

The vision and ambition for our Integrated Care System

My personal outlook, style and motivations

Passionate and sustained commitment to Nottingham and Nottinghamshire – with a strong record of leadership nationally and locally. Have led effective and high performing services and change at scale with strong and deep partnerships. Deep understanding of the health and care landscape. Credibility nationally and locally. Ability to work with and influence national and regional government and organisations.

Our ambition for the future:

Population health



- Responding to changing demography, technology and use of resources
- Understanding needs of population groups and priorities
- Ensuring the information, structures and enablers support the ambition
- Clear identification of the outcome measures that drive improvement

Integration



- Of health, health and care, health, care and wider public services
- Based around groups of people with particular needs
- Identifying those who need proactive, coordinated care to manage need and risk
- Helping people to be in control
- Improved outcomes, cost and quality

Building the coalition



- Relationship building and trust across ICS – shared influence
- Partnerships with mutual accountability and honest debate
- Focus on the population – we are in a privileged position, here to serve
- Deal with our own issues – balance pace and ownership for change
- Governance, transparency and communication

Innovation and transformation



- Evidence based change
- Coherent, resourced and clear programmes of work
- Integrated work on enablers workforce, finance, technology and data analysis and production
- Standardisation and integration

Engagement and co-production



- Systematic engagement of clinicians and the wider workforce in creating the future
- Ensuring the public have the ability to engage, comment and design service responses
- Communicate widely with all stakeholders

ICS MoU



- Continue to implement and address milestones for key service priority areas of urgent care, mental health and finances
- Celebrate and communicate the successes – new service models and their impact for the system and citizens

Delivering the ICS – My contribution as Non Executive Chair

My personal outlook, style and motivations

Experience and skills in successfully chairing and leading Boards, statutory bodies, large partnerships, and non statutory organisations. Includes non exec chairing roles for Mansfield and Ashfield CCG and as President of Association of Directors of Adult Social Services. Experience, ability and skills in creating the conditions for success. Building momentum and communicating. Identifying progress and challenges. Removing barriers and unlocking potential

My contribution to making it happen:

Governance



- Building shared purpose, cohesion, coordination, hope for the future
- Clear accountability and structures
- Acting within legal parameters
- Quality of board papers and discussion
- Making sure the right people are around the table and the voices are heard
- Living up to the Nolan principles

Assurance



- Ensuring Board, structures and leaders are delivering on:-
- Strategy
 - Performance
 - Quality
 - Budget
- Holding a mirror to the Executive and the system. Knowing when to support and challenge

Strong relationships and trust



- Relationship building and trust - shared influence.
- Promote mutual accountability and honest debate
- Focus on the population – we are in a privileged position, here to serve
- Deal with our own issues – balance pace and ownership for change

Ambassadorial role



- Clear and relevant narrative for different audiences – particularly public and the workforce
- Help to manage interface with national bodies – everyone in the Nottingham and Notts tent
- Local health and care scrutiny, interest groups and Healthwatch engaged

System architecture



- Fully formed and effective functioning of ICS, ICP's and Primary care Networks
- Clarity on objectives and outcomes
- Population health management – roadmap of practical next steps

Holding the MD to account



- Clear personal objectives
- Sufficient capacity, skill and experience available to deliver
- The evidence is there to support the assurance
- Evidence based constructive support and challenge