

Mid-Nottinghamshire Integrated Care Partnership Board (ICP) Meeting
(Meeting held in Public via MS Teams)

Thursday 28 May 2020, 13:00 – 15:30

Agenda

Time	Reference	Item	Action/Paper	Lead
13:00	ICP/20/026	Welcome and Introductions	Note (Verbal)	Rachel Munton
	ICP/20/027	Apologies for Absence	Note (Verbal)	Rachel Munton
	ICP/20/028	Declarations of Interest	Note (Verbal)	All
	ICP/20/029	Notes and Action Log from the February 2020 Meeting of the Mid-Nottinghamshire ICP Board	Approve (Enc.)	Rachel Munton
13:15	ICP/20/030	Member's update on how our organisations are doing/how we are doing individually and what have we done differently as a result of Covid 19	Verbal	All
14:00	ICP/20/031	Update on the formation of an ICP exec	Verbal	Richard Mitchell
14:15	ICP/20/032	Revisiting ICP Priorities in the new context	Discuss (Enc.)	David Ainsworth
15:00	ICP/20/033	The ICP in the next period	Verbal	Richard Mitchell
15:25	ICP/20/034	Any Other Business		
15:30	Meeting Close			

Date and Time of Next Meeting:

Thursday 25 June 2020, 13:00 – 15:30, MS Teams

**Minutes of the Mid Nottinghamshire ICP Board meeting held on
Thursday 27 February 2020, 2.30 – 5.00pm
The Summit Centre, Pavilion Road, Kirkby in Ashfield, NG17 7LL**

Present:

Rachel Muntun (RMu)	Independent Chair
David Ainsworth (DA)	Locality Director, Mid-Nottinghamshire CCGs
Hayley Barsby (HB)	ICP Deputy Executive Lead and Chief Executive, Mansfield District Council
Michael Cawley (MC)	Operational Director of Finance – Mid-Nottinghamshire CCGs
Sharon Creber (SC)	Deputy Director of Business Development and Marketing, Nottinghamshire Healthcare NHS Foundation Trust
Arwel Griffiths (AG)	Chief Executive, Nottingham Emergency Medical Services Community Benefit Services
Tim Guyler (TG)	Director of Integration, Nottingham University Hospitals NHS Trust
Theresa Hodgkinson (TH)	Director of Place and Communities, Ashfield District Council
Jane Hildreth (JH)	Partnership and Engagement Officer, Newark and Sherwood CVS
Teresa Jackson (TJ)	Manager, Ashfield Voluntary Action
Dawn Jenkin (DJ)	Consultant in Public Health Medicine, Nottinghamshire County Council
Paul Johnson (PJ)	Service Director - Strategic Commissioning and Integration, Nottinghamshire County Council
Rebecca Larder (RL)	Programme Director, Nottingham and Nottinghamshire ICS
Jane Laughton (JL)	Chief Executive, Healthwatch Nottingham and Nottinghamshire
Dr Gavin Lunn (GL)	Clinical Lead – Mid-Nottinghamshire, PICS Limited and Primary Care Network Representative
Richard Mitchell (RMi)	ICP Executive Lead and Chief Executive, Sherwood Forest Hospital NHS Foundation Trust
Steve Morris (SM)	Chief Officer, Mansfield CVS

In Attendance:

Sue Batty (SB)	Service Director, Nottinghamshire County Council
Katie Jordan (KJ)	Service Transformation Officer, Mid-Nottinghamshire CCGs
Jacqui Kemp (JK)	PCN Development Manager, Mid-Nottinghamshire CCGs
Karen Lynas (KL)	Facilitator
Cathy Quinn (CQ)	Deputy Locality Director, Mid-Nottinghamshire CCGs
Keeley Sheldon (KS)	Deputy Director, Nottinghamshire Healthcare NHS Foundation Trust
Rebecca Tryner (RT)	Mid-Nottinghamshire CCGs (Minutes)
Mark Yates (MY)	PCN Development Manager, Mid-Nottinghamshire CCGs

Apologies for absence:

Thilan Bartholomeuz (TB)	ICP Clinical Lead and Clinical Chair, Newark and Sherwood CCG
Kerry Beadling-Barron (KB)	Director of Communications and Engagement, Mid-Nottinghamshire ICP
Greg Cox (GC)	General Manager – Nottinghamshire Division, EMAS
Matthew Finch (MF)	Director - Communities and Environment, Newark and Sherwood District Council
Jonathan Gribbin (JG)	Director of Public Health, Nottinghamshire County Council
Dr Andrew Pountney (AP)	Primary Care Network Representative
Paul Robinson (PR)	Chief Financial Officer, Sherwood Forest Hospitals NHS Foundation Trust
Amanda Sullivan (AS)	Accountable Officer, Nottinghamshire CCGs
Sarah Taylor (ST)	Health and Wellbeing Officer, Ashfield Voluntary Action
Lesley Watkins (LW)	Partnership and Engagement Manager, Mansfield CVS
Ben Widdowson (BW)	Mid-Nottinghamshire ICP Estates Lead
Peter Wozencroft (PW)	Director of Care Integration, Mid-Nottinghamshire ICP

ICP/20/015 Welcome and Introductions

RMu welcomed members noting the majority of the meeting would be spent on a participative workshop around ICP plans and alignment with ICS objectives, with particular emphasis on prevention, population health management and proactive care.

Members of the public were invited to participate in the table discussions. A round of introductions took place on each table with members providing a brief update on developments within the ICP since the January 2020 meeting.

RMu explained that KL would facilitate the workshop session. KL, along with Mike Chitty, had been working with the Board over the past few months to help the ICP to develop better ways of communicating and interacting.

ICP/20/016 Apologies for Absence

Apologies for absence were noted as outlined above.

RMu noted that although TB, KB and PW were unable to attend the meeting, they were fully aware of the items to be discussed and the ICP Leadership Team took shared responsibility for agreeing the content of the Board agenda.

ICP/20/017 Declaration of Interest

No conflicts of interest were declared.

ICP/20/018 Notes and Action Log from the January 2020 Meeting of the Mid-Nottinghamshire ICP Board

The minutes of the meeting held on 30 January 2020 were approved as an accurate record of discussion.

Matters Arising:

ICP/20/012 Primary Care Network Update – HB noted that the East Midlands Housing Health and Care Initiative meeting had not yet taken place. HB had emailed PW to suggest that a discussion around homelessness be scheduled for a future Board meeting.

DA reported that although Nottinghamshire County Council had taken a decision to close the Children's Centre on the Bellamy Estate due to underutilisation, services would continue with a greater focus on people at home through an outreach model, which was more reflective of the work already being undertaken within this area. DA and David Evans, Mansfield District Council, were taking a coordinated lead on this matter. In addition to this, colleagues from Mansfield District Council and Nottinghamshire County Council were discussing potential opportunities for the building.

Members noted the completed ICP Board actions and further discussion took place around the following:

ICP/20/007 (1) – RMI noted that the One Public Estate agenda not only provided an opportunity to ensure that all partners were using their collective estate to support physical and mental health, it also gave partners the ability to utilise estate to support climate change. This would be explored further in the Estates update at the March 2020 meeting of the Board.

ICP/20/005 (1) – PJ reported that Fosse Healthcare had agreed to take the lead for widening independent sector representation across Mid-Nottinghamshire, supported by the Market Management Team in Nottinghamshire County Council. Consideration would be taken via independent sector provider forums around ensuring wider engagement with residential and nursing care.

Members noted the Mid-Nottinghamshire ICP Board Update – January 2020 for information. The monthly updates were also noted at the ICS Board.

ICP/20/019 Facilitated discussion to set ICP priorities for 2020/21

Update on 2019/20 ICS priorities for the ICP

RMI presented an update on the Mid-Nottinghamshire ICP 2019/20 priorities noting that when the ICP was formed a conversation had taken place with ICS colleagues around what the ICP was required to deliver. Following this, RMI and Tracy Taylor, Chief Executive, Nottingham University Hospitals NHS Trust, agreed the 2019/20 priorities for the ICPs within Nottingham and Nottinghamshire. There were now three ICPs across Nottingham and Nottinghamshire and they were all trying to deliver similar outcomes through different approaches. RMI stated the Mid-Nottinghamshire ICP had welcomed RMu's independent approach and direction throughout 2019/20.

Members had previously received a written update at the end of quarter two and progress against the priorities would be formally reported at the end of the year. The ICP focus for the next 12 months needed to have a balance across all partners as the ICP was not a delivery unit for the NHS. Whilst NHS organisations would be required to deliver their financial

targets, improve emergency care and maintain access standards, this was not the primary focus of the ICP. RMI highlighted the importance of all partners having a collective understanding of organisations, building confidence and trust with each other and being realistic when agreeing the ICP priorities for 2020/21.

KL noted that the decisions made by the Board were better made collectively. The Board meetings provided an opportunity for partners to dedicate time to contribute towards collaborative decision making. KL outlined the control, influence and accept model.

RMI explained that there was no national plan for ICP ways of working and partners across Mid-Nottinghamshire had the opportunity to shape the priorities for 2020/21 by working collaboratively and collegiately.

DA delivered a presentation on ICP plans and alignment with ICS objectives, with particular emphasis on prevention, population, health management and proactive care, highlighting the following key points:

- The ICP planning process and the distinct workstreams that underpinned the prevention, population, health management and proactive care programmes
- A 2019 – 2022 roadmap setting out the ambition over the next few years, which included seeing employment as a health outcome
- A proposed high level action plan that would be developed and delivered collectively
- The current place-based governance infrastructure and the requirement to ensure proportionate representation from partners
- The importance of influencing commissioner thinking, challenging clinical thinking and enabling the public to manage their own health choices

DA informed members of the recent launch of the “We Are Undefeatable” campaign across Mansfield, which had secured funding from Sport England to support people living with health conditions to build physical activity into their lives, in a way that their condition allowed, and to celebrate every victory big or small.

JL stated that there was a gap in the proposed action plan around how the ICP would build trusting relationships with the public and communities, which needed to be addressed in order to influence public behaviour and support people to manage their own health choices. GL added that there was a further gap around education and suggested that the curriculum should be influenced to have more of a focus around healthy lifestyles. DA agreed to build education in its broadest sense into the action plan and noted that there were already some positive relationships in place between partners and West Nottinghamshire College and Nottingham Trent University.

ACTION: DA to ensure that education was built into the high level ICP action plan.

Discussion ensued around education and the requirement for some emphasis to be placed upon influencing positive changes within the home environment.

HB queried how closely the proposed action plan linked to the roadmap and suggested that further work was required to align the two.

SB welcomed the focus on place and the wider determinants of health. She agreed to arrange to discuss developing integrated health, social care and housing community teams based around PCNs with health and housing colleagues. Nottinghamshire County Council had just completed a full departmental workforce review which included aligning all age locality teams to the Primary Care Networks.

DJ encouraged partners to reach out to make the most of existing assets. The Healthy Schools Hub sought ways to get opportunities for healthy lifestyles into schools remits. Numerous resources were available and this was linked closely to the Health and Wellbeing Board programme of work at a county level.

TJ highlighted the importance of having targeted marketing plans for different demographics.

Facilitated discussions took place to set the ICP priorities for 2020/21, with a focus on three discussion topics. Feedback included:

Group discussion 1

- Have we got the right structures?
- How do we ensure NHS providers remain engaged?
- Is this governance structure going to give us embedded HWB across our workforce?

Feedback:

- The structures are not yet right
- There should be greater focus on finding solutions and building trust across partners
- Communities should be more involved and consideration should be given to the language used, particularly the use of acronyms
- Consideration to be given to the way in which decisions are taken
- A need to ensure that the governance arrangements do not overwhelm the good work already underway

Group discussion 2

- Have we got the priorities right?
- Have we got the timescales right?
- Do we have capacity and capability to implement the plan?
- What do we need to do in relation to communicating the plan and who should we engage?

Feedback:

- Consideration to be given to the number of priorities; are there too many?
- The priorities should align with a shared organisational vision
- A fully mapped engagement plan should be developed
- The priorities should reflect the work already underway at a neighbourhood level
- Duplication should be removed to release capacity
- Consideration should be given to having a longer term timeline

Group discussion 3

- How do we want to shape our forward plan to ensure we receive updates and promote the value added conversations?

Feedback:

- The Board would need to assure itself that actions were being progressed directly by partner organisations, without the need for reporting. This would ensure the Board can focus on value added, root cause and problem solving
- The staff and community voice should be captured
- In order to move forward, there is a need to be realistic and seek acknowledgement that the ICP Board cannot solve everything
- Consideration should be given to the development of a compact between the community and the ICP to achieve a true two way dialogue

DA thanked members for engaging with the discussions. DA and his team would review the feedback in detail, engage further with partners and the public, refresh the action plan and present a proposed set of ICP priorities for 2020/21 to the March 2020 meeting of the Board.

ACTION: DA and his team would review the feedback in detail, engage further with partners and the public, refresh the action plan and present a proposed set of ICP priorities for 2020/21 to the March 2020 meeting of the Board.

ICP/20/020 Q3 System Progress Report

Members noted the summary report from the Transformation Board, Operational Delivery Group and A&E Delivery Board for Quarter 3. RMI acknowledged that the report was very NHS focussed and further work would be undertaken to make the content more meaningful for the majority of partners. RMu noted the clarity of the report was refreshing and thanked colleagues for pulling it together.

ICP/20/021 Nottingham and Nottinghamshire Integrated Care System (ICS) Update

Members noted the ICS Board Summary Report – February 2020.

ICP/20/022 Primary Care Network Update

DA presented the Primary Care Network (PCN) update for February 2020.

HB noted that the work being undertaken within PCNs seemed to be disconnected from the neighbourhood work. In addition to this, some of the activities listed within the report were already in train prior to PCN involvement. DA acknowledged HB's comments noting that he was aware of the requirement to share with the Board how the PCNs were aligned to the priority neighbourhoods. He also welcomed input to the monthly PCN reports from partners.

SC informed members that work was underway within Nottinghamshire Healthcare NHS Foundation Trust to look at ways to configure mental health services around PCNs. Community health services were already configured in this way. A progress update would be available for inclusion in the May edition of the PCN update.

ICP/20/023 Invitation to Partner in a Musculoskeletal Value Improvement Project

RL explained that following the discussion at the January meeting of the Board around the opportunity to participate in a 12 month Musculoskeletal Value Improvement Project in partnership with the Oxford Centre for Triple Value Healthcare (3V) and Pfizer, a significant amount of work had been undertaken by TB and PW to answer the questions raised by partners in relation to governance, information sharing, procurement, clinical scope and risks. The report provided an update on these queries. In regard to the governance arrangements, members noted that a statutory organisation was required to enter into the agreement with 3V and Pfizer on behalf of the ICS. As the ICP is not a statutory organisation, Sherwood Forest Hospitals NHS Foundation Trust had agreed to be the signatory to the Letter of Engagement on behalf of the ICS.

Members of the Board agreed to accept the invitation to participate in the value improvement project with 3V and Pfizer, recognising that Sherwood Forest Hospitals NHS Foundation Trust would act as the signatory.

RMu noted that this particular agenda item had raised some important questions around the role of partners on the Board. RMi suggested that going forward items requiring approval by statutory organisations should be received by the ICP Board for discussion in the first instance and then taken through statutory organisations for discussion/agreement before being presented back to the ICP Board for approval of the final recommendation. Whilst the value improvement project involved a time commitment, some decisions may involve financial constraints and others may not have any constraints at all.

ACTION: PW to update the ICP Board Terms of Reference to reflect the process outlined by RMi for items requiring approval by statutory organisations.

ICP/20/024 Chair Summary and Next Steps

RMu noted that the discussions held throughout the meeting felt like they were based around the work that the Board needed to do. RMu thanked KL, DA and his team for facilitating the session.

At the March meeting RMu would provide members with feedback from a recent Bassetlaw ICP Board meeting that she had attended with KB and PW. The March meeting would also be last session facilitated by KL and Mike Chitty.

Agenda items for the March meeting included:

- Proposed ICP priorities for 2020/21
- Estates Update
- Feedback from Bassetlaw ICP Board Meeting
- Feedback from Facilitators

ICP/20/025 Any Other Business

No other business was discussed.

The meeting closed at 5.00pm.

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Actions arising from the Mid-Nottinghamshire ICP Board

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/19/053 (2)	16.12.19	Mr Wozencroft	To canvass views in the spring as to whether District Council colleagues felt the ICP Board agenda was still relevant to their organisations	This will be scheduled for the April Board cycle	
ICP/19/055	16.12.19	Ms Beadling-Barron	To pilot the new model on a small number of programmes and then arrange for an engagement update to be provided to the Board in a few months' time, which included personal stories and/or testimonials with suggestions of how assurance would be provided to the Board.	The model and toolkit has been circulated to communication and engagement leads across Mid Nottinghamshire for them to use. A meeting set up between Kerry Beadling-Barron and colleagues from Mansfield District Council to discuss how this can be linked to the Healthy Mansfield work. The model will be started to be used on the Undefeatables campaign	
ICP/20/007 (1)	30.01.20	Ben Widdowson	To collaborate with partners around the One Public Estate agenda to ensure that community assets and estate were accessible to all system partners and utilised to the best system benefit. The outputs of the group discussions would be pulled together by BW for discussion/sign-off at the March 2020 meeting of the Board. The	Complete – on the March agenda	

Agenda ref	Date of meeting	Name	Action	Progress	Status
			actions would be progressed through the ICP Estates Group		
ICP/20/019 (1)	27.02.20	David Ainsworth	To ensure that education was built into the high level ICP action plan	Complete	
ICP/20/019 (2)	27.02.20	David Ainsworth	To review the workshop feedback in detail, engage further with partners and the public, refresh the action plan and present a proposed set of ICP priorities for 2020/21 to the March 2020 meeting of the Board	Complete	
ICP/20/023	27.02.20	Peter Wozencroft	To update the ICP Board Terms of Reference to reflect the process outlined by RMI for items requiring approval by statutory organisations		

Integrated Care Partnership (ICP) Board Summary Paper

Our Priorities and Do They Remain Fit for Purpose in a Post-COVID Society?

Executive Summary

The ICP in Mid Nottinghamshire, started its development journey which included analysis of our communities, using a range of public and population health measurements, largely based on the determinants wider than health, that are shown through a strong evidence base, to have direct causal effect on:

- the quality of people's lives
- their reported state of well-being and
- their longer term health outcomes

This analysis identified those communities most at need of a coordinated place based approach to service provision and engagement.

In addition to the 'place approach', partners signed up to a set of aspirational principles to be applied consistently and inclusively to the populations served by the partnership.

Since this work was undertaken the COVID-19 pandemic has fundamentally changed society in a two month timescale. Some would argue bringing about changes that have previously taken years to introduce such as video consultations.

This paper sets out to prompt considered conversations in relation to the restoration phase. The board is asked to consider whether its priorities remain fit for purpose in a post COVID society.

In those considerations, the board member's, will be asked to bring their technical knowledge and experience in health, social care, public engagement, public opinion, district and county level service provision, education, employment, the benefit system, public health and population health management.

How the public respond to the relaxation of a lockdown is to be seen; these are unprecedented times.

The following questions to inform the conversation:

1. What have we started, as a result of COVID-19 that we want to continue?
2. What have we started, that we want to stop or amend?
3. What have we stopped that we should restart?
4. What have we stopped that we wish to end?

The 2020/21 Agreed Principles and Priorities

1. To give every child the best start in life

To include: breastfeeding, smoking during pregnancy, domestic abuse, school readiness, healthy eating

2. To promote and encourage healthy choices, improved resilience and social connection

To include: smoking, alcohol, substance misuse, nutrition and healthy eating, sexual health, volunteering, wellbeing at work

3. To support our population to age well and reduce the gap in healthy life expectancy

To include: carers, housing for the elderly, social isolation, cancer, stroke, respiratory disease and dementia

4. To maximise opportunities to develop our built environment into healthy places

To include: improving housing, greener places, food environment, air quality

5. To tackle physical inactivity

To include: a better understanding of the barriers to exercise, leisure centre provision, sports clubs, childhood obesity and the food environment.

The proposed priorities for 2020/21 were going to include:

- Single Integrated Care Home Model
- End of Life Phase 2
- Alternatives to attending Emergency Department
- We Are Undefeatables
- Population Health Management
- MSK 2
- Home First Integrated Discharge

Summary Thoughts and Closing Remarks

Need is likely to have deteriorated; attitude likely to have improved in the short term and inequality and gaps are likely to have widened. Whatever the ICP board decides on its priorities, it should ensure it does so with passion, with rigor and with an



unrelenting drive for a better future outcomes and for the right reasons, using where possible a reasoned evidence base.