

**UN-CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE INTEGRATED CARE PARTNERSHIP (ICP) BOARD MEETING HELD ON 26<sup>TH</sup> NOVEMBER 2020 VIA MICROSOFT TEAMS**

<b>PRESENT:</b>	Rachel Munton	Independent Chair	RMu
	Richard Mitchell	ICP Executive Lead and Chief Executive, Sherwood Forest Hospital NHS Foundation Trust	RMi
	Thilan Bartholomeuz	Clinical Lead, Mid-Nottinghamshire ICP	TB
	Lorraine Palmer	Interim Programme Director, Mid-Nottinghamshire ICP	LP
	David Ainsworth	Locality Director, NHS Nottingham and Nottinghamshire CCG	DA
	Greg Cox	General Manager – Nottinghamshire Division, East Midlands Ambulance Service	GC
	Sharon Creber	Deputy Director of Business Development and Marketing, Nottinghamshire Healthcare NHS Foundation Trust	SC
	Khalid Butt	Primary Care Network Representative	KB
	Dr Gavin Lunn	Clinical Lead – Mid-Nottinghamshire, PICS Limited and Primary Care Network Representative	GL
	Paul Robinson	Chief Financial Officer, Sherwood Forest Hospitals NHS Foundation Trust	PR
	Theresa Hodgkinson	Director of Place and Communities, Ashfield District Council	TH
	Mariam Amos	Strategic Director, Mansfield District Council	MA
	Leanne Monger	Business Manager – Housing, Health and Community Relations, Newark and Sherwood District Council	LM
	Rebecca Larder	Programme Director, Nottingham and Nottinghamshire Integrated Care System	RL
	Jane Laughton	Chief Executive, Healthwatch Nottingham and Nottinghamshire	JL
	Jane Hildreth	Partnership and Engagement Officer, Newark and Sherwood CVS	JH
	Steve Morris	Chief Officer, Mansfield Community and Voluntary Services (CVS)	SM
	Helen Davis	Strategic Lead, Active Notts	HD
	Claire White	Deputy Director of Integration, Nottingham University Hospitals NHS Trust	CW
	Suzanne Shead	Director of Housing, Health and Wellbeing, Newark and Sherwood District Council	SS
	Teresa Jackson	Manager, Ashfield Voluntary Action	TJ
	Arwel Griffiths	Chief Executive, Nottingham Emergency Medical Services Community Benefit Services	AG
<b>IN ATTENDANCE:</b>			
	Laura Webster	Sherwood Forest Hospitals NHS Foundation Trust (Minutes)	LW
	Ann Mackie	Observer	
	Pat Kelsey	Observer	
	Gilly Hagan	Observer	
	Julie Tasker	Observer	

**APOLOGIES:**

Michael Cawley	Operational Director of Finance – Mid-Nottinghamshire, NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Sarah Furley	Director of Partnerships, Nottinghamshire Healthcare NHS Foundation Trust
Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust
Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council
Alison Rounce	Managing Director, PICS Limited
Amanda Sullivan	Accountable Officer, NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Hayley Barsby	ICP Deputy Executive Lead and Chief Executive, Mansfield District Council
Madeleine O’Sullivan	Chief Executive, Newark and Sherwood CVS
Lorna Branton	Director of Communications, Sherwood Forest Hospitals NHS Foundation Trust
Michael Cawley	Operational Director of Finance, Mid-Nottinghamshire

**ABSENT:**

Ben Widdowson	Mid-Nottinghamshire ICP Estates Lead
Richard Henderson	Chief Executive, EMAS
Carol Cooper-Smith	Interim Chief Executive, Ashfield District Council
Sue Batty	Service Director, Nottinghamshire County Council
Dawn Jenkin	Consultant in Public Health, Nottinghamshire County Council
Lesley Watkins	Partnership and Engagement Manager, Mansfield CVS
Sarah Taylor	Health and Wellbeing Officer, Ashfield Voluntary Action

Item No.	Item	Action	Date
ICP/20/084	<b>WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS ICP BOARD MEETING HELD 22ND OCTOBER 2020</b> Quoracy Check; Chair, ICP Chief Executive Lead and a member of each of the member bodies is required.		
Length of Discussion; 3 minute	The meeting was held by video conference. All participants confirmed they were able to hear each other. The meeting being quorate, RMu declared the meeting open at 13:00.  RMu welcomed LW and advised members that LW will be servicing the meeting going forward.  Following a review of the minutes of the ICP Board held on 22 <sup>nd</sup> October, the Board APPROVED the minutes as a true and accurate record.		
ICP/20/085	<b>APOLOGIES FOR ABSENCE</b>		
Length of Discussion; 1 minute	Apologies for absence were noted as outlined above. It was emphasised that attendance or non-attendance should be notified in advance to optimise on line meeting efficiency.		

ICP/20/086	<b>DECLARATIONS OF INTEREST</b>		
Length of Discussion; 1 minute	No declarations of interest were received from those present relating to items on the agenda.		
ICP/20/087	<b>ACTION TRACKER</b>		
Length of Discussion; 2 minute	<p>The Board CONFIRMED that actions ICP/20/073 (1), ICP/20/075 and ICP/20/077 were COMPLETE and could be removed from the tracker.</p> <p>RMu highlighted that the forward planner for 2021 is in development and will be submitted to the ICP Executive Team meeting for consideration at its next meeting.</p> <p>With regard to action ICP/20/074, RMu reiterated to members that any papers or presentations not submitted by the deadline will be removed from the agenda. The Board AGREED this action is now complete.</p> <p>The Board AGREED action ICP/20/073 (2) is now complete.</p> <p><b>Action: LW to forward action tracker to executive for further development.</b></p>	LW	24/12/20
ICP/20/088	<b>ICP EXEC UPDATE</b>		
Length of Discussion; 23 minutes	<p>RMi provided members with an update and advised that Nottinghamshire will be moving into tier 3 following lockdown restrictions easing. The rates of Covid-19 are still high within the community putting more demand on NHS organisations in comparison to earlier in 2020. RMi expressed the importance of all individuals behaving in accordance to national guidance to minimise the spread of coronavirus.</p> <p>RMi acknowledged colleagues are mentally and physically fatigued and highlighted the responsibility of supporting each other whilst also caring for yourself.</p> <p>RMi informed members that Sherwood Forest Hospitals NHS Foundation Trust (SFH) currently has 99 inpatients testing positive for Covid-19, 10 of which are in the Intensive Care Unit (ICU). SFH continues to provide elective care, diagnostics and cancer treatments to patients, albeit this has increased the pressure felt across services and local authorities. RMi advised members that fewer patients are being admitted into ICU or dying attributed to now having a better understanding of Covid-19. Length of Stay (LoS) figures have also reduced with more patients being discharged home more quickly than experienced during wave one. Despite these pressures, the ICS (Integrated Care System) and ICP System have seen huge progress throughout the year, particularly regarding transformation.</p> <p>RMu expressed concerns that the public may underestimate the current pressure on NHS staff. HD supported RMu's concern and stated pressure will be felt across all health sector services at every level. The Board discussed the involvement of the voluntary sector within the ICP to add value to its support systems.</p>		

<p>Length of Discussion; 15 minutes</p>	<p>TB agreed with statements regarding pressure and highlighted that the fragility of services should be recognised. TB informed members that Covid-19 has caused services to close at short notice and subsequently impacted on scheduled appointments causing backlogs. GC advised members that current pressures on mental health services could be long lasting due to the residual effects post Covid-19.</p> <p>RMu summarised the Board’s discussion and noted key themes being:-</p> <ul style="list-style-type: none"> <li>- Continued pressure on all elements of the system.</li> <li>- System fragility.</li> <li>- Individual and collective responses and responsibilities.</li> <li>- Retaining and developing a sense of community.</li> <li>- Concerns regarding short/long term effects of Covid-19.</li> <li>- Residual and enduring impact on mental health.</li> </ul> <p>The ICP Board RECIEVED this item and received ASSURANCE.</p> <p><b><u>Covid-19 and Vaccination Programme Update</u></b></p> <p>LP provided members with an update on the Covid-19 vaccination programme and advised that the UK Government has requested the NHS to prepare for Covid-19 vaccinations to commence in December 2020. NHS staff and frontline Health &amp; Social Care staff have been identified as the first priority cohort to receive a vaccine.</p> <p>SFH are providing a lead employer role with the recruitment drive for the Covid-19 vaccination programme. Over 2,000 expressions of interests have been made from staff and members of the public to support the programme. Roles will vary from providing assistance to vaccinators or being present on site to help steward patients. LP felt the main concern at present is the communications around the programme, however assured the Board that the ICP team are leading on this piece. Another concern is recruitment, LP stated that organisations need to be able to mobilise once issued with the authorisation to administer vaccinations. Frequently Asked Questions (FAQ) are available from the Government, however local guidance is yet to be produced. RMI advised members that further guidance is pending before it can be localised and communicated to the community. RMu requested the FAQ produced by the Government be circulated to members.</p> <p><b><i>Action: LP to share Covid-19 vaccinations FAQ with the ICP Board.</i></b></p> <p>DA informed the Board that 30 out of 39 GP practices have reached the 75% flu vaccination target. The remaining 9 practices are showing a current position of 70%. KB stated that individuals who have a flu vaccination will have to wait a minimum of 7 days before they can receive their Covid-19 vaccination; it was also highlighted that individuals cannot have a flu vaccination during the course of the Covid-19 vaccination. KB clarified that individuals do not have to have a flu vaccination before they can receive a Covid-19 vaccination however it is good practice to do so.</p> <p>Members of the ICP Board ENDORSED the Covid-19 vaccination programme.</p>	<p>LP</p>	<p>24/12/20</p>
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ICP/20/ 089	<b>WELLBEING AND WELFARE SUPPORT IN DECEMBER</b>		
Length of Discussion; 30 minutes	<p>EC presented the report to the Board and advised that as a partnership it was agreed to dedicate a week in early December to focus on staff and colleague Wellbeing. The Wellbeing Fayre will provide interactive sessions, signposting and organisational level visibility of support. EC informed the Board this event will take place week commencing 7<sup>th</sup> December.</p> <p>The Fayre aims to recognise the challenges teams and services have been experiencing due to Covid-19, both on a physical and psychological aspect.</p> <p>The Fayre will focus on four key themes identified by the MN Partnership due to their impact on the ability to deliver safe and effective care:-</p> <ul style="list-style-type: none"> <li>- Self-Care.</li> <li>- Family and Community.</li> <li>- Values and Behaviours.</li> <li>- Helping Others.</li> </ul> <p>EC presented the Wellbeing Fayre flyer to members of the Board. The content of the flyer offers a flexible approach which is accessible for the majority of colleagues and will be delivered through 20 live sessions via MS Teams. The Fayre has been planned to be broad whilst providing key contact information on how to seek further advice and support at an organisational, local and national level.</p> <p>EC highlighted that as well as participating in the MN Wellbeing Fayre, SFH will also be raising awareness across its three sites. This provides an opportunity to engage with colleagues and promote self-care and support to others.</p> <p>EC reiterated that the main focus of the Fayre is to highlight offers available to colleagues and that support will be on-going after the Fayre has concluded. Communications regarding the event will be circulated across all partners and channels from the 26<sup>th</sup> November once approved.</p> <p>DA felt that the Fayre is a great piece of work and offers promising and encouragement to challenges identified during wave one of Covid-19. Solutions to which can only be achieved by working together as a system.</p> <p>In discussion, RMi applauded EC for her input and work on the Wellbeing Fayre plans. RMi felt this provides a strong foundation; however suggested more could be done in terms of addressing the basic needs individuals require to help them carry out jobs effectively. RMi highlighted this Fayre is reliant on individuals having access to the internet at certain times and how this can be resolved. EC welcomed RMi's feedback and advised that the live sessions will be recorded and published on SFH's public website to enable all colleagues the opportunity to access this.</p>		

	<p>EC recognised colleagues have faced challenges with taking regular rest breaks, and the Wellbeing Fayre has been put forward to help raise awareness regarding this matter. EC highlighted these challenges must be addressed at an organisational level to support colleagues and raised at a partnership level where pressures are identified.</p> <p>RMi further queried the potential apprehensions individuals may feel that this event may not address key worries and concerns. EC assured RMi the initial communication circulated to colleagues will provide an open and honest introduction to the Fayre and be transparent in the fact that this event will not address all apprehensions currently felt by colleagues, however will highlight how colleagues can have these conversations locally, whether it be with their line-manager or through national offers.</p> <p>SM advised members that Mansfield CVS are doing a piece of work on public engagement to promote physical activity and questioned whether the voluntary sector will be able to participate in the Fayre. EC welcomed the involvement of Mansfield CVS.</p> <p><b>Action: EC and SM to discuss Mansfield CVS involvement in the MN Wellbeing Fayre.</b></p> <p>MA raised the importance of raising the message of support as regular as possible to remind colleagues of the various offers of support available to them.</p> <p>TB stated there are individuals who are more reluctant to reach out and highlighted there is an element of vulnerability amongst this group. TB suggested the promotion of this event be as inclusive as possible to attract their attendance.</p> <p>EC advised the Fayre is not intended to disregard alternative offers available to staff but to focus on the key factors from the first wave of Covid-19 and the current situation. EC recognised the importance of balancing priorities at a partnership level whilst having organisational level strategic objectives in mind. Going forward the Wellbeing agenda will be considered at a partnership level and how best to build it sustainably into the system.</p> <p><b>Action: EC and DA to discuss the future of the Wellbeing agenda at a partnership level.</b></p> <p>RMu summarised the discussion and identified three core themes which are:-</p> <ul style="list-style-type: none"> <li>- Inclusivity of the Wellbeing innovative with the potential to gather data on uptake.</li> <li>- Sustainability and continuity of the offer.</li> <li>- Wider group involvement specifically the voluntary and charitable sector.</li> </ul> <p>Members of the ICP Board ENDORSED the Wellbeing Fayre and asked to be kept apprised of developments.</p>	<p>EC / SM</p> <p>EC / DA</p>	<p>24/12/20</p> <p>24/12/20</p>
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ICP/20/090	ICP OBJECTIVES Q2 PROGRESS REPORT		
<p>Length of Discussion; 15 minute</p>	<p>LP presented the report to the Board and highlighted the progress made against each breakthrough objectives at Q2. LP expressed gratitude to all individuals involved and stated each lead has been proactive in owning their objectives.</p> <p>An oversight group is being developed to help the delivery of these key objectives. The group will be inclusive and encompass multiple-partners to establish its true function. LP assured the Board that the oversight group will provide positive engagement with the local population and proposed the inclusion of the voluntary sector. A meeting was held with all CVS leads to discuss their involvement and engagement in the delivery of key objectives.</p> <p>Significant progress in the development of an integrated model for care homes has seen the clinical model agreed by system partners and presented to Transformation Board for approval. This will facilitate the completion of the commercial and financial elements to complete the proposal. LP advised members that once approved by the Transformation Board it will be presented to the ICP Executive Team in December. The proposal provides a key delivery programme in support of objective 3.1. RMu requested an update be brought back to the ICP Board in January 2021.</p> <p><b>Action: Integrated Model for Care Homes update to be added to January's (2021) agenda.</b></p> <p>RMu requested an update against objective 2.2 be obtained and provided to the Board prior to the next update report.</p> <p><b>Action: LP to provide an update to members of the Board regarding objective 2.2 prior to the next scheduled update.</b></p> <p>The ICP Board RECIEVED and were ASSURED by the update.</p>	<p>LW</p> <p>LP</p>	<p>28/01/21</p> <p>28/01/21</p>
ICP/20/091	CLOSER LOOK AND CASE STUDY – ICP OBJECTIVE		
<p>Length of Discussion; 27 minute</p>	<p>TH and HD presented the report to the Board and advised the supporting presentation provides details of physical activity data and thoughts for MN ICP to consider to enable change.</p> <p>MN ICP objective 5 – To tackle Physical Inactivity was presented to the Board. The Board noted the data was taken pre Covid-19.</p> <p>The presentation highlighted the following key points:-</p> <ul style="list-style-type: none"> <li>- There are 85,000 inactive people in MN, of these 52,000 are completely inactive.</li> <li>- 1 in 2 people with a disability / long term health condition are inactive.</li> <li>- 51.8% of those aged 75+ are inactive.</li> <li>- Inequality gap is widening (especially in Lower Socio-economic Groups [LSEG] &amp; Black, Asian and Minority Ethnic [BAME] communities).</li> </ul>		

	<p>Work is underway to address areas of inactivity. Engagement with local communities will provide a better understanding of their lives and help towards motivating individuals to lead healthier lives and be more active. Single interventions and short-term programmes have shown to have very little impact and in the past 10 years inequalities have worsened. TH and HD welcomed comments and questions from members of the Board.</p> <p>KB stated feedback is essential due to being a publically funded programme and will assure the Board of progress made with regards to the level of engagement and outcomes.</p> <p>Members of the Board ENDORSED a system-wide approach.</p>		
<b>ICP/20/092</b>	<b>PRIMARY CARE NETWORK UPDATE</b>		
Length of Discussion; 0 minute	Due to time restrictions no update was provided to the Board.		
<b>ICP/20/093</b>	<b>INTEGRATED CARE SYSTEM UPDATE</b>		
Length of Discussion; 0 minute	<p>Due to time restrictions no verbal update was provided to the Board but a paper had been circulated.</p> <p>The report was taken as READ.</p>		
<b>ICP/20/094</b>	<b>ANY OTHER BUSINESS</b>		
Length of Discussion; 0 minute	No other business was raised.		
<b>ICP/20/095</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next formal meeting of the ICP Board would be held on 28<sup>th</sup> January 2021 at 13:00. An informal meeting will be held on the 24<sup>th</sup> December 2020 at 13:00 – 14:00 at which attendance is optional - RMu and RMi will be present to address questions or develop discussions relating to MN ICP.</p> <p>RMu asked that members of the public in attendance send observations on how the Board was meeting their needs, aspirations and areas for improvement to LW to forward to the MN ICP Board development facilitator, Karen Lynas, who will collate these comments and use them to inform the next stage in the development process when she attends in March 2021 [provisional].</p> <p><b><i>ACTION: LW to collate observers' feedback comments and forward to K Lynas to support the next stage in the development process. Item to be added to March 2021 agenda.</i></b></p> <p>There being no further business the Chair declared the meeting closed at 15:00.</p>	LW	24/12/20
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Rachel Munton</b> Chair</p> <p style="text-align: right;"><b>Date</b></p>		



