

**UN-CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE PLACE BASED
PARTNERSHIP (PBP) BOARD MEETING HELD ON 18TH NOVEMBER 2021
VIA MICROSOFT TEAMS**

PRESENT:	Rachel Munton	Independent Chair	RM
	Hayley Barsby	ICP/PBP Executive Lead and Chief Executive, Mansfield District Council	HB
	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
	Jane Hildreth	Partnership and Engagement Officer, Newark and Sherwood CVS	JH
	Sue Batty	Service Director, Nottinghamshire County Council	SB
	Lesley Watkins	Partnership and Engagement Manager, Mansfield CVS	LW
	Theresa Hodgkinson	Chief Executive, Ashfield District Council	TH
	Suzanne Shead	Director of Housing, Health and Wellbeing, Newark and Sherwood District Council	SS
	Jane Laughton	Chief Executive, Healthwatch Nottingham and Nottinghamshire	JL
	Amanda Sullivan	Chief Executive of the Nottingham and Nottinghamshire Integrated Care Board (ICB)	AS
	Ben Widdowson	Mid-Nottinghamshire ICP/PBP Estates Lead, Sherwood Forest Hospital NHS Foundation Trust	BW
	Thilan Bartholomeuz	Clinical Lead, Mid-Nottinghamshire ICP/PBP District Council	TB
	Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS	JC
	Mariam Amos	Strategic Director, Mansfield District Council	MA
	Michael Cawley	Operational Director of Finance, Mid- Nottinghamshire, NHS Nottingham and Nottinghamshire CCG	MC
	Dawn Jenkins	Consultant in Public Health Medicine, Nottinghamshire County Council	DJ
	Alison Rounce	Managing Director, PICS Limited	AR
	Sarah Taylor	Health and Wellbeing Officer, Ashfield Voluntary Action	ST
	Annette McKenzie	Head of Operations, Nottinghamshire Division, East Midlands Ambulance Service	AM
IN ATTENDANCE:			
	Katie Towndrow	Care Integration Support Officer, Mid-Nottinghamshire ICP/PBP (Minutes)	KT
	Simon Draycon	Care Integration Development and Finance Manager, Mid-Nottinghamshire ICP/PBP	SD
	Laura Webster	Corporate PA, Sherwood Forest Hospitals NHS Foundation Trust	LWe
OBSERVER:	Pat Kelsey	Public Observer	PK

	Gilly Hagen	Public Observer	GH
APOLOGIES:	Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust	TG
	Greg Cox	General Manager, Nottinghamshire Division, East Midlands Ambulance Service	GC
	Dr Khalid Butt	Primary Care Network Representative	KB
	Claire Culverhouse	Deputy Director of Integration, Nottingham University Hospitals NHS Trust	CC
	Emma Challans	Director of Culture & Improvement, Sherwood Forest Hospital NHS Foundation Trust	EC
	Lorraine Palmer	Interim Programme Director, Mid-Nottinghamshire ICP/PBP	LP
	Diane Carter	Care Integration Lead, Mid-Nottinghamshire ICP/PBP	DC
	Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS	RL
	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
	Teresa Jackson	Manager, Ashfield Voluntary Action	TJ
	Julie Tasker	Public Observer	JT
ABSENT:	Richard Henderson	Chief Executive, EMAS	RH
	Madeleine O'Sullivan	Chief Executive, Newark and Sherwood CVS	MO
	Maria Ballantyne	Group Manager - Living Well South, Nottinghamshire County Council	MB

Item No.	Item	Action	Date
ICP/20/189	<p>WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS ICP BOARD MEETING HELD 21st OCTOBER 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; 8 minutes	<p>The meeting was held by video conference. All participants confirmed they were able to hear each other. The meeting being quorate, RM declared the meeting open at 14:00. RM welcomed members to the meeting.</p> <p>Before the formalities of the meeting commenced RM wanted to formally thank LWe for all her administrative support with the Board on behalf of all Members.</p> <p>RM noted and congratulated the new appointment of AS to the position of the new Chief Executive of the Nottingham and Nottinghamshire Integrated Care Board (ICB)</p> <p>Following a review of the minutes of the ICP Board held 21st October 2021 the Board CONFIRMED the minutes as a true and accurate record subject to the amendment of MC sending his apologies.</p>		
ICP/20/190	<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 online meeting efficiency.</p>		
ICP/20/191	<p>DECLARATIONS OF INTEREST</p>		
Length of Discussion; 1 minute	<p>No declarations of interest were received from those present relating to items on the agenda.</p>		
ICP/20/192	<p>ACTION TRACKER AND FORWARD PLANNER</p>		
Length of Discussion; 7 minutes	<p>The Board CONFIRMED that action ICP/20/151, ICP/20/163.2, ICP/20/182 and ICP/20/184.2 is COMPLETE and could be removed from the tracker.</p> <p>The Board AGREED that the following actions could be moved to the forward planner and CLOSED ICP/20/172, ICP/20/184.1 and ICP/20/186.</p> <p><u>Action ICP/20/145.4 – WAU Evaluation Summary Report</u></p> <p>LW agreed to circulate an invitation for members to join following the We Are Undefeatable campaign where a review of the learning will be shared to support local systems to help change the behaviour of inactive adults living with long-term health conditions.</p> <p><u>POST MEETING NOTE:</u> Invitation shared with members.</p> <p><u>Attendance register MN Board meetings 2020-2021</u></p> <p>Attendance to the meetings is satisfactory, nonetheless it does highlight that if a Senior Member of a system partner is unable to attend, the deputy/ representative that is present should have authority to speak on behalf of that organisation. The register does illustrate that the Board is getting strong coverage of organisational representation and attendance.</p>		

	<p>Action: Members who have not regularly attended the board to be followed up.</p> <p>The Board RECEIVED and NOTED the attendance register.</p> <p>RM passed on her thanks to all those that have attended or endeavoured to send a representative as it has allowed for rich discussions and provides assurance of commitment and buy-in from partner organisations.</p>	RM/HB	16/12/21
ICP/20/ 193	ICP Exec and Communications Update		
Length of Discussion; 13 minutes	<p>HB explained the Exec focussed on two items at the meeting on the 5th November; communication and the transition from the Integrated Care Partnership (ICP) to Place Based Partnership (PBP). There is a need to move away from the ICP terminology with immediate effect which is being used now by another group.</p> <p>Discussions around ambitions and the approach required for April 2022, with the requirement to articulate clearly the needs of the community, evidencing what is making a difference and the outcome of interventions to the Integrated Care Board (ICB) is paramount. There is a real drive and commitment to land this piece of work understanding that the initial proposals will develop.</p> <p>The governance arrangements including the membership of the Exec will be reviewed to support the transition period towards a PBP. RM confirmed the approach of the current Board and going forward the language will need to change to meet the new requirements.</p> <p>HB highlighted that DA provided a paper to Exec recommending some key areas for communications to support the evolution and to ensure a communication strategy is in place for the coming months and going forward.</p> <p>A structure and resource are now in place which will be led by both Marcus Duffield (SFH Interim Comm's Lead) DA and members from his team along with LP. The focus will be on what is being delivered to support the residents of Mid Nottinghamshire, with an initial emphasis on where residents can go for help in winter and signposting of partner organisations. PR confirmed assurance of engagement from Marcus and the Communications Team in supporting this piece of work.</p>		
Length of Discussion; 19 minutes	<p><u>Update of discussion with Amanda Sullivan and Kathy Maclean</u></p> <p>RM passed on her thanks to all members for the support provided to the system in identifying residents' requirements to improve their health and wellbeing.</p> <p>Going forward there will be a move towards a "push/pull" approach - with the statutory organisation pulling from us our knowledge of the patch and a push of some mandatory requirements for example reducing health inequalities, managing spend and improving quality.</p> <p>The tightening up of accountability and the reporting arm will need to be in place. AS and Kathy Maclean have agreed to support HB to work on this and wider transitional issues alongside RM for three months to April 2022. HB will step down from her substantive role at Mansfield District Council but has agreed to carry out this PBP work. Whilst there will be some significant changes there is some continuity with the support from HB, RM and LP.</p> <p>AS provided an overview of some of the changes taking place explaining</p>		

	<p>that the legislation is currently going through Parliament, with terminology to be agreed.</p> <p>The ICP will have a statutory basis and will cover the wider geography of Nottingham and Nottinghamshire. There will be a requirement to have an NHS Statutory Body – (ICB) Integrated Care Board which will take on the responsibilities of commissioning with a duty to integrate services. This will have a unitary Board which will include a mixture of Non-Execs/Independent members, and partners. There is a statutory requirement to have a GP, Local Authority and local provider representative.</p> <p>The ICB will set up a joint committee and will be linked to both the City and County Authorities and form the ICP with the overall responsibility to set the health strategy, working closely with the four PBP's. Commissioning of services will be a joint discussion allowing more flexibility. PBPs will be critical in highlighting the overall aim and the ICP will be critical in emphasising the PLACE priorities.</p> <p>RM proposed dedicating the December meeting to discuss opportunities that the PBP would like to focus on.</p> <p>Action: December meeting to focus upon transition and PBP arrangements.</p>		
<p>Length of Discussion; 7 minutes</p>	<p><u>Integrated Care System Update and Place Based Partnership Transition Update</u></p> <p>JC on behalf of RL explained that the bill is progressing to become a legal requirement from April 2022. Within the transition there are some nuances around the terminology with ICP and ICS, which will be worked through over the coming months.</p> <p>A transition programme is in place including a work stream which LP is part of, concentrating on the development of the approach for the future. Since the last meeting the Board supported a piece of work on organisational development, which included the sharing of a survey and participation in focus groups. This work has now completed and is currently being reviewed to identify the support requirements which will endeavour to be in place for quarter four.</p> <p>The current ICS Board had its last formal public meeting on the 4th November 2021. The group is formally closed, with development time during December and January for the new ICP and ICB arrangements going forward. The MN PBP may wish to mirror this approach.</p> <p>TH welcomed the new way of working and the opportunity to retain HB's expertise. Being a member of the Exec TH is fully aware of the changes taking place but felt it was essential that all members of the Board understand the new direction which will need to link closely to the communications plan.</p> <p>JL expressed her support in the changes with the focus on integration, nonetheless, questioned where Healthwatch and Patient Engagement fit and will be keen to see progress. It was highlighted that there will need to be a focused resource for the PBP, which will be the 'engine room' for the work going forward. HB acknowledged that within all this work the focus is on the patient and communities and to make sure the work we do is carried out with them rather than to them.</p>	<p>All</p>	<p>16/12/21</p>
<p>Length of Discussion; 6 minutes</p>	<p><u>COVID Vaccination and Flu Vaccination Update</u></p> <p>DA shared slides detailing the take up of the Covid Vaccination for the 1st, 2nd dose and Booster across Mid Nottinghamshire.</p>		

	<p><u>POST MEETING NOTE:</u> Presentation circulated to all Board Members.</p> <p>For the 1st and 2nd dose Mid Nottinghamshire is slightly lower than South Nottinghamshire but higher than Nottingham City, with more to do for both doses.</p> <p>The take up of the Booster is quite low compared to other areas across the Midlands with a lot more input required, with an urge for all to take up the offer of the Booster.</p> <p>The number of boosters carried out last week include: Ashfield 4,541 (56% uptake) Mansfield 4,410 (62% uptake) and Newark and Sherwood 4,254 (54% take up).</p> <p>The 12-15 cohort is currently at 2,870 1st doses providing a 37% take up, which is being run predominantly by Notts Healthcare through the Schools Immunisation Programme.</p> <p>Flu vaccination uptake for pregnant women needs to be reviewed to understand why the take up is low; this is similar picture for the Covid booster. A vast amount of work is taking place through the Health Inequalities Group to encourage take up of both Covid and Flu vaccinations.</p> <p>SD provided feedback on behalf of SF who noted a question in last month's chat regarding vaccines and 12-15 years olds and if there have been many adverse reactions requiring hospitalisation. SF confirmed it is very rare; to date, there has been one child with anaphylaxis who was transferred to hospital as a precaution, and they were discharged within hours with full recovery.</p> <p>The Board was ASSURED by all updates received.</p>		
<p>ICP/20/ 194</p>	<p>Quarterly Objectives Performance and Progress Report</p>		
<p>Length of Discussion; 44 minutes</p>	<p>SD on behalf of DC provided an update on the Objectives performance and progress, highlighting the amount of collaborative work that is taking place and the relationship building between system partners. The next update on objectives will follow a different and improved presentation format</p> <p>Colleagues from the ICP/PBP team are presenting at a Best Start Partnership meeting next week. Family hubs are being developed with the first pilot in Retford following consultations with local families, young people and stakeholders. The national Best Start for Life Vision is central to the development of family hubs with the focus on supporting families and babies for the first 1001 days.</p> <p>A bid supporting the whole family to prevent homelessness has been submitted along with Mansfield District Council. The focus is on the prevention of homelessness in families with children, improving relationships between housing and children services with an emphasis on early help. The results will include positive family outcomes, reduction in families at risk of homelessness, reduction of families made homeless, families maintaining tenancies, and increased referrals from Housing to the Early Help Unit.</p> <p>Mid Notts based colleagues continue to support with the Covid</p>		

<p>Vaccination service for Care Homes, Housebound, Schools and the Vaccination Bus. Booster vaccinations delivered up to Friday of last week include: 1,554 for Care Home residents, 282 for Care home staff and 246 for Housebound residents.</p> <p>Mid Nott's ICP/PBP run a supported swabbing service, including IPC and PPE training across Nottinghamshire, which is commissioned through Public Health England, Nottinghamshire County Council.</p> <p>Mid Nott's along with South and City ICP/PBP are currently working up a funding bid to support the prevention agenda. Mid Nott's focus is on two of the priority areas within the patch namely Bellamy and Coxmoor. Meetings have commenced with attendance from local authority, CVS and PCN Directors. The aim of the project is to have purposeful and sustained approaches to tackle health inequalities through co-production. An update is planned to be presented at the ICS Health Inequalities meeting in December. Initial work is to map the current work taking place within the communities.</p> <p>Members of the Mid Nott's ICP/PBP team recently visited Bellamy and saw first-hand some of the issues that the residents have. Insight has been shared with the local authority and Active Notts on how Bellamy compares with local neighbourhoods regarding care of long-term conditions.</p> <p>One Step at a Time continues to be delivered in Mansfield and Ashfield through the CVS' funded by NCC and Active Notts, which looks to befriend and support residents that need help to get out and about again after the pandemic. The programme aligns with and supports the work of the Link Workers, social prescribing and the prevent agenda. This is looking to be rolled out to Clipstone and Ollerton.</p> <p>SF posed a question prior to the meeting regarding a business case that has been submitted to secure money for a fall's vehicle pilot and if this funding is likely to be available for the service to be implemented for this winter? SD has posed the question internally and will follow this up at the next Board meeting.</p> <p>Action: Update on the funding for the falls vehicle pilot to be shared.</p> <p>Mid Nott's ICP/PBP have agreed to work with an Organisation called OPTUM who will work with PCN colleagues to look at Population Health Management (PHM). Information governance issues has delayed progress; however, focus has been agreed to review the impact of Covid on different segments of the population to allow the sharing of data. Governance around the data extraction will be worked on in December and January with a target go live date for analytical work to begin in Mid-February. SF noted that she had worked with OPTUM in a previous role doing similar work which was excellent and really addressed segmentation of the population into specific cohorts, developing focused interventions and measuring impact.</p> <p>LP will be liaising with appropriate colleagues to form a Programme Budget Group, whose objective will be to work through the steps required to be able to manage programme budgets for EOL Care and MSK from</p>	<p>SD/LP</p>	<p>16/12/21</p>
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	<p>the 1st April 2022. Colleagues can contact LP with any named individuals with areas of expertise in finance, capacity and demand who could assist in forming this working group.</p> <p>GH confirmed that Blidworth on the move has expertise in transport and supporting with long term health conditions. Nottinghamshire County Council Community Transport has opened for bids but only for charitable organisations. Work has been taking place with the MSK Service to support long term health conditions. GH confirmed that Blidworth on the move has now officially become a community hub and thanked Members for their support.</p> <p>MC acknowledged the really good work taking place however posed the 'so what' question regarding the percentages and numbers provided in the report, with the opportunity of more context provided to explain what is good/bad? MC also questioned the nature of the relationship with OPTUM due to a system wide hub in place for PHM. It was agreed for MC and SD to discuss further outside of the meeting along with a conversation regarding the program budgeting as system work is already taking place on this which may dovetail.</p> <p>SD proposed bringing PHM to a future meeting with an opportunity for a question and answer session.</p> <p>Item to be included on the forward planner.</p> <p>ACTION: Objectives updates to be provided in an improved format for subsequent Board meetings.</p> <p>DJ expressed her pleasure in being back in attendance after an 18-month absence focusing on the Pandemic response work. OPTUM is working with the Council under a JSNA to look broadly at the impact of Covid and it would be good for the Mid Nott's work to link with the County wide information. DJ and SD to link up outside of the meeting.</p> <p>JL felt the enormous amount of work taking place is very overwhelming but is keen to observe that health inequalities and outcomes which have been mentioned but requested more detail on how this was being monitored and making a difference to people lives. LM explained that beneath the Board there are numerous subgroups working very hard and proposed bringing a highlight report from the Health Inequalities Group to share what work is taking place on the ground to make a difference to the residents within our communities.</p> <p>Item to be included on the forward planner.</p> <p>LW wanted to express her thanks to DC and LP in keeping the objectives and projects on track. LW felt that the difference in Mansfield would be when they are no longer ranked as the 10th highest in the country with the most people with long term health conditions. Risk stratification work has taken place following the 'We Are Undefeatable', this highlighted the need of a holistic approach to work with individuals, who have many needs that they are unable to prioritise their health. Inroads are commencing with the support from Social Prescribers, Link Workers and Community Champions who are working with some of the most vulnerable members of our community to prevent crisis.</p>	<p>DC</p>	<p>20/01/22</p>
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	<p>SD explained that some initial data findings relating to Bellamy highlight that the population present at a younger age compared to neighbouring districts with long-term health conditions. This data has been shared with the Local Authority and Active Nott's.</p> <p>TB highlighted that the presentation on Objectives Performance and Progress Report was delivered the day before at the Transformation Board and questioned what as a partnership the added value is. It was questioned if there is learning that can be obtained from the different programmes adopted in different areas. There is a requirement to link the project outcomes, including capturing health inequalities linking to the NHS deliverables and the ICB Outcomes.</p> <p>HB confirmed that it can be difficult to share the richness of activity that is taking place and it needs to be very clear how we are presenting the effort towards meeting the objectives. Health Inequalities will be central to work going forward and all members need to feel assured and have confidence in this.</p> <p>MA reiterated how important the visit carried out by the ICP/PBP team members alongside Council Members, and Active Notts to the Bellamy Estate. It allowed for the opportunity to meet residents, an elected member and to see the issues first-hand that has been raised, to connect with the objectives.</p> <p>RM reflected on the importance of meeting in person and stressed the aspiration of being able to reinstate face to face meetings being held across the patch in the future.</p> <p>RM confirmed that the meeting in December will focus on where we aim to be in April and next steps with papers to be circulated ahead of the meeting to support discussion. The use of PBP to be in place from January with the Chair being replaced by a Facilitator or Convenor.</p> <p>The Board APPROVED the Quarterly Objectives Performance and Progress Report.</p>		
<p>ICP/20/ 195</p>	<p>ANY OTHER BUSINESS</p>		
<p>Length of Discussion; 4 minutes</p>	<p>DA suggested a glossary of common terms to be pulled together to support the understanding of the changes that will be coming in. RM supported the proposal and suggested this is tested with JL for clarity and ease.</p> <p><i>ACTION: A glossary of terms to be pulled together to share with members regarding the changes in preparation for April 2022.</i></p> <p>MC confirmed that the ICB will be operating in shadow form during the last quarter of this financial year and supported the notion of aligning this group from the 1st January.</p> <p>PR also offered his support of the change in group from the 1st January and suggested a pictorial document to describe the architecture of the</p>	<p>DA</p>	<p>20/01/22</p>

	<p>partnership, groups and roles to support members going forward. RM supported this suggestion and agreed that this could be shared with ST and patient representatives for sense checking.</p> <p><i>ACTION: A pictorial document to be produced to describe the architecture of the partnership and roles in preparation of April 2022.</i></p>	LP	16/12/21
ICP/20/196	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next ICP Board meeting would be held on 16th December 2021 at 14.00</p> <p>There being no further business the Chair declared the meeting closed at 15:57.</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>		