

UN-CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE INTEGRATED CARE PARTNERSHIP (ICP) BOARD MEETING HELD ON 17TH JUNE 2021 VIA MICROSOFT TEAMS

PRESENT:	Rachel Munton	Independent Chair	RMu
	Hayley Barsby	ICP Deputy Executive Lead and Chief Executive, Mansfield District Council	HB
	Richard Mitchell	ICP Executive Lead and Chief Executive, Sherwood Forest Hospital NHS Foundation Trust	RMi
	Ben Widdowson	Mid-Nottinghamshire ICP Estates Lead, Sherwood Forest Hospital NHS Foundation Trust	BW
	Paul Robinson	Chief Financial Officer, Sherwood Forest Hospitals NHS Foundation Trust	PR
	Amanda Sullivan	Accountable Officer, NHS Nottingham and Nottinghamshire Clinical Commissioning Group	AS
	Lorraine Palmer	Interim Programme Director, Mid-Nottinghamshire ICP	LP
	Lorna Branton	Director of Communications, Sherwood Forest Hospitals NHS Foundation Trust	LB
	David Ainsworth	Locality Director, NHS Nottingham and Nottinghamshire CCG	DA
	Thilan Bartholomeuz	Clinical Lead, Mid-Nottinghamshire ICP District Council	TB
	Leanne Monger	Deputy Locality Director, Nottingham and Nottinghamshire CCG	LM
	Theresa Hodgkinson	Director of Place and Communities, Ashfield Nottinghamshire Integrated Care System	TH
	Suzanne Shead	Director of Housing, Health and Wellbeing, Newark and Sherwood District Council	SS
	Dr Gavin Lunn	Clinical Lead, Mid-Nottinghamshire, PICS Limited and Primary Care Network Representative	GL
	Jane Hildreth	Partnership and Engagement Officer, Newark and Sherwood CVS	JH
	Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS	RL
	Lesley Watkins	Partnership and Engagement Manager, Mansfield CVS	LWa
	Michael Cawley	Operational Director of Finance, Mid- Nottinghamshire, NHS Nottingham and Nottinghamshire CCG	MC
	Claire Culverhouse	Deputy Director of Integration, Nottingham University Hospitals NHS Trust	CC
	Arwel Griffiths	Chief Executive, Nottingham Emergency Medical Services Community Benefit Services	AG
	Teresa Jackson	Manager, Ashfield Voluntary Action	TJ
	Mariam Amos	Strategic Director, Mansfield District Council	MA
	Jane Ferreira	Head of MSK Services, Mid-Nottinghamshire ICP	JF
	Sue Batty	Service Director, Nottinghamshire County Council	SB

IN ATTENDANCE:

Laura Webster	Corporate PA, Sherwood Forest Hospitals NHS Foundation Trust (Minutes)	LW
Wendy Bainbridge	Ambulance Operations Manager, East Midlands Ambulance Service	WB

OBSERVER: Gilly Hagen	Public Observer	GH
Julie Tasker	Public Observer	JT
Pat Kelsey	Public Observer	PK
Amy Fish	Service Manager, Insight IAPT	AF

APOLOGIES: Alison Rounce	Managing Director, PICS Limited
Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust
Sarah Furley	Director of Partnerships, Nottinghamshire Healthcare NHS Foundation Trust
Greg Cox	General Manager, Nottinghamshire Division, East Midlands Ambulance Service
Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council
Dr Khalid Butt	Primary Care Network Representative
Jane Laughton	Chief Executive, Healthwatch Nottingham and Nottinghamshire
Emma Challans	Director of Culture & Improvement, Sherwood Forest Hospital NHS Foundation Trust
Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Diane Carter	Clinical Integrator, Mid-Nottinghamshire ICP

ABSENT: Richard Henderson	Chief Executive, EMAS
Dawn Jenkin	Consultant in Public Health, Nottinghamshire County Council
Sarah Taylor	Health and Wellbeing Officer, Ashfield Voluntary Action
Carol Cooper-Smith	Interim Chief Executive, Ashfield District Council
Madeleine O'Sullivan	Chief Executive, Newark and Sherwood CVS
Steve Morris	Chief Officer, Mansfield Community and Voluntary Services (CVS)
Jane Hufton	Engagement Assistant NHS Nottingham and Nottinghamshire CCG
Maria Ballantyne	Group Manager - Living Well South, Nottinghamshire County Council

Item No.	Item	Action	Date
ICP/20/148	<p>WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS ICP BOARD MEETING HELD 20TH MAY 2021</p> <p>Quoracy Check; Chair, ICP Chief Executive Lead and a member of each of the member bodies is required.</p>		
Length of Discussion; 7 minutes	<p>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 14:00. RMu welcomed members to the meeting and introduced AF who is the Service Manager at Insight IAPT and had attended the meeting as an observer.</p> <p>Following a review of the minutes of the ICP Board held 20th May 2021 the Board CONFIRMED the minutes as a true and accurate record subject to the below amendments:-</p> <ul style="list-style-type: none"> - The sentence “basic hygiene factors such as warmth and clothing” on page 3 to be amended to “basic <u>needs</u> such as warmth and clothing” - Minute reference ICP/20/144 to reflect the Board <u>NOTED</u> that the last ICP Executive Team meeting was cancelled and as such no updates were given. - Typographical error on page 6 “embedding” to be changed to “embedded”. <p>RMu thanked members for their contributions made at the last Board meeting in response to Objective 4’s masterplan proposals. A common theme identified from the feedback on the Bellamy Estate item was the suggestion to use existing assets to build contributions upon what is already in place, such as pop-up clinics on the back of food banks. RMu felt it was important for the Board to reflect on this feedback and identify next steps in enabling actions to progress with this proposal. LP assured the Board that a discussion has taken place between herself, HB and LWa to explore the options put forward by each group and how best to develop the workplan to keep these actions live. HB further supported the approach and stated that some of the ideas put forward will be piloted at the Bellamy Estate to explore the different ways they can be adopted into system for other priority place areas of significant disadvantage. Updates will be reported through the ICP Executive Team and subsequently brought to the Board for assurance. MA advised the Board that a discussion also took place with SS to identify how actions could be picked up across the Local Authorities with a meeting being scheduled in due course to further progress these ideas.</p>		
ICP/20/149	<p>APOLOGIES FOR ABSENCE</p>		
Length of Discussion; 1 minute	<p>Apologies for absence were noted as outlined above. It was emphasised once again that attendance or non-attendance should be notified in advance to optimise on line meeting efficiency.</p> <p><i>Post-meeting note: An updated attendance register covering January – June 2021 is appended to these minutes.</i></p>		

ICP/20/150	DECLARATIONS OF INTEREST		
Length of Discussion; 1 minute	No declarations of interest were received from those present relating to items on the agenda.		
ICP/20/151	ACTION TRACKER AND FORWARD PLANNER		
Length of Discussion; 6 minutes	<p>The Board CONFIRMED that actions ICP/20/089.2, ICP/20/133, ICP/20/134.3, ICP/20/134.4 and ICP/20/135 were COMPLETE and could be removed from the tracker.</p> <p>The Board REVIEWED actions ICP/20/132 and ICP/20/145.5 and AGREED these could now be marked as COMPLETE.</p> <p>RMi provided an update with regards to action ICP/20/145.2 and advised that from a Sherwood Forest Hospitals (SFH) perspective there is no risk to patients accessing voluntary transport to the hospital. GH advised the Board that the issue still remains for patients requiring voluntary transport for out of county treatment due to ERS Medical refusing to take individuals unless they are a permanent wheelchair user or stretchered. GH felt this may be a contractual issue which needs reviewing. DA advised the Board that action ICP/20/145.3 links in with this as ongoing work to map out the areas that ERS Medical is and is not commissioned to provide will be completed to highlight any gaps. DA proposed this action be taken forwards outside of the meeting with GH. The Board AGREED actions ICP/20/145.2 and ICP/20/145.3 are now COMPLETE.</p>		
Length of Discussion; 5 minutes	<p><u>Learning Disability Event: You Said We Did update</u></p> <p>LWa presented the report to the Board and highlighted that filming has not yet gone ahead on-site as actions to ensure that the standard of signage meets the requirements set out to support individuals with Learning Disabilities (LD). LWa however assured the Board that this action will be complete in the next two weeks, albeit the whole process has been delayed. RMu felt it is important that the Board are updated on this matter at the next meeting.</p> <p><i>Action: LWa to provide the Board with an update regarding the final outcome of appropriate signage on-site at vaccination centres being in place for the LD Community.</i></p>	LWa	19/08/21
ICP/20/152	ICP EXEC UPDATE		
Length of Discussion; 20 minutes	<p>RMi provided a verbal update to the Board and advised that the rate of Covid-19 figures continue to reduce across organisations and in the wider community. RMi informed the Board that the Covid-19 vaccination programme continues to be a success with consistent high take-up of the first and second vaccine.</p> <p>The ICP Executives also discussed what winter 2021 Covid/Flu vaccination programme will look like, as well as focusing on the restoration of services. RMi felt that collectively the response to Covid-19 has been good especial with regards to the offer of psychological support for colleagues.</p>		

Further discussions took place with respect to what more the ICP Executives can do as a group of senior leaders post Covid-19, with the topic mainly covering governance and how to have a structured approach of working together.

RMi informed members of the Board that the Communications Strategy was due to be presented at today's meeting, however following a discussion at the ICP Executive's meeting it was felt more work is required to represent the voices of all organisations involved, in particular the local authorities and voluntary services. RMi advised the Board that the final version will be ready for presentation at August's meeting. HB felt it is important that the ICP are able to demonstrate the financial impact of the work being carried out in response to increasing demand and recovery against backlog.

Action: Final version of the Communications Strategy to be presented at August's Board meeting. Forward planner to be updated.

The Board discussed what 'place' means to them and highlighted the importance of coming to an agreement with regards to the working definition of the term. AS informed the Board that a guidance document (post-meeting note: <https://www.england.nhs.uk/publication/integrated-care-systems-design-framework/>) was published on 16th June which explained that 'place' is defined as a strong place-based partnership between the NHS, local councils and voluntary organisations, local residents, people who access service their carers and families, leading the detailed design and delivery of integrated services within specific localities (in many places, long-established local authority boundaries), incorporating a number of neighbourhoods. Furthermore place-based partnerships between organisations that collectively plan, deliver and monitor services within a locally defined 'place' have a long history. These place-based partnerships have typically been established by local agreement according to their context and this bottom-up approach has been an important enabler to meaningful collaboration. However, as part of the development of ICSs, it is expected that place-based partnerships are consistently recognised as key to the coordination and improvement of service planning and delivery, and as a forum to allow partners to collectively address wider determinants of health. The ICS has asked each system to define its place-based partnership arrangements, covering all parts of its geography, agreed collaboratively between the NHS, local government and other system partners working together in a particular locality or community. There is no single way of defining place or determining a fixed set of responsibilities that a place-based partnership should hold. All systems should establish and support place-based partnerships with configuration and catchment areas reflecting meaningful communities and geographies that local people recognise.

PR advised the Board that a presentation will be taken to SFH's Council of Governors meeting in due course which will cover place and its definition across the Mid-Nottinghamshire ICP. PR informed the Board that the definition outlines the term place as focusing on its citizens and residents, and implementing actions to improve health and wellbeing for those people in their locations. RMu felt it would be helpful to share this presentation with the Board.

LB

19/08/21

	<p>Action: PR to share SFH CoG presentation on place-based partnerships.</p> <p>RMi felt it would be important for a summary document to be presented at the Board in due course to cover what place means to the ICP.</p> <p>Action: Summary document covering place within the ICP to be presented to Board in due course.</p> <p>The Board RECEIVED the ICP Execs Update.</p>	PR	19/08/21
		RM	21/10/21
ICP/20/153	OBJECTIVE 2/3 – MSK TOGETHER SERVICE TRANSFORMATION		
Length of Discussion; 32 minutes	<p>JF gave a presentation on MSK Together and the work carried out over the past 12 months. The work has been supported by the Oxford Centre for Triple Value Healthcare (3V) and sponsored by Pfizer. The MSK review was also identified within the ICP Objectives.</p> <p>JF advised the Board that the NHS is moving to a new era of working whereby collective aims and priorities across multiple organisations are being implemented to ultimately improve population healthcare across the system. JF stated that a system is a set of connected activities with a shared aim such as the NHS triple aim in the recent white paper and also the four purposes of an ICS:-</p> <ul style="list-style-type: none"> - Improving population health and healthcare. - Tackling unequal outcomes and access. - Enhancing productivity and value for money. - Helping the NHS to support broader social and economic development. <p>JF outlined who is involved in the MSK Together partnership, outcomes following various pieces of work, vital feedback from patients, and the next steps to be taken. GH drew the Boards attention to slide 10 and stated that a large population within MN have come from the mining community meaning MSK conditions will be a prevalent issue amongst this group. GH also felt it is important that the MSK journey commences at a GP level to ensure patients are well informed and take responsibility of the pathway they are embarking upon.</p> <p>HB reminded colleagues of the importance of engaging the Department for Work and Pensions (DWP) in with this work and to also provide the linkage between economic inactivity of these individuals. HB stated that one of the key measures is not just the cost of the health service, but the cost of the wider system. The majority of individuals in question are expected to be accessing benefits from the DWP and HB felt it is important that the ICP understand this perspective to ensure the whole system change around improving economic activity of individuals who have MSK related issues is covered. JF assured HB that work on this is on-track and stated that the dashboard does include employment status which can be filtered between seeking / retired etc. to allow MSK Together to target specific groups.</p> <p>RMi drew the Boards attention to slide 7 which outlines the comparison between the most deprived age groups to the least deprived and queried whether there are any specific actions in place to close the gap.</p>		

	<p>JF advised RMI that to close this gap the design of MSK Together's services require collaboration from the population to ensure underserved areas are covered. JF explained that by working with local councils there will be space to discuss various opportunities to benefit the population such as funding the position of a physiotherapist to be present at food banks to alleviate pressures in secondary care. JF acknowledged the cost of resource for this, yet stated if the outcome is more beneficial and requires less money in the long-term then the ability to shift resources from high cost / low value interventions to low cost / high value interventions would be favourable.</p> <p>RMI also queried whether an up to date dashboard is available for the Board. JF advised that work on the dashboard is on-going.</p> <p>The Board RECEIVED and NOTED the contents of the MSK Together presentation.</p>		
<p>ICP/20/ 154</p>	<p>ICP WORK PROGRAMME AND PROGRESS UPDATE (ICP/20/135)</p>		
<p>Length of Discussion; 27 minutes</p>	<p>LP presented the report to the Board which provided an overview of the current work plan of the combined ICP Team and Locality Team. Both teams have been working together to blend programmes of work into a single plan to reduce duplication and to enhance synergies between the two teams.</p> <p>LP highlighted that the diagram on slide 3 was to demonstrate the work happening within the MN Inequalities Oversight Group to shape a model that could support the identification of the types of interventions to support specific segments of the population. LM advised members that the Transformation Board recently endorsed the terms of reference for the MN Partnership and the MN Health Inequality's Group (HIG). The proposed model was shared with the MH HIG for comment and is anticipated to be endorsed as a future way of working. The membership of the MN HIG includes colleagues from Citizens Advice, Age UK, DWP and the PCNs who are currently completing a maturity matrix to further inform this model. Colleagues from the local District Councils are also in attendance at the MN HIG to provide updates on the Health and Wellbeing Partnership and work related to health inequalities. HB supported this work and highlighted its importance. HB felt that there is a lot of potential to include more reference to place based working as the model already touches on how to integrate change at a community level. SBa highlighted that the model was similar to the Operating Model that the Board had seen previously, LM agreed to meet with SBa to discuss further. HB advised that any model, where possible, should meet the population need of MN, and requested that if any further work on the operating model is completed it is brought back to the Executive Team for assurance and subsequently submitted for Board approval</p> <p><i>Action: Revisions made to the operating model to be brought back to the Executive Team meeting for assurance prior to Board approval.</i></p> <p>The Board was ASSURED by the progress update.</p>	<p>LP</p>	<p>19/08/21</p>

ICP/20/ 155	INTEGRATED CARE SYSTEM UPDATE		
Length of Discussion; 9 minutes	<p>The paper was taken as READ.</p> <p>RL presented the briefing paper to the Board and highlighted key points for information. The next meeting is scheduled to take place 1st July and will include an update from colleagues from the local authority regarding health and wellbeing strategies and priorities as well a presentation on the MSK program. RL queried whether the Board would favour a broader report covering system working in more detail. The Board supported this proposal.</p> <p>Action: Forward planner to be updated to include the item 'ICS system working report'.</p> <p>The Board RECEIVED the ICS Update.</p>	RL	21/10/21
ICP/20/ 156	BEST START STRATEGY 2021-2025		
Length of Discussion; 9 minutes	<p>LP presented the report to the Board which outlined the process of collating responses from all ICP partners to confirm the endorsement of the Best Start Strategy which was presented at April's Board meeting.</p> <p>Due to a number of factors only 9/16 responses have been received to date. The Board discussed whether non respondents are to be assumed to be in agreement. LP reminded the Board that the Best Start Strategy is a county wide initiative and is relevant to all partnered organisations and as such it is important their support and endorsement on the strategy's 10 ambitions are formally recorded. The Board CONCLUDED that non respondents are to formally respond with their decision to ensure the process is followed correctly and AGREED that the remaining responses can be collated outside of the Board cycle. Once all responses are in agreement the requisite ICP Board endorsement to the Best Start Partnership can be confirmed by the Executive and endorsed by the Independent chair</p>		
ICP/20/ 157	ANY OTHER BUSINESS		
Length of Discussion; 3 minutes	<p>JH informed the Board that week commencing 14th June is Diabetes Awareness week and advised that various resources are available on the Newark and Sherwood CVS' website in relation to this, which includes the diabetes toolkit and a recording of the recent Diabetes Prevention Awareness event.</p> <p>RMi reminded members that an email regarding the ICP Independent Chair's appraisal was sent last week for completion. Respondents will remain anonymous.</p>		
ICP/20/ 158	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next ICP Board meeting would be held on 19th August 2021 at 14.00</p> <p>There being no further business the Chair declared the meeting closed at 16:00.</p>		

	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Rachel Munton</p> <p>Chair</p>		
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