

**UN-CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE PLACE BASED
PARTNERSHIP (PBP) BOARD MEETING HELD ON 20th January 2022
VIA MICROSOFT TEAMS**

PRESENT:	Rachel Munton	Independent Chair	RM
	Hayley Barsby	Chief Executive PBP, Mid-Nottinghamshire PBP	HB
	Lorraine Palmer	Interim Programme Director, Mid-Nottinghamshire PBP	LP
	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
	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 PBP Estates Lead, Sherwood Forest Hospital NHS Foundation Trust	BW
	Thilan Bartholomeuz	Clinical Lead, Mid-Nottinghamshire PBP District Council	TB
	Mariam Amos	Strategic Director, Mansfield District Council	MA
	Michael Cawley	Operational Director of Finance, Mid- Nottinghamshire, NHS Nottingham and Nottinghamshire CCG	MC
	Steve Morris	Chief Officer, Mansfield Community and Voluntary Services (CVS)	SM
	Teresa Jackson	Manager, Ashfield Voluntary Action	TJ
	Claire Culverhouse	Deputy Director of Integration, Nottingham University Hospitals NHS Trust	CC
	Jon Singfield	Deputy Director of Planning & Partnerships, Nottinghamshire Healthcare NHS Foundation Trust	JS
	Arwel Griffiths	Chief Executive, Nottingham Emergency Medical Services Community Benefit Services	AG
IN ATTENDANCE:			
	Katie Towndrow	Care Integration Support Officer, Mid-Nottinghamshire PBP (Minutes)	KT
MEMBERS:			
	Ann Mackie	Public Member	AM
	Pat Kelsey	Public Member	PK
	Julie Tasker	Public Member	JT
APOLOGIES:			
	Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust	TG
	Greg Cox	General Manager, Nottinghamshire Division,	GC

Emma Challans	East Midlands Ambulance Service Director of Culture & Improvement, Sherwood Forest Hospital NHS Foundation Trust	EC
Diane Carter	Care Integration Lead, Mid-Nottinghamshire PBP	DC
Sarah Furley	Director of Partnerships, Nottinghamshire Healthcare NHS Foundation Trust	SF
Lesley Watkins	Partnership and Engagement Manager, Mansfield CVS	LW
Joanna Cooper	Assistant Director, Nottingham and Nottinghamshire ICS	JC
Gilly Hagen	Public Member	GH
Dawn Jenkins	Consultant in Public Health Medicine, Nottinghamshire County Council	DJ
Jonathan Gribbin	Director of Public Health, Nottinghamshire County Council	JG
Alison Rounce	Managing Director, PICS Limited	AR
Dr Gavin Lunn	Clinical Lead, Mid-Nottinghamshire, PICS Limited and Primary Care Network Representative	GL
Maria Ballantyne	Group Manager - Living Well South, Nottinghamshire County Council	MB
Madeleine O'Sullivan	Chief Executive, Newark and Sherwood CVS	MO
Sarah Taylor	Health and Wellbeing Officer, Ashfield Voluntary Action	ST
Richard Henderson	Chief Executive, EMAS	RH
ABSENT:		
Theresa Hodgkinson	Chief Executive, Ashfield District Council	TH
Dr Khalid Butt	Primary Care Network Representative	KB

Item No.	Item	Action	Date
PBP/22/01	WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS ICP BOARD MEETING HELD 18th November 2021 Quoracy Check; Chair, ICP Chief Executive Lead and a member of each of the member bodies is required.		
Length of Discussion; 5 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>RM expressed her concern at cancelling the December meeting at short notice due to the increased pressures across the system, however it was the appropriate decision to make at that time. Since the November meeting there have been several changes including Rebecca Larder moving on and having HB on a sessional basis to lead the group to the future arrangements.</p> <p>Following a review of the minutes of the ICP Board held 18th November 2021 the Board CONFIRMED the minutes as a true and accurate record subject to confirmation that the next steps that were due to be followed up in the cancelled December meeting are attended to in this meeting and within these minutes.</p>		
PBP/22/02	APOLOGIES FOR ABSENCE		
Length of Discussion; 1 minute	Apologies for absence were noted as outlined above and thanks given to those who notified attendance in advance to optimise the efficiency of the meeting.		
PBP/22/03	DECLARATIONS OF INTEREST		
Length of Discussion; 1 minute	No declarations of interest were received from those present relating to items on the agenda.		
PBP/22/04	ACTION TRACKER AND FORWARD PLANNER		
Length of Discussion; 7 minutes	<p>The Board CONFIRMED that action ICP/20/191 and ICP/20/193 are amalgamated.</p> <p>DA questioned the minutes regarding the Programme Budget Group and if members are still required to join. LP confirmed that an inaugural meeting took place earlier today (20/01/2022) with a focus on the membership of the group. Initial discussions took place with key colleagues who are knowledgeable about the End-of-Life Care Together Service and MSK.</p> <p>MC explained that the group is in the early stages of development with key stakeholders and at this stage there is no requirement for additional members but there may be opportunity to co-opt further individuals into discussions in the future .</p> <p>The Board AGREED that the following actions could be CLOSED ICP/20/163, ICP/20/187, ICP/20/188, ICP/20/189 and ICP/20/192.</p> <p>The Board AGREED for the agenda item Transition and PBP Arrangements to be a standing item going forward.</p>	KT	Ensure item on each agenda forthcoming

PBP/22/05	PBP EXECUTIVE UPDATE		
Length of Discussion; 8 minutes	<p>HB explained that the Exec has not met since the last (November) Board meeting, however a smaller operational group met earlier this week (18th January) who are looking to pull together actions and oversight to report to the Exec to then update to the Board. The meeting on Tuesday included DA, TB and LP with additional colleagues to be invited to attend future meetings.</p> <p>Board members were directed to the letter from the NHSE (ICB Implementation Date Letter – ICB Leads 24 December 2021, Mark Cubbon, Chief Delivery Officer, NHS England and NHS Improvement) identifying an extension to the original date for transition to Statutory ICB from the 1st April to 1st July.</p> <p>There is still a significant piece of work to carry out to achieve a smooth and effective transition at ICP/PBP level and the core group will provide initial thinking to present to the Executive: including the reporting and resourcing of the partnership going forward and the architecture for the new structure.</p> <p>The breakout sessions planned today will help to inform some of these proposals. Decisions will be influenced by factors such as the required functions of the ICB and the key local areas on which to focus. Data on Mid Notts will inform ways in which we can improve to provide a better outcome for residents.</p> <p>Areas of uncertainty will remain whilst awaiting the White Paper on Integration to be published. Some of the steps taken will evolve dependent upon the information received.</p> <p>RM invited members to ask questions during the meeting to ensure a clear understanding of the transition.</p>		
Length of Discussion; 15 minutes	<p><u>Approach to Communications and Engagement Update</u></p> <p>DA explained that a Communications and Engagement Group has been formed with Marcus Duffield, (Head of Communications SFH), LM and DA coordinating the responsibility on behalf of the Board and PBP. The focus is to ensure that communication and engagement continues so that a solid foundation is in place in readiness for July.</p> <p>The Communications and Engagement Group is very well attended by partners, including those from the Voluntary Sector and members of the public who participate as equal partners. The work links back to the Primary Care Networks and patient participation groups. A baseline audit on the cascade systems in place has operationalised a process of sharing information. The added value as a partnership is that the sharing of information can now reach wider audiences through partner organisations and social media platforms, which allows for a consistent message and increased visibility.</p> <p>The group would like to undertake a case study approach and invited Members to put forward any studies that may highlight gaps or raise the profile of cohorts within the community.</p> <p>TB suggested committing to developing a forward plan to be proactive around prevention, health, education, and self-care to empower residents along with utilising the communications and engagement on how we describe who we are, what we do and why we are here, both for partner organisations and residents.</p> <p>SS confirmed that work has been carried out within Newark and Sherwood District Council on mapping the structure of the groups and</p>		

<p>Length of Discussion; 10 minutes</p>	<p>how they all feed into each other. The Health and Wellbeing Strategic Board identified communication and engagement as integral and posed having a template to allow for consistency and shared use.</p> <p>ACTION: SS to share a copy of the structure mapped out by Newark and Sherwood District Council with LP.</p> <p>RM requested clarification of the ICS as detailed in the document from NHSE (ICB Implementation Date Letter – ICB Leads 24 December 2021, Mark Cubbon, Chief Delivery Officer, NHS England and NHS Improvement).</p> <p>AS explained that the ICS is a term that is used to describe the collective of the health and care system within Nottingham and Nottinghamshire. Although unhelpfully on the letter circulated, it details they are writing to confirm a new target date for the establishment of statutory ICS, however the ICS is not a statutory body.</p> <p>The Integrated Care Board (ICB) will be an NHS body that will be established following the dissolution of the CCG's. This has been delayed until July due to the statutory change over, that relies on legislation which is still going through parliamentary processes.</p> <p>Place Based Partnerships are established as part of the ICS family and cover a particular geography within that.</p> <p>JT requested for the full description of ICS (Integrated Care System) to be used and Communication for Comm's to allow for a clear understanding.</p> <p><u>COVID Vaccination and Flu Vaccination Update</u></p> <p>DA confirmed that the current uptake for the flu vaccinations within Mid Notts is approaching 60% and for the covid vaccination booster is nearly at 80%. In the entire county of Nottinghamshire Mid Notts is currently placed in the middle for uptake.</p> <p>To support the covid booster vaccination programme a Task and Finish Group has been set up with partners across the area, which has supported the success of the programme. By the sharing of assets and resources the group have carried out tremendous work on providing the booster to the population of Mid Notts.</p> <p>One initiative involves the planning of 'pop up clinics' with the next one taking place on the 24th January at Trowell Court Community Centre, Bellamy Road, Mansfield. This will be a drop-in session running from 10am-3pm to allow residents to have their vaccination or collect lateral flow tests, discuss any concerns with refreshments available. This is being supported by the voluntary sector.</p> <p>The work carried out has received a variety of feedback testimonies to review what work has taken place and the positive response has highlighted how working together has provided the success received so far with the focus on the needs of the locality.</p> <p>JT raised her concerns about High Court Proceedings that are taking place which it was agreed was not a matter for the Board but should be taken outside of the meeting</p> <p>TB thanked DA for the presentation and the focus moving away from the numbers but providing the detail behind the work carried out which is showing the added value as a partnership that is being created.</p> <p>AS explained that there is a lot of misinformation surrounding the covid vaccination on social media and the vaccine went through all the appropriate clinical trials.</p>	<p>S. Shead</p>	<p>24.02.22</p>
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	<p>Action: AS to follow up on the comments regarding the high court proceedings currently taking place with regards to the covid vaccination.</p> <p><u>Post meeting note: a statement in response to the issue of concern above has been issued outside of the meeting</u></p> <p>JH congratulated the work taking place reiterating the personalised approach being undertaken with the residents of Mid Nottinghamshire and the strength of the partnership by working together.</p> <p>The Board was ASSURED by all updates received.</p>	A. Sullivan	24.02.22
PBP/22/06	TRANSITION AND PBP ARRANGEMENTS		
Length of Discussion; 8 minutes	<p><u>Background and Scene Setting to emerging thinking of the role of the PBP for the future</u></p> <p>LP presented slides detailing a proposed pictorial diagram of the structure for the PBP describing where groups link with each other. The draft structure will support discussions on some of the issues for consideration or development for the future.</p> <p>Some of the proposals to reflect include:</p> <ul style="list-style-type: none"> • Mid Nott’s Place Based Partnership Forum • Delegated functions from the ICB • Delegated functions from the Local Authority and Health & Wellbeing Boards 		
Length of Discussion; 15 minutes	<p><u>Breakout Groups – Session 1 Reflecting on the responses to the polls and the emerging thinking on the role of our partnership</u></p> <p><u>Post Meeting Note: Feedback from the breakout groups will be circulated ahead of the February meeting for discussion</u></p>		
PBP/22/07	DEVELOPING OUR MEMBERSHIP		
Length of Discussion; 15 minutes	<p>HB explained that draft membership has been proposed to prompt discussions on where Organisations might sit across the Partnership and Exec.</p> <p>The Executive Team – Proposal includes:</p> <ul style="list-style-type: none"> • PBP Representatives incl Partnership Forum Chair • MN Locality Director • MN PBP Finance Lead • CVS Cluster – Nominated Rep • NUH - 1 Representative • SFH – 1 Representative (CEO) • NHT – 1 Representative • Local Authority – cluster with nominated rep or 1 representative from each • County Council – 1 representative • Adult Social Care - 1 Representative <p>The PBP Partnership Forum – Proposal includes:</p> <ul style="list-style-type: none"> • Agreed Executive Team 		

<p>Length of Discussion; 15 minutes</p>	<ul style="list-style-type: none"> • Healthwatch/Public Representative • NEMS • EMAS – Query Exec representation • PICS – Query Execs to represent link to PCNs? • PCNs or is that through Locality Director • ICB/ICP Representation <p>The new membership needs to reflect the responsibilities and risk that individual organisations want to undertake to move towards coproduction of solutions and interventions including the financial obligations. It is envisaged that the wider Partnership Forum will be an inclusive group that will set the agenda of priorities for decision making to be taken to the Exec, with the oversight of the Management Team who will be responsible for reporting. All members of the Exec will be members of the Partnership forum.</p> <p>The ethos of all the functions will be a push/pull focus with no hierarchy implied or intended</p> <p><u>Breakout Groups – Session 2 Your views and thoughts on how we approach and develop our membership</u></p> <p><i><u>Post Meeting Note: Feedback from the breakout groups will be circulated ahead of the February meeting for discussion</u></i></p>		
<p>PBP/22/08</p>	<p>SUMMARY, REFLECTION AND NEXT STEPS</p>		
<p>Length of Discussion; 15 minutes</p>	<p>HB reflected that due to the limited time it was difficult to capture all views and from the discussions members were at different levels of understanding. It was agreed that members wanting to submit further comments could email their breakout group facilitator by the COP Monday 24th January.</p> <p>Action: Members to email the facilitator with additional comments on the proposed structure and membership by COP Monday 24th January.</p> <p>Feedback received today will be collated along with any additional information with a proposal for Members to be shared at the next meeting. HB reiterated that the work that is continuing to happen is key in moving forward and that all partners are highly significant and involved in moving towards the future position. The investment in the Independent Chair as the Facilitator of the Partnership Forum will continue during the transition to ensure the broadest agenda continues</p> <p>JL felt that the structure needs to explicitly show the intelligence from residents so that the Partnership fundamentally understands the pertinent issues of the locality.</p>	<p>All</p>	<p>24.02.22</p>
<p>PBP/22/09</p>	<p>ANY OTHER BUSINESS</p>		
<p>Length of Discussion; 1 minutes</p>	<p>Nothing to report.</p>		
<p>PBP/22/10</p>	<p>DATE AND TIME OF NEXT MEETING</p>		
	<p>It was CONFIRMED that the next PBP Board meeting would be held on</p>		

	<p>24th February 2022 at 14.00 There being no further business the Chair declared the meeting closed at 16.02.</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>		<p>Date</p>