

Item 13. Enc. I
STP Leadership Board 17 August 2018

Briefing from STP Lead

1. Integrated Care System Memorandum of Understanding (ICS MOU)

Following the 29 June STP Leadership Board meeting and submission of our comments on the ICS MOU NHSE/I all NHS Boards have confirmed their agreement. The MOU was returned to the national team on 9 August to allow for sign off by national directors. The final version will be forwarded to all Board members.

As anticipated, the final version incorporates some changes compared to the version agreed at the meeting on 29 June. Key amongst the changes was a section added to the national template asking all ICSs to take 6 months to come up with a plan to reach local agreement on oversight and assurance. This was the Nottingham and Nottinghamshire proposal and it was decided nationally that this should be the expectation for all systems. Nationally they have set out some guiding principles that they would like local plans to address as plans for oversight and assurance are developed. The second key amendment is a technical financial amendment with a net neutral impact; amendments between two lines in the Trust Control Totals, between the A&E PSF and Finance PSF lines. The third key issue clarifies an imprecise statement in relation to incentive funding (page 8). There are a number of other changes highlighted in the main body of the text which were again, by way of clarification of broad objectives. It is considered that the changes in text do not materially affect the version that has been agreed by the Leadership Boards and the governing bodies.

The ICS MOU has been discussed at the Boards of all constituent statutory NHS organisations and has been agreed.

2. ICS MOU implementation and delivery arrangements

At the 20 July STP Leadership Board meeting we discussed the implementation and delivery arrangements for the ICS MOU, specifically the leadership arrangements for key deliverables (the final column of the table). Following the meeting, some names have been changed as 'lead'. Those people named as leads but not members of the Board have been written to in order to highlight their leadership role. Changes have been incorporated accordingly. The final list has now been recirculated as now agreed.

Feedback from one organisation highlighted that (in some cases) it might be helpful to clarify how these deliverables relate to other pieces of work underway. It is suggested that the role of the 'lead' is in part to make these connections but the STP team will be able to assist with this, where necessary.

3. Nottinghamshire Healthcare Appoints New Chief Executive

Nottinghamshire Healthcare has appointed Dr John Brewin as its new Chief Executive following the retirement of Ruth Hawkins. John, a consultant psychiatrist for 23 years, is currently CEO at Lincolnshire Partnership Foundation Trust (LPFT), where he has been in that role for four years and was their Medical Director for three years prior to this. John previously worked for Nottinghamshire Healthcare in a variety of senior clinical roles between 1995-2011 and he also trained in Nottingham. John has an extensive career history of leadership and managerial roles, with experience as an associate medical director and clinical director before he joined LPFT.

John's start date is yet to be confirmed, but is likely to be towards the end of the year.

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