

**UN-CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE INTEGRATED CARE PARTNERSHIP (ICP) BOARD MEETING HELD ON 18<sup>TH</sup> MARCH 2021 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
	Hayley Barsby	ICP Deputy Executive Lead and Chief Executive, Mansfield District Council	HB
	Paul Robinson	Chief Financial Officer, Sherwood Forest Hospitals NHS Foundation Trust	PR
	Lorraine Palmer	Interim Programme Director, Mid-Nottinghamshire ICP	LP
	Ben Widdowson	Mid-Nottinghamshire ICP Estates Lead	BW
	Thilan Bartholomeuz	Clinical Lead, Mid-Nottinghamshire ICP	TB
	David Ainsworth	Locality Director, NHS Nottingham and Nottinghamshire CCG	DA
	Michael Cawley	Operational Director of Finance, Mid- Nottinghamshire, NHS Nottingham and Nottinghamshire CCG	MC
	Greg Cox	General Manager – Nottinghamshire Division, East Midlands Ambulance Service	GC
	Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust	TG
	Dr Khalid Butt	Primary Care Network Representative	KB
	Lorna Branton	Director of Communications, Sherwood Forest Hospitals NHS Foundation Trust	LB
	Theresa Hodgkinson	Director of Place and Communities, Ashfield District Council	TH
	Helen Ellison	Health Improvement Officer, Newark & Sherwood District Council	HE
	Jane Hufton	Engagement Assistant NHS Nottingham and Nottinghamshire CCG	JH
	Leanne Monger	Deputy Locality Director, Nottingham and Nottinghamshire CCG	LM
	Rebecca Larder	Programme Director, Nottingham and Nottinghamshire Integrated Care System	RL
	Suzanne Shead	Director of Housing, Health and Wellbeing, Newark and Sherwood District Council	SS
	Maria Ballantyne	Group Manager – Living Well South, Nottinghamshire County Council	MB
	Joanna Cooper	Reablement Evaluation Officer, Nottingham and Nottinghamshire ICS	JC
	Sue Batty	Service Director, Nottinghamshire County Council	SB
	Jane Hildreth	Partnership and Engagement Officer, Newark and Sherwood CVS	JH
	Lesley Watkins	Partnership and Engagement Manager, Mansfield CVS	LWa
	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	AM
	Pat Kelsey	Observer	PK

Julie Tasker  
Alison Baptie

Patient and Public Voice / Representative JT  
Outcome Specialist, Roche Diabetes Care Limited AB

**APOLOGIES:** Alison Rounce  
Claire White

Managing Director, PICS Limited  
Deputy Director of Integration, Nottingham  
University Hospitals NHS Trust

Kinsi Clarke

Partnerships Manager, Healthwatch Nottingham  
and Nottinghamshire

Amanda Sullivan

Accountable Officer, NHS Nottingham and  
Nottinghamshire Clinical Commissioning Group

Sarah Furley

Director of Partnerships, Nottinghamshire  
Healthcare NHS Foundation Trust

Mariam Amos  
Jane Laughton

Strategic Director, Mansfield District Council  
Chief Executive, Healthwatch Nottingham  
and Nottinghamshire

**ABSENT:** Richard Henderson  
Dawn Jenkin

Chief Executive, EMAS  
Consultant in Public Health, Nottinghamshire County  
Council

Sarah Taylor  
Teresa Jackson  
Dr Gavin Lunn

Health and Wellbeing Officer, Ashfield Voluntary Action  
Manager, Ashfield Voluntary Action  
Clinical Lead – Mid-Nottinghamshire, PICS  
Limited and Primary Care Network Representative

Carol Cooper-Smith  
Jonathan Gribbin  
Madeleine O'Sullivan  
Steve Morris

Interim Chief Executive, Ashfield District Council  
Director of Public Health, Nottinghamshire County Council  
Chief Executive, Newark and Sherwood CVS  
Chief Officer, Mansfield Community and Voluntary Services  
(CVS)

Item No.	Item	Action	Date
ICP/20/117	<b>WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS ICP BOARD MEETING HELD 18<sup>TH</sup> FEBRUARY 2021</b> Quoracy Check; Chair, ICP Chief Executive Lead and a member of each of the member bodies is required.		
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.</p> <p>RMu started the meeting by congratulating Sherwood Forest Hospitals (SFH) NHS FT for their recent HSJ 'Acute Trust of the Year' Award.</p> <p>LP introduced the new Vaccination Bus which was acquired by the vaccination programme. The Vaccination Bus will be used to deliver COVID-19 vaccinations to the hard to reach population. The route schedule is currently being put together with plans to go live in a couple of weeks.</p> <p>Following a review of the minutes of the ICP Board held 18<sup>th</sup> February 2021 the Board CONFIRMED the minutes as a true and accurate record.</p> <p>The System Progression Tool (SPT) has now been received from NHS Improvement (NHSI). RL reminded members that the SPT is not a compulsory requirement to undertake and felt that the group discussion exercise being undertaken by the Board has the potential to create a much more meaningful and in-depth conversation with regards to progression.</p>		
ICP/20/118	<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/20/119	<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/20/120	<b>ACTION TRACKER AND FORWARD PLANNER</b>		
Length of Discussion; 3 minutes	<p>The Board CONFIRMED that actions ICP/20/102 and ICP/20/111 were COMPLETE and could be removed from the tracker.</p> <p>The Board REVIEWED action ICP/20/114 and AGREED this could now be marked as COMPLETE.</p> <p>RMu requested that the 'Exec Lead' column be removed going forwards.</p> <p><b>Action: LW to update action tracker to remove 'Exec Lead' column.</b></p> <p>The Board REVIEWED the forward planner. The Board AGREED to combine the ICP Executive update with the COVID-19/Flu update going forwards.</p>	<b>LW</b>	<b>15/04/21</b>

	<b>Action: LW to update forward planner to combine the ICP Executive update with the COVID-19/Flu update.</b>	LW	15/04/21
ICP/20/121	<b>ICP EXECUTIVE UPDATE</b>		
Length of Discussion; 15 minutes	<p>HB informed the Board that the ICP Executive Team discussed the maturity model and challenges on whether enough is being done with regards to the ICP working at a PLACE (Patient-Led Assessments of the Care) based level on delivery, and if so how this can be demonstrated. Discussions also covered whether enough is being done within each partner organisation on this matter.</p> <p>Pressures continue across all organisations due to the on-going COVID-19 demands. HB highlighted that the Vaccination Bus demonstrates the good connectivity of the ICP and the innovative ways of working at a PLACE based level to reach out to communities to deliver health services.</p> <p>LP provided the Board with an update with regards to COVID-19 and Flu and advised that as of 7<sup>th</sup> March 376,660 COVID-19 vaccinations have been administered across Nottingham &amp; Nottinghamshire.</p> <p>95.2% of over 80s have now received their COVID-19 vaccination, followed by 100% for 75-79, 96.3% for 70-74, 89% for 65-69 and 74% for 60-64, which reflects an incredible amount of take up. Dose 2 of the vaccine will start to be rolled out throughout care homes week commencing 23<sup>rd</sup> March.</p> <p>LP advised members that the Mid-Notts Inequality Group meets for the first time week commencing 23<sup>rd</sup> March with the main topic of discussion being the cohorts the Vaccination Bus will be scheduled to visit.</p> <p>RMi informed the Board that a vast amount of progress has been made with regards to community transmission rates, albeit pressures within Critical Care remain the same. There is now an expectation of restoration of services across all NHS organisations. RMi felt a pragmatic approach should be taken and the importance of ensuring a focus on colleague welfare is maintained.</p> <p>The Board were ASSURED by the update.</p>		
ICP/20/122	<b>COVID-19/FLU UPDATE</b>		
Length of Discussion; 0 minutes	This item was covered within the ICP Executive update.		
ICP/20/123	<b>ICP OBJECTIVES DELIVERY</b>		
Length of Discussion; 15 minutes	<p><b>Diabetes Prevention and Awareness Event update</b></p> <p>JH updated the Board with regards to the recent Diabetes Prevention and Awareness event which took place 4<sup>th</sup> March 2021, hosted by Newark &amp; Sherwood Community and Voluntary Services (CVS). JH explained the topic was chosen based on the potential increase of undiagnosed diabetic cases due to lockdown.</p>		

	<p>168 people signed up to the event with an outturn of 101 attending on the day. JH summarised the guest attendees and the themes covered.</p> <p>The event contributed to breakthrough objective 2.1 which relates to encouraging healthy choices and covered key deliverables of the patient and public engagement contract on-behalf of the CCG.</p> <p>LWa provided the Board with an update with regards to the upcoming Learning Disability (LD) event taking place 26<sup>th</sup> March 2021 and advised the event is being delivered on behalf of the Mid-Notts CVS Alliance and as part of the CCG contract around public &amp; patient engagement.</p> <p>LWa expressed to the Board that this event is viewed as a priority for Mid-Notts to help reduce health inequalities which the pandemic has further revealed. LWa summarised the event agenda and the topics which will be covered and stated that the event will be linked in with the newly launched Nottingham &amp; Nottinghamshire COVID-19 Vaccination Inequalities Framework.</p> <p>The Board expressed their appreciation to JH, LWa and the teams involved for organising both events.</p> <p>The Board were ASSURED by the updates received.</p>		
<p>ICP/20/ 124</p>	<p><b>DEVELOPING OUR ICP FOR THE FUTURE</b></p>		
<p>Length of Discussion; 40 minutes</p>	<p>LP gave a presentation to the Board with regards to the ICP's development going forwards.</p> <p>The Board was equally split into six virtual rooms where group discussions took place for approximately 25 minutes in relation to six measurement domains of maturity. Group facilitators were invited to summarise feedback from their group.</p> <p><b><u>Group 1 - Common Purpose and Vision</u></b> This group felt that the self-assessment as a maturing category reflected the ICP's position well. The group discussed whether there is a need to test the maturity of each partnered organisation within the ICP to provide a better oversight of maturity altogether and where there may be gaps and areas of focus within individual organisations.</p> <p><b><u>Group 2 - Operating Model and Risk Management</u></b> (Requires confirmation of the minute from the group) This group discussed whether the assessment was a distraction with the pressures it may have on colleagues, but agreed collectively that the least amount of governance should be the focus within any ICP operating model.</p> <p><b><u>Group 3 - Workforce Engagement</u></b> This group felt that the self-assessment as maturing was an accurate reflection of the current position for the ICP. The group discussed the need to focus on PLACE and the need to work together on what this means in terms of integrating teams across the ICP to break down actual or perceived barriers that exist across clinical and non-clinical sectors, and to make the best use of our community assets.</p>		

	<p><b><u>Group 4 - Care Coordination and Management</u></b> This group felt that the self-assessment as developing was an accurate reflection of the current position for the ICP, the suggested next steps brought the assessment to life and provided outcomes which should be measurable. The group discussed that currently the assessment was health focused and needed to be extended wider than health only.</p> <p><b><u>Group 5 - Citizen Ownership and Engagement</u></b> This group felt the self-assessment as mature was accurate to the fact that the ICP can evidence progress made around ownership and engagement. The group also felt more progress is to be made with regards to the relationship within each organisation, however highlighted the huge potential for true ownership and engagement within the voluntary sector and wider community.</p> <p><b><u>Group 6 - Data, Analytics, Infrastructure and interoperability</u></b> This group agreed the ICP are at the developing stage of the maturity assessment for this section. The group felt there is a need for system wide data sharing as a key enabler for the ICP in using granular data at PCN/neighbourhood level which would help in implementing the PHM plan, identifying care gaps, unwarranted variation and bridging the gap in health inequalities.</p> <p>LP asked that group facilitators email through their feedback in more detail to allow LP to collate and plan a future feedback session.</p> <p><b><i>Action: Group facilitators to email LP with detailed feedback from their group in order to reflect these at the April 2021 Board meeting.</i></b></p>	LP	15/04/21
ICP/20/125	<b>INTEGRATED CARE SYSTEM (ICS) UPDATE</b>		
Length of Discussion; 2 minutes	<p>The report was taken as READ.</p> <p>RL summarised the key points outlined within the report. RL informed the Board that ICS Board meetings will now take place bi-monthly, with development sessions in-between.</p> <p><b><i>Action: Forward Planner to be updated to reflect ICS Board updates will now be reported bi-monthly.</i></b></p> <p>RL advised the Board that Kathy McLean, ICS Chair, is keen to attend a future ICP Board meeting to support a conversation regarding Mid-Notts PLACE.</p> <p><b><i>Action: RM to liaise with RL to confirm which ICP Board meeting Kathy Mclean, ICS Chair, will be attending.</i></b></p> <p>The Board were ASSURED by the update.</p>	LW  RM	15/04/21  15/04/21
ICP/20/126	<b>ICP COMMUNICATION APPROACH</b>		
Length of Discussion; 20 minutes	The report was taken as READ.		



	<p>The strategy reflected a broad outline approach for all ICP partnered organisations and offers an opportunity to build and develop the strategy to be shaped around organisational priorities.</p> <p>LB felt it is important the ICP collectively work together to ensure citizens are aware of how to access services by promoting the ICP across all channels, regionally and nationally, highlighting the contributions the ICP has, and will be making, to enhance the lives of its citizens. DA supported this approach and requested that the CVS be included to further boost promotion across the community.</p> <p>LB discussed the branding of the ICP and explained that further thought is needed to establish this brand for recognition and how the ICP will present itself going forwards.</p> <p>LB outlined the next steps and advised that a group has been formed to bring together Communication Leads from all partner organisations to enable a focus on the initial Communication Strategy. LB advised the Board this is anticipated to be complete by end of June whereby it will be taken through the ICP Executive Team and then reported to the Board.</p> <p>LB informed the Board there is a need to develop the ICP's narrative alongside its brand. It was proposed this be kept to one A4 page and be aspirational in tone to provide an outline of the ICP's essence. Ultimately funding for the delivery of this work will need to be identified, for the interim SFH has set aside the necessary resources to enable preliminary work to go ahead.</p> <p>RMi highlighted that thought needs to be taken when creating the brand of the ICP and whether all colleagues would be happy to strongly associate with this or not. RMi felt it is important to also understand whether this approach offers what citizens need. RMi suggested that learning from current systems in place and their established communication mechanisms will support this development.</p> <p>RMu requested a verbal update be given at May's Board meeting followed by a draft Communications Strategy being presented at July's meeting.</p> <p><b>Action: LW to add ICP Communication update to the forward planner for May.</b></p> <p><b>Action: LW to add Draft Communications Strategy to the forward planner for July.</b></p> <p>LB requested that Board members speak to their respective Communication Team to encourage further support to the delivery group.</p> <p>The Board ENDORSED the ICP Communications approach.</p>	<p>LW</p> <p>LW</p>	<p>15/04/21</p> <p>15/04/21</p>
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ICP/20/ 127	<b>ANY OTHER BUSINESS</b>		
Length of Discussion; 6 minutes	<p>RMu stated that at February's ICP Board meeting members discussed the Mid-Notts ICP Operating Model, however it was not approved due to requesting further assurance on the matter. RMu queried whether the document has now been endorsed by the ICP Executive Team. HB advised RMu that a conversation regarding the Operating Model was undertaken and members agreed for SB to form a working group to further develop the Operating Model to ensure it aligns with the ICP objectives. Once complete this will be brought back the ICP Executive Team for consideration and submitted to the Board for assurance.</p> <p><b>Action: Mid-Notts ICP Operating Model to be added to the forward planner.</b></p>	LW	15/04/21
ICP/20/ 128	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next ICP Board meeting would be held on 15<sup>th</sup> April 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><b>Rachel Munton</b></p> <p><b>Chair</b> <span style="float: right;"><b>Date</b></span></p>		