

UN-CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE INTEGRATED CARE PARTNERSHIP (ICP) BOARD MEETING HELD ON 21ST OCTOBER 2021 VIA MICROSOFT TEAMS

PRESENT:	Rachel Munton	Independent Chair	RMu
	Lorraine Palmer	Interim Programme Director, Mid-Nottinghamshire ICP	LP
	Dr Gavin Lunn	Clinical Lead, Mid-Nottinghamshire, PICS Limited and Primary Care Network Representative	GL
	Paul Robinson	Chief Executive Officer, Sherwood Forest Hospitals NHS Foundation Trust	PR
	David Ainsworth	Locality Director, NHS Nottingham and Nottinghamshire CCG	DA
	Leanne Monger	Deputy Locality Director, Nottingham and Nottinghamshire CCG	LM
	Sarah Furley	Director of Partnerships, Nottinghamshire Healthcare NHS Foundation Trust	SF
	Steve Morris	Chief Officer, Mansfield Community and Voluntary Services (CVS)	SM
	Arwel Griffiths	Chief Executive, Nottingham Emergency Medical Services Community Benefit Services	AG
	Jane Hildreth	Partnership and Engagement Officer, Newark and Sherwood CVS	JH
	Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS	RL
	Teresa Jackson	Manager, Ashfield Voluntary Action	TJ
Diane Carter	Care Integration Lead, Mid-Nottinghamshire ICP	DC	
IN ATTENDANCE:			
	Laura Webster	Corporate PA, Sherwood Forest Hospitals NHS Foundation Trust (Minutes)	LW
	Garry Mckay	Senior Manager, Nottinghamshire County Council	GM
	Nick Warnett	Direct ABL Health	NW
	Elizabeth Woodworth	Professional Lead – Smoking Cessation Services	EW
	Debra Elleston	Lead Nurse, Sherwood Forest Hospitals NHS Foundation Trust	DE
	Lucy Jones	Senior Public Health and Commissioning Manager, Nottinghamshire County Council	LJ
OBSERVER:			
	Pat Kelsey	Public Observer	
	Julie Tasker	Public Observer	
	Katie Towndrow	Care Integration Support Officer, Mid-Nottinghamshire ICP	
APOLOGIES:			
	Alison Rounce	Managing Director, PICS Limited	
	Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust	
	Suzanne Shead	Director of Housing, Health and Wellbeing, Newark and Sherwood District Council	
	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	

Jane Ferreira Hayley Barsby	Head of MSK Services, Mid-Nottinghamshire ICP ICP Deputy Executive Lead and Chief Executive, Mansfield District Council
Amanda Sullivan	Accountable Officer, NHS Nottingham and Nottinghamshire Clinical Commissioning Group
Ben Widdowson	Mid-Nottinghamshire ICP Estates Lead, Sherwood Forest Hospital NHS Foundation Trust
Thilan Bartholomeuz	Clinical Lead, Mid-Nottinghamshire ICP District Council
Claire Culverhouse	Deputy Director of Integration, Nottingham University Hospitals NHS Trust
Emma Challans	Director of Culture & Improvement, Sherwood Forest Hospital NHS Foundation Trust
Theresa Hodgkinson	Chief Executive, Ashfield Nottinghamshire Integrated Care System
Sue Batty Lesley Watkins	Service Director, Nottinghamshire County Council Partnership and Engagement Manager, Mansfield CVS
ABSENT: Richard Henderson Dawn Jenkin	Chief Executive, EMAS Consultant in Public Health, Nottinghamshire County Council
Sarah Taylor Madeleine O'Sullivan Jane Hufton	Health and Wellbeing Officer, Ashfield Voluntary Action Chief Executive, Newark and Sherwood CVS Engagement Assistant NHS Nottingham and Nottinghamshire CCG
Maria Ballantyne	Group Manager - Living Well South, Nottinghamshire County Council
Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS
Mariam Amos Michael Cawley	Strategic Director, Mansfield District Council Operational Director of Finance, Mid- Nottinghamshire, NHS Nottingham and Nottinghamshire CCG

Item No.	Item	Action	Date
ICP/20/178	WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS ICP BOARD MEETING HELD 2ND SEPTEMBER 2021 Quoracy Check; Chair, ICP Chief Executive Lead and a member of each of the member bodies is required.		
Length of Discussion; 3 minutes	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. Following a review of the minutes of the ICP Board held 2 nd September 2021 the Board CONFIRMED the minutes as a true and accurate record.		
ICP/20/179	APOLOGIES FOR ABSENCE		
Length of Discussion; 1 minute	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 online meeting efficiency.		
ICP/20/180	DECLARATIONS OF INTEREST		
Length of Discussion; 1 minute	No declarations of interest were received from those present relating to items on the agenda.		
ICP/20/181	ACTION TRACKER AND FORWARD PLANNER		
Length of Discussion; 20 minutes	The Board CONFIRMED that action ICP/20/145.4, ICP/20/152.3, ICP/20/158 and ICP/20/162 is COMPLETE and could be removed from the tracker. The Board REVIEWED actions ICP/20/151, ICP/20/154 and ICP/20/163.2 and AGREED these could now be marked as COMPLETE. <u>Action ICP/20/145.4 – WAU Evaluation Summary Report</u> The Board RECEIVED and DISCUSSED the We Are Undefeatable Evaluation Summary report. SM presented the summary report to the Board and highlighted key areas for information. The pilot was led by Mansfield Community and Voluntary Services working through an Oversight Group, made up of key local partners such as the NHS, Local Authority and voluntary and community sector organisations. RMu introduced the need for Sherwood Forest Hospitals NHS Foundation Trust (SFH) to understand how work undertaken through the Place Based Partnership (PBP) adds value to the system as a whole, and represents a return on their investment for the organisation. SM advised RMu that without the support of the PBP and ICP Board this collaborative piece of work would not have been possible. SM further explained that the conversations held in conjunction with the PBP has enabled plans to be put in place with regards to what needs to be done at a neighbourhood and community level to identify key areas for improvement. RMu reinforced that any information SFH required from MN PBP would be forthcoming and that she or HB would be happy to attend to present alongside LR.		

	<p><u>Action ICP/20/145.4 – WAU Learning Report</u></p> <p>The Board RECEIVED and DISCUSSED the We Are Undefeatable Learning Report.</p> <p>TJ advised the Board that they are involved in the Inspiring Ashfield programme which is halfway through its first year. A report will be brought to the Board in due course to update members on the progress made.</p>		
ICP/20/182	ICP EXEC UPDATE		
Length of Discussion; 1 minutes	<p>LP provided the Board with a verbal update and advised that the PCN roving service support continues and as of 20th October, 27 care homes have been fully vaccinated. There have been over 6,000 requests received for house bound visits for booster vaccinations and work is on-going to support schools and colleagues with immunisations.</p>		
Length of Discussion; 4 minutes	<p><u>Covid Update</u></p> <p>DA provided the Board with a verbal update and advised that there has been a local surge of Covid-19 patients, however not all hospital based but across the community patch. Reminders have been circulated to the community to reiterate the hands/face/space protocol to mitigate the spread of Covid-19.</p> <p>The Covid-19 programme is now in Phase 3 which is the booster programme. DA informed the Board that the 3rd dose of the Covid-19 vaccine (the booster) will give individuals better protection for a further 12 months. Vaccination sites are still live at Mansfield Community Hospital, Ashfield Wellbeing Health Village and various pop-up clinics within GPs, as well as the mass vaccination sites at King’s Mill Hospital (KMH) and Wickes.</p> <p>DA highlighted that of the 350k individuals served within Mid-Notts (MN) only 50k have not received their first Covid-19 vaccination. DA feels that given these numbers, take-up of the 1st, 2nd and 3rd vaccine is going well.</p> <p>LM passed on their gratitude to all colleagues on the MN Health Inequalities Oversight Group, who have contributed greatly throughout Phase 1, 2 and 3 to ensure equity in vaccine take up is adhered to.</p>		
Length of Discussion; 9 minutes	<p><u>Flu Update</u></p> <p>DA provided the Board with a verbal update and stated that winter viruses have been observed to be spreading earlier than usual, such as the Norovirus which has appeared 2-3 months earlier than expected, adding increased pressure to NHS services.</p> <p>PR advised the Board that KMH has observed a baseline of 40 Covid-19 inpatients at any one time throughout summer, which alongside other illnesses, elective activity and acuity of patients within ED has increased placing increased pressure upon the Trust with regards to bed capacity. PR advised that the British Medical Association (BMA) has recognised this as a scenario currently seen in all acute hospitals. DA advised PR that Nottingham University Hospitals (NUH) is also seeing a similar pattern across their sites, particularly with young children under the age of 1.</p>		

	<p>JH informed the Board that she has recently been attending the Patient Participation Group (PPG) where the topic of flu vaccinations has been explored. JH stated that a complaint had been raised about a 67-year-old gentleman who had been refused his flu-jab, however his wife (65) was able to receive hers. It became apparent that due to his age he needs to be administered a different type of flu vaccination whereas his wife was eligible for the one being administered that day. JH felt that more tailored/bespoke communication regarding such matters need to be shared with the community for a better understanding of the process.</p> <p>Action: Information regarding flu vaccination eligibility for specific jabs to be shared through the Central Communications route.</p> <p>The Board was ASSURED by all updated received.</p>	DA	18/11/21
ICP/20/183	<p>CONFIRMATION OF THE INCLUSION OF THE OPERATING MODEL IN THE ICP OBJECTIVES AND DELIVERY MODELS</p>		
Length of Discussion; 13 minutes	<p>LP reminded the Board that the Operating Model has been presented to this forum and through the ICP Executive Team numerous times to ensure the principles within the model are aligned to the ICP's objectives. LP assured the Board that all the principles within this operating model document are fully embedded within the day to day work of the ICP and as such there is no requirement for a stand-alone document. The Board were asked to agree to this approach.</p> <p>The Board ENDORSED the recommendation to remove the Operating Model as a stand-alone document following confirmation of it being fully embedded within the ICP's objectives and delivery models.</p>		
ICP/20/184	<p>ICP OBJECTIVES UPDATE</p>		
Length of Discussion; 1 minute	<p><u>Closer Look and Case Study - ICP Objective 2</u></p> <p>LP introduced ICP Objective 2 which focuses on encouraging healthy choices.</p> <p>The Board RECEIVED updates regarding Objective 2.1 and 2.2 outlined below.</p>		
Length of Discussion; 15 minutes	<p><u>EOL Case Study</u></p> <p>DE presented the case study to the Board with emphasis on the role of the voluntary sector within End of Life (EOL) care. The paper provided details on how the EOL Service is embedded within objective 2.1, the work that is ongoing in developing the service for the future and the key role the population voice will play in developing the service.</p> <p>DA requested his gratitude be passed on to Christine for sharing this story with the Board and acknowledged the messages highlighted within the case study. DA assured DE that the Board are committed to improving the circumstances outlined within the report and extend their condolences to Christine. DA welcomed a review in April 2022 to encourage the Board to learn from positive and negative experiences.</p> <p>Action: Objective 2.1 be reviewed April 2022 with regards to learned experiences.</p>	LP	Apr 22

<p>Length of Discussion; 20 minutes</p>	<p>PR questioned what more can be done collaboration wise to ensure a more positive outcome is reached in future. DE advised PR that a collaboration with the Patient Experience Team to hear the voices of patients and to have a more flexible approach to provide patients with what they need, which may not always be health related. LP felt there is an opportunity to add value as a partnership to develop this service.</p> <p>JH acknowledged the case study may seem a negative story however emphasised the potential difference it will make for patients going forward. Christine has provided a clear outline of the criteria she would like to see going forwards to ensure that patients are better respected and experience a better death with dignity.</p> <p>SF felt that case studies like this highlight how important it is to die with dignity and be close to loved ones, being led more by family relations in conjunction with clinicians to ensure patient centred care is made a priority.</p> <p>TJ stated it is just as important to focus on providing support to families, including after care, as they will be the ones left to deal with the outcome of their loved ones passing. Further work is required to ensure support is made available for those effected as they may not always know how to access it.</p> <p>The Board was ASSURED by the update and NOTED that a review of the EOL service will involve Christine in the development of the future model.</p> <p>Smoking Cessation Report</p> <p>NW presented the report to the Board and highlighted the key points for information.</p> <p>The report was taken as READ.</p> <p>The paper provided an update on objective 2.2 and aims to describe the service and delivery model to support individuals to stop smoking. Referrals to smoking cessations across MN have shown an increase in Q1 of 2021/22 compared with referrals during 2020/21. Despite the prolonged challenges caused by COVID-19, the service has continued to deliver and has resumed face to face delivery which has enabled better engagement with clients.</p> <p>NW informed the Board of the National target to reach 5% smoking prevalence by 2030 and outlined the plan to achieve this, which can only be reached by a wider system approach of working together.</p> <p>RMu queried what the next steps are with regards to the National target. NW advised RMu that this will involve discussions with key leads from each setting to understand the challenges faced, how to align goals, and working together to achieve solutions. LP further assured RMu that progress is already being made with regards to wider involvement such as building on the network already established and inviting NW to join relevant discussions. DA proposed that NW also be invited to attend the Health Inequalities Group.</p>		
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	<p>Action: Nick Warnett (Direct ABL Health) to be invited to future Health Inequalities Group meetings.</p> <p>The Board was ASSURED by the update.</p>	DA	18/11/21
ICP/20/185	INTEGRATED CARE SYSTEM UPDATE		
Length of Discussion; 9 minutes	<p>RL presented the ICS September 2021 briefing paper to the Board and highlighted key points for information.</p> <p>The paper was taken as READ.</p> <p>The Board was ASSURED by the update.</p>		
ICP/20/186	ICP TRANSITION ARRANGEMENTS		
Length of Discussion; 5 minutes	<p><u>Future Terminology and potential structure</u> LP confirmed this item had been discussed throughout the meeting and the new title and descriptions for the Integrated Care Board (ICB) and Place Based Partnerships (PBP) will be adopted with immediate effect</p> <p><u>Update on current transition arrangements</u> LP confirmed this item had been discussed throughout the meeting.</p> <p>The Board AGREED to add ICP Transition Arrangements to the workplan and as a standing agenda item.</p> <p>Action: Workplan to be updated to reflect a new standing agenda item: ICP Transition Arrangements.</p>	KT	18/11/21
ICP/20/187	ANY OTHER BUSINESS		
Length of Discussion; 0 minutes	No other business was raised.		
ICP/20/188	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next ICP Board meeting would be held on 18th November 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 Date</p>		