and the Isles of Scilly face a growing aging population, with projections showing 56% more people aged 75 to 85 and 87% more people aged 85+ between 2019 and 2038. While longer life expectancy is positive, time spent living with long-term illness or disability is increasing, meaning pressures on the care system will only increase.

Our population

Natural population change is negative (more deaths than births), contrary to England's overall continuing trend of positive natural change (more births than deaths). However, migration into Cornwall continues to drive population growth.

In addition, an additional 1,714 dwellings per annum are required by government per annum across Cornwall and the Isles of Scilly. There is currently a projected increase in population of 12% by 2034 (due to be refreshed in June 2025).

The region has a disproportionately older demographic profile compared to the national average, creating additional pressures on health and care services. Dementia cases are expected to increase significantly in the next decade, with prevalence rising with age.

Deprivation

Deprivation is a persistent problem. Approximately 74,200 people (35,900 households) live in England's 20% most deprived communities. Child poverty affects 22% of children, while fuel poverty and damp housing remain persistent problems. National measures often miss hidden rural deprivation due to dispersed populations – a particular issue for Cornwall and the Isles of Scilly compared to urban areas where deprivation is more easily identified through standard metrics.

People in deprived communities experience shorter lives with earlier chronic illness than those in affluent areas. More preventable illnesses occur, with respiratory, cancer, and circulatory conditions contributing most to lost years of healthy life. The inequality gap between the most affluent and most deprived areas is widening in Cornwall, mirroring national trends but with additional challenges due to rural isolation. Key risk factors contributing to premature death include smoking, poor diet, physical inactivity, and excessive alcohol consumption.

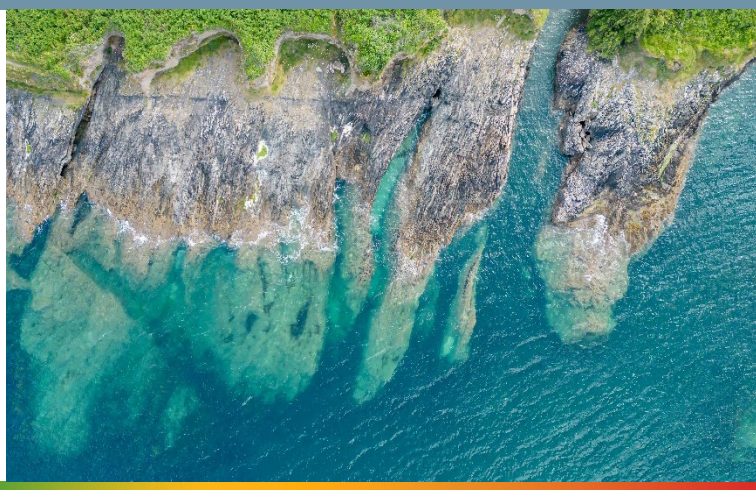
Geography

Cornwall's shape and position create infrastructure challenges affecting service provision. Dispersed population patterns and the extensive coastline present accessibility and equity issues that are more pronounced than in most English counties.

These challenges are magnified on the Isles of Scilly, England's most remote island community, located 45 km off Cornwall's southwestern tip. Of approximately 140 islands, only five are inhabited: St Mary's (the largest at 6 square miles with 1,700 residents), Tresco, St Martin's, Bryher, and St Agnes (England's southernmost inhabited settlement). This extreme remoteness creates healthcare delivery challenges requiring specialised solutions and additional resources compared to mainland services.

Summary

Cornwall and the Isles of Scilly's geography create significant access challenges, with sea boundaries limiting cross-boundary interfaces for service resilience and mutual aid – a situation unique in comparison to most English counties that have multiple land borders facilitating service integration with neighbouring areas.



The region has developed resourcefulness and innovation to address these distinct challenges, exemplified by mobile x-ray and falls vehicles that bring services to local people, reducing avoidable admissions. These innovations are now gaining recognition nationally as potential solutions for other remote areas.

Recent years have seen substantial developments in place-based care, addressing the access challenges, particularly for those experiencing poverty. The ICB's continued focus on preserving its new model of care while protecting financial health will be essential in any future NHS configuration changes, as well as ensuring the benefits of a wider footprint are fully optimised.

Working together

NHS Cornwall and Isles of Scilly and NHS Devon Integrated Care Boards have set up a joint committee, which oversees both organisations to ensure they operate effectively and efficiently.

The committee has established joint working arrangements in September 2025, as part of national NHS reforms to reduce the running costs of integrated care boards (ICBs).

This forms part of wider changes which sees all ICBs in England shift to a more strategic role with different responsibilities for them and other parts of the health and care system.

This requires some ICBs with smaller populations – including NHS Devon and NHS Cornwall and Isles of Scilly – to work more closely with other ICBs in a 'cluster'.

'Clustering' means that, although both individual ICBs will continue to exist, they will work as one – with a single Board, leadership team and staffing structure.

Both organisations will continue to be individual sovereign legal entities until the point of formal merger (expected April 2027).

To ensure effective and cohesive governance oversight of the Cluster arrangements, both organisations have delegated their current Board's responsibilities into a joint committee arrangement. The Cluster Board is chaired by John Govett and includes executive and non-executive members from across both counties.

Our absolute priority remains to serve the population in the best possible way, working closely with, and remaining accountable to, all local health and care partners.

Further reading

- NHS Cornwall and Isles of Scilly and NHS Devon working together – cluster website
- NHS Devon ICB website
- NHS Cornwall and Isles of Scilly ICB website
- A Health and Care Strategy for Devon
- Devon Joint Forward Plan
- Cornwall and Isles of Scilly's 10 Year Integrated Care System Strategy
- Cornwall and Isles of Scilly's Joint Health and Wellbeing Strategy
- Cornwall and Isles of Scilly's Joint Forward Plan
- Cornwall and Isles of Scilly's Annual Report for 24/25

Terms of appointment

- The remuneration: £16k per annum with additional payments depending on specific duties
- Term of office: One year or until the completion of the merger of NHS Devon and NHS Cornwall and Isles of Scilly Integrated Care Boards (currently anticipated to be 01 April 2027)
- You will have considerable flexibility to decide how you manage the time needed to undertake this role. On average, it will require a minimum 2 - 3 days a month, 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.

Follow the links for more information about:

- Support in preparing your application
- Onboarding support, sources of information, useful reading
- View all current chair and non-executive vacancies
- Sign up to receive email alerts on the latest vacancies

We respect your privacy and are committed to protecting your personal data. We will only use personal data where we have your consent or where we need to comply with a legal or statutory obligation. It is important that you read this information together with our privacy notice so that you are fully aware of how and why we are using your data.

Making an application

In the first instance you are invited to make contact if you wish to discuss the role.

Contact details are:

- **Contact:** Sonia Lowe
- **Email:** sonia.lowe1@nhs.net

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

- a CV that includes your address and preferred contact details
- a supporting statement that highlights your skills and experience and allows insights on your values and motivations for applying for the role. You should outline your personal responsibility and achievement within previous roles that demonstrates you have the knowledge, skills and competencies to deliver this role, as outlined in the person specification (max 2,000 words)
- the names, positions, organisations and contact details for three referees. Your referees should be individuals in a line management capacity (or senior stakeholders), and cover your most recent roles and employer, any regulated health or social care activity or where roles involved children or vulnerable adults. Your references may be taken prior to interview and may be shared with the selection panel.
- a completed self-declaration form confirming that you do not meet any of the criteria that would disqualify you from appointment.
- tell us about any **dates** when you will not be available for the selection process.

Advert posted	23/02/2026
Closing date for applications	08/03/2026 - Information to sonia.lowe1@nhs.net
Shortlisting	Week commencing 09/03/2026
Informal meetings with the Chair	Week commencing 16/03/2026
Interviews	Week commencing 23/03/2026