

Mid-Nottinghamshire ICP Board Meeting

Monday 16 December 2019, 2.30 – 5.00pm

Champion's Suite, Everyday Champion's Centre, Unit 2, Jessop Close, Brunel Business Park, Newark,
NG24 2AG

Agenda

Time	Reference	Item	Action/Paper	Lead
14:30	ICP/19/049	Welcome and Introductions	Note (Verbal)	Chair
	ICP/19/050	Apologies for Absence:	Note (Verbal)	Chair
	ICP/19/051	Declarations of Interest	Note (Verbal)	All
	ICP/19/052	Notes and Action Log from the November 2019 Mid-Nottinghamshire ICP Board Meeting	Approve (Enc.)	Chair
	ICP/19/053	Chair's Update	Note (Verbal)	Chair
14:40	ICP/19/054	Introduction to Development Work	Discuss (Verbal)	Karen Lynas
14:50	ICP/19/055	Approaches to Engagement next steps - Community Insight Model	Discuss and Endorse (Enc.)	Kerry Beadling-Barron
15:05	ICP/19/056	Digital Innovation	Discuss (Presentation)	Jaki Taylor, Nottinghamshire Health Informatics Service, Kathy Fulloway, Nottinghamshire Healthcare and Rosie Gilbert, Nottinghamshire County Council
15:30	ICP/19/057	Estates strategy development in the ICS and ICP	Discuss (Presentation)	Ben Widdowson
15:45	ICP/19/058	PCN Update	Note (Verbal)	PCN Clinical Director / David Ainsworth
16:00	ICP/19/059	ICS Update	Note (Enc.)	Rebecca Larder
16:15	ICP/19/060	YMCA Health Village as a focus for improved health and wellbeing in Newark and District	Discuss (Presentation)	David Ainsworth, Craig Berens, YMCA and Jo Bradley, YMCA
16:45	ICP/19/061	Observations/how has it gone today	Discuss (Verbal)	Karen Lynas

Time	Reference	Item	Action/Paper	Lead
16:55	ICP/19/062	Any Other Business including: a) Actions from today b) Update back to ICS		
<p>Date and Time of Next Meeting: Thursday 30 January 2019, 1.00 – 3.30pm – venue TBC</p>				

**Minutes of the Mid Nottinghamshire ICP Board meeting held on
Monday 18 November August 2019, 2.30 – 5.00pm
The Civic Quarter, Chesterfield Road South, Mansfield, NG19 7BH**

Present:

Rachel Munton	Independent Chair
Kerry Beadling-Barron	Director of Communications and Engagement, Mid-Nottinghamshire ICP
David Ainsworth	Locality Director, Mid-Nottinghamshire CCGs
Peter Wozencroft	Director of Care Integration, Mid-Nottinghamshire ICP
David Evans	Head of Communities and Wellbeing, Mansfield District Council (up to agenda item ICP/19/048)
Michael Cawley	Operational Director of Finance – Mid-Nottinghamshire CCGs
Steve How	Chair, Citizens' Council
Tim Guylar	Director of Integration, Nottingham University Hospitals NHS Trust
Paul Robinson	Chief Financial Officer, Sherwood Forest Hospitals NHS Foundation Trust
Rebecca Larder	Programme Director, Nottingham and Nottinghamshire ICS
Greg Cox	General Manager – Nottinghamshire Division, EMAS
Jane Laughton	Chief Executive, Healthwatch Nottingham and Nottinghamshire
Richard Mitchell	ICP Lead and Chief Executive, Sherwood Forest Hospital NHS Foundation Trust
Dr Kevin Corfe	Primary Care Network Representative
Dr Andrew Pountney	Primary Care Network Representative
Leanne Monger	Business Manager – Housing, Health and Community Relations, Newark and Sherwood District Council
Jane Hildreth	Partnership and Engagement Officer, Newark and Sherwood CVS
Steve Morris	Chief Officer, Mansfield CVS
Dawn Jenkin	Deputy Director of Public Health, Nottinghamshire County Council (from agenda item ICP/19/041)
Paul Johnson	Service Director - Strategic Commissioning and Integration, Nottinghamshire County Council (from agenda item ICP/19/041)
Teresa Jackson	Manager, Ashfield Voluntary Action

In Attendance:

Paula Longden	Deputy Locality Director, Mid-Nottinghamshire CCGs (Observer)
Suzanne Horobin	East Midlands Academic Health Science Network (Observer)
Jane Ferreira	Head of MSK, Sherwood Forest Hospitals NHS Foundation Trust (Observer)
Karen Lynas	Facilitator (Observer)
Mike Chitty	Facilitator (Observer)

Andrea Stone Ashfield District Council (in attendance for agenda item ICP/19/048)
Rebecca Tryner Mid-Nottinghamshire CCGs (Minutes)

Apologies for absence:

Andy Haynes Medical Director, Sherwood Forest Hospital NHS Foundation Trust
Hayley Barsby Chief Executive, Mansfield District Council
Gavin Lunn Deputy PCN Clinical Director
Melanie Brooks Nottinghamshire County Council
Matthew Finch Director - Communities and Environment, Newark and Sherwood District Council
Theresa Hodgkinson Director of Place and Communities, Ashfield District Council
Jonathan Gribbin Director of Public Health, Nottinghamshire County Council
Ben Widdowson Associate Director of Estates and Facilities, Sherwood Forest Hospitals NHS Foundation Trust
Amanda Sullivan Accountable Officer, Nottinghamshire CCGs
Alison Wynne Nottingham University Hospitals NHS Trust
Mark Gregory East Midlands Ambulance Service
John Brewin Chief Executive, Nottinghamshire Healthcare NHS Foundation Trust
Thilan Bartholomeuz Clinical Chair, Newark and Sherwood CCG

ICP/19/038 Welcome and Introductions

The Chair welcomed members to the meeting and invited a round of introductions.

The Chair noted that this was Mr How's last meeting and thanked him for his contributions to the Board on behalf of the local population. Representatives from Mansfield CVS, Newark and Sherwood CVS and Ashfield Voluntary Action had been invited to join the Board to represent local citizens going forward.

This was also Dr Lunn's last meeting, but he was unable to attend due to pre-existing commitments. A letter of gratitude would be sent to Dr Lunn following the meeting.

ACTION: The Chair to write a letter of gratitude to Dr Lunn following the meeting.

ICP/19/039 Apologies for Absence

Apologies for absence were noted as outlined above.

The Chair reminded members that agreement had previously been reached for all member organisations to nominate one representative and one alternate to sit on the Board. In order to establish a level of continuity and support quoracy going forward, members were asked to confirm their representatives ahead of the next meeting.

ACTION: All member organisations to confirm their nominated ICP Board representative and alternate ahead of the December meeting.

Members noted that Ms Horobin had been invited to observe the meeting to consider the East Midlands Academic Health Science's potential contribution to the ICP, particularly in relation to the neighbourhood approach. The Chair declared an interest as she was previously the Managing Director of the East Midlands Academic Health Science Network (AHSN).

Mr Mitchell reported that Dr Dave Selwyn had been appointed as Medical Director at Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) and was due to commence in post on 9 December 2019. Dr Andy Haynes would be moving substantively to the ICS from 9 December 2019. In addition to this, the ICS had appointed to the Director of Finance post and further details would be issued later that week.

Mr Mitchell, Dr Haynes and Dr Amanda Sullivan had been in conversation with colleagues from the NHS Confederation who were keen to do a case study around the work undertaken within the Mid-Nottinghamshire ICP and the Better Together Alliance over the last three to four years. Colleagues' engagement in the development of the case study would be welcomed.

Members noted that the six monthly ICP Board update had been well received by the Board of SFHFT and they had requested quarterly updates going forward.

The Chair informed members that there was a confidential matter to consider at the end of the meeting regarding the ICS response to the NHS Long Term Plan. Therefore, the public session would close at 4.30pm on this occasion.

Ms Beadling-Barron notified members of the Notts Help Yourself website (<https://www.nottshelpyourself.org.uk/kb5/nottinghamshire/directory/home.page>) which was hosted by Nottinghamshire County Council and allowed groups to list information about their services. The website was incredibly helpful and enabled users to search for services in a number of ways including by postcode, subject matter or age group.

Members discussed the recent Nottingham City ICP Launch Event noting the positive atmosphere, useful market place approach and the opportunities for shared learning. The Chair asked members to consider whether they would like to hold a similar event in mid-Nottinghamshire and highlighted the importance of ensuring the outputs of the event translate to a material difference for the people who live in Nottingham.

Mr Guyler declared an interest in this item as an employee of Nottingham University Hospitals NHS Trust and a member of the Nottingham City ICP.

The Chair noted the requirement to change the date of the Board meetings in 2020 to maximise attendance. Members were asked to confirm their availability to Miss Tryner who would then schedule the meetings accordingly. The December meeting of the Board would be prefaced by a festive event and members of the public would be welcome to join.

ACTION: All members to confirm their availability for the ICP Board meetings in 2020 to Miss Tryner.

ICP/19/040 Declarations of Interest

As outlined under agenda item ICP/19/139, the following conflicts of interest were declared:

- The Chair declared an interest as she was previously the Managing Director of the East Midlands Academic Health Science Network (AHSN).
- Mr Guyler declared an interest in this item as an employee of Nottingham University Hospitals NHS Trust and a member of the Nottingham City ICP.

ICP/19/041 Minutes and Action Log of the August 2019 Mid-Nottinghamshire ICP Board Meeting

The minutes of the Mid-Nottinghamshire ICP Board meeting held on 9 September 2019 were approved as an accurate record of discussion subject to the following amendment:

Present:

Dr Gavin Lunn ~~Clinical Chair, Mansfield and Ashfield CCG~~ Deputy Primary Care
Network Clinical Director

Dr Jenkin and Mr Johnson joined the meeting at this point.

Members noted the completed ICP Board actions and further discussion took place around the following:

ICP/19/010 – Mr Ainsworth confirmed that he had met with Mr Taylor and the action could therefore be closed.

ICP/19/023 (2) and (3) – Mr Wozencroft explained that these actions were ongoing through the drivers of demand work. He suggested that the actions be closed on the action log as they were under constant review through business as usual processes.

ICP/19/031 – Ms Lynas and Mr Chitty were observing today's meeting as a result of the Chair's deliberations with potential OD facilitators. The action could be closed.

The Chair advised that the revised ICP Governance Framework had been circulated with the meeting papers for information. There were still some inconsistencies to be worked through ahead of the next formal review in three months' time. If members had any comments on the governance arrangements, they should be directed to Mr Wozencroft and Ms Lorraine Palmer.

In response to a query, Mr Wozencroft clarified that the ICP contract would be submitted to Board in the first quarter of the next calendar year.

The Chair requested that the ICP Transformation Board, ICP Operational Delivery Group and Mid-Nottinghamshire A&E Delivery Board provide progress reports to the Board on a quarterly basis.

ACTION: Mr Wozencroft to arrange for the ICP Transformation Board, ICP Operational Delivery Group and Mid-Nottinghamshire A&E Delivery Board to provide progress reports to the Board on a quarterly basis.

Members noted the ICP Board six month update for information. If members wished to include any additional information in the update, they were asked to provide details to Ms Beadling-Barron and Mr Wozencroft.

ICP/19/042 Chair's Update

This was covered under agenda item ICP/19/039.

ICP/19/043 Update/Feedback from Wigan – Kings Fund Evaluation Report

Mr Wozencroft introduced the lessons learned about the Wigan Deal from the rigorous academic evaluation carried out by the King's Fund. Wigan Council had taken a view that a radically different approach to citizen interaction was required in order to address the needs of the population more thoughtfully and maximise and capitalise upon their strengths. The new approach placed the emphasis upon self-reliance, people and communities and had increased healthy life expectancy whilst reducing expenditure.

Members noted the considerations for Mid-Nottinghamshire, which were closely linked to the conversations around the local neighbourhood approach and would be discussed in greater detail later on the agenda.

Mr Mitchell explained that contact had been made with colleagues in Wigan around 12 months ago as they were regarded amongst a series of senior academics as one of the health and local authority systems that had made the most progress around integrated ways of working. Wigan had faced the same challenges that all organisations in mid-Nottinghamshire were facing; increasing and unrelenting demand, growing financial pressures and a miss-match between capacity and demand, and had still made positive progress. Wigan Council had been the driving force behind the Wigan Deal and there was a requirement in mid-Nottinghamshire to ensure that there was a real balance between health and local authority input. Colleagues in Wigan were keen to be a critical friend to mid-Nottinghamshire on an informal ad-hoc basis.

Mr Johnson noted that Wigan Council had been one of the vanguards of the personalisation agenda and this was embedded within their staff at all levels. Nottinghamshire County Council was supportive of an asset based approach with citizens and patients.

Dr Jenkin stated that partners in Wigan had redefined their relationships with citizens through innovation and courage and by putting their residents at the heart of their plans. Within mid-Nottinghamshire there was a great opportunity to engage with citizens via the recently appointed social prescribing link workers.

The Chair highlighted the way in which the Deal placed a qualitative focus on assets and the courage required to agree a fundamental way of readdressing issues. The Deal also clearly defined the roles of organisations and the community.

Mr Evans noted that whilst the work undertaken in Wigan was inspiring, radical and innovative, there was a greater challenge within Mid-Nottinghamshire as the local authorities were not operating under one unitary body.

ICP/19/044 Q2 System Performance Report

Mr Wozencroft presented the Q2 System Performance Report which highlighted the key issues around growing demand across the system, particularly within urgent and emergency care. Planned care services were being re-designed to be more responsive and the overall volume of outpatient demand had reduced.

The Chair explained that the Board was receiving this information for awareness and not for an in-depth discussion around the content. Mr Mitchell added that there were other forums within the system that oversaw this programme of work and interrogated the detail. However, if members had any concerns, questions or suggestions, they would be welcomed.

Dr Corfe asked whether it would be possible to include further data in future reports around how Mid-Nottinghamshire benchmarked nationally.

ACTION: Mr Wozencroft to arrange for further system performance reports to include additional benchmark data.

Mr Ainsworth informed members that a significant amount of system led work was being progressed through the drivers of demand workstream, which was based around the patterns of arrivals at hospitals over the last three years.

Mr Robinson noted the financial context as health partners had a forecast risk of £19.3million, which in the main was due to growing non-elective demand. Mr Robinson would work with Mr Wozencroft to include an overview of the financial position in future iterations of the report. Mr Mitchell added that it would also be helpful if future reports focussed less on the activity graphs and placed greater emphasis on the actions being taken to resolve issues.

ACTION: Mr Robinson and Mr Wozencroft to include an overview of the financial position in future iterations of the system performance report.

ACTION: Mr Wozencroft to ensure that future reports focus less on the activity graphs and place greater emphasis on the actions being taken to resolve issues.

Member of the ICP Board received and noted the Q2 System Performance Report.

ICP/19/045 Nomination of Potential New Members

Mr Wozencroft proposed that NEMS Community Benefit Services Limited (NEMS CBS) and Primary Integrated Community Services (PICS) be invited to join the ICP and nominate Board members accordingly. The reasons being that NEMS CBS is the incumbent provider of out of hours primary care services across Mid-Nottinghamshire and the PC24 service that

forms a key component of the single front door service at Kings Mill Hospital. PICS is a provider of clinical services direct to citizens and was the provider of infrastructure support to the PCNs. Its inclusion within the ICP would enable PICS to play a greater strategic role within the system.

Members of the Board supported the proposal to invite NEMS CBS and PICS to join the ICP and nominate Board members accordingly and also suggested that a review of the membership of the groups underpinning the Board be undertaken.

ACTION: Mr Wozencroft to invite NEMS CBS and PICS to join the ICP and arrange for a review of the membership of the groups underpinning the Board to be undertaken.

ICP/19/046 Forward Plan and Meeting Dates/Venues for Dec 2019 and 2020

This item was discussed under agenda item ICP/19/039.

ICP/19/047 ICS Update

Members noted the ICS Update for information.

ICP/19/048 Neighbourhood Approach Part 2

Mr Ainsworth thanked the District Councils for the coordinated effort, supported by Nottinghamshire County Council, around the prevention agenda. Members noted the focus of today's session was around the coordination of targeted interventions at place level, drawing on asset based approaches within communities, PCN development with place based approaches and a call for action/support from the Board. Members were reminded of the District/Councils' contribution to the wider determinants of health and wellbeing and the key themes across mid-Nottinghamshire from District Health and Wellbeing Plans.

Members were asked to participate in a group exercise and draw a place/community that they would like to live in and describe what a happy, healthy and sustainable place would look like.

Members were shown a King's Fund animation on population health.

Ms Monger presented on the proposed approach to engage and involve partners and residents and to work together to create a culture of ambition and collaborative working to achieve a shared vision around 'place'. Members noted the Place Model, Co-ordination, Operational Model and Asset Mapping.

Ms Stone provided an overview of the neighbourhood work that had been taking place across the Coxmoor estate to engage with the community to make a positive difference for all residents.

Mr Evans left the meeting at this point.

Mr Ainsworth updated members on PCN developments noting that PCNs would be coordinating meetings with district councils and structuring their agendas to include a focus upon wider determinants of health and wellbeing. Board members were asked to be ambassadors and endorse the neighbourhood approach, to resource the place/neighbourhood teams and consider different ways of working and training for the workforce, to consider joint communications, share evidence and insight and make best use of all public funds.

Members were asked to work in small groups to consider how the Board could endorse the neighbourhood approach. Feedback from the group session included:

- The importance of understanding the resources that each organisation could provide to support neighbourhoods and utilise existing resources to maximum effect
- The need to actively listen to residents and ask what they want
- The opportunity to utilise the voluntary sector and statutory services

Mr Ainsworth and District Council colleagues would take this work forward with a focus on utilising existing resource and where possible releasing capacity to make a difference and to undertake some work around OD and culture to develop meaningful neighbourhood plans.

Mr Wozencroft summarised the connections between the neighbourhood approach and Wigan Deal noting the importance of authorising teams to work differently.

Mr Ainsworth stated that the system needed to come together in a different way and look at innovative ways of bringing new money into the area via less traditional routes.

ACTION: Mr Ainsworth to liaise with Ms Horobin around potential innovations to secure additional funding for Mid-Nottinghamshire.

The Chair noted the strong agreement to pursue the neighbourhood approach and suggested that some citizen stories be used within a future update.

The meeting closed at 4.50pm.

Key	
Red	Action Overdue
Amber	Update Required
Green	Action Complete
Grey	Action Not Yet Due

Actions arising from the Mid-Nottinghamshire ICP Board

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/19/038	18.11.19	Rachel Munton	To write a letter of gratitude to Dr Lunn	Complete	Green
ICP/19/039 (1)	18.11.19	All	To confirm their nominated ICP Board representative and alternate ahead of the December meeting	In progress	Amber
ICP/19/039 (2)	18.11.19	All	To confirm their availability for the ICP Board meeting in 2020 to Miss Tryner	Complete	Green
ICP/19/041	18.11.19	Mr Wozencroft	To arrange for the ICP Transformation Board, ICP Operational Delivery Group and Mid-Nottinghamshire A&E Delivery Board to provide progress reports to the Board on a quarterly basis	The chairs and leads of the three groups will collaborate to produce a single highlight report to the ICP Board in February 2020, when the next quarterly update is due.	Grey
ICP/19/044 (1)	18.11.19	Mr Wozencroft	To arrange for further system performance reports to include additional benchmark data	Benchmark data will be included in the highlight report referenced under ICP/19/041 where it is readily available.	Grey
ICP/19/044 (2)	18.11.19	Mr Robinson and Mr Wozencroft	To include an overview of the financial position in future iterations of the system performance report	This will be included in the highlight report.	Grey

Agenda ref	Date of meeting	Name	Action	Progress	Status
ICP/19/044 (3)	18.11.19	Mr Wozencroft	To ensure that future reports focus less on the activity graphs and place greater emphasis on the actions being taken to resolve issues	Comments will be taken into account when producing the highlight report.	
ICP/19/045	18.11.19	Mr Wozencroft	To invite NEMS CMB and PICS to join the ICP Board and arrange for a review of the membership of the groups underpinning the Board to be undertaken	Complete	
ICP/19/.48	18.11.19	Mr Ainsworth	To liaise with Ms Horobin around potential innovations to secure additional funding for Mid-Nottinghamshire	A meeting is to be arranged in the new year to explore this strand of funding opportunities	

Mid-Nottinghamshire ICP Board Update – November 2019

The Board met on November 18 at Mansfield District Council's civic centre and welcomed five members of the public. Below is a summary of the key items discussed. The full papers (and details of forthcoming meetings) can be found here: <http://bit.ly/NovemberBoard>

Board membership changes

The Chair noted that this was the last meeting for Steve How chair of the now disbanded Citizen's Council. She thanked him for his contributions to the Board on behalf of the local population. Representatives from Mansfield CVS, Newark and Sherwood CVS and Ashfield Voluntary Action had been invited to join the Board to represent local citizens going forward. This was also Dr Gavin Lunn's last meeting, but as he was unable to attend a letter of thanks has been sent to Dr Lunn following the meeting. Facilitators Karen Lynas and Mike Chitty also attended to begin their development work with the Board.

It was also agreed that NEMS Community Benefit Services Limited (NEMS) and Primary Integrated Community Services (PICS) would be invited to join the ICP. NEMS is the provider of out of hours primary care services across Mid-Nottinghamshire and the PC24 service at King's Mill Hospital. PICS is a provider of clinical services direct to citizens and the provider of infrastructure support to the Primary Care Networks.

Quarter 2 performance discussed and noted

The Quarter 2 System Performance Report was discussed and noted which highlighted the key issues around growing demand across the system, particularly within urgent and emergency care. Planned care services were being re-designed to be more responsive and the overall volume of outpatient demand had reduced.

Neighbourhood presentation by colleagues from Ashfield District Council, Mansfield District Council and Newark and Sherwood District Council

There was a presentation on the proposed approach to engage and involve partners and residents and to work together to create a culture of ambition and collaborative working to achieve a shared vision around 'place.'

An overview was then given of the neighbourhood work that had been taking place across the Coxmoor estate to engage with the community to make a positive difference for all residents.

Board members were asked to be ambassadors and endorse the neighbourhood approach, to resource the place/neighbourhood teams and consider different ways of working and training for the workforce, to consider joint communications, share evidence and insight and make best use of all public funds.

Next month's meeting will take place on December 16 at 2.30pm with a small Christmas celebration beforehand. Papers will be available a week in advance on the ICP website.

Dear ICP Board member

Thank you to those of you who have confirmed your principal nominees and designated alternates for membership of the ICP Board.

The attached schedule represents our current understanding of membership nominations. If this is not correct in respect of your own organisation, please notify Rebecca Tryner rebecca.tryner@nhs.net either in advance of, or at the Board meeting on Monday 16th December.

Once this is finalised, could I respectfully ask that you adopt the routine practice of attending as the principal nominee, with designated alternates providing back-up attendance in exceptional circumstances. I am keen that the consistency of attendance is increased as we move through our important agenda over the next twelve months and beyond.

Thank you for your continued engagement.

Best wishes

Rachel Munton

Independent Chair.

Mid-Nottinghamshire ICP Board Membership

Name	Capacity in which attending	Attending/Apologies
Rachel Munton	Independent Chair	
Mid-Nottinghamshire ICP		
Richard Mitchell	ICP Lead and Chief Executive, Sherwood Forest Hospitals NHS FT	
Kerry Beadling- Barron	Director of Communications and Engagement	
Peter Wozencroft	Director of Care Integration	
Ben Widdowson	ICP Estates Lead	
To be confirmed	ICP Clinical Lead	
CCGs		
David Ainsworth	Mid-Nottinghamshire Locality Director	Exception because of close alignment with ICP core team
Amanda Sullivan	Accountable Officer	Principal Member
Michael Cawley	Operational Director of Finance – Mid- Nottinghamshire	Designated alternate
EMAS		
Richard Henderson	Chief Executive	Principal Member
Greg Cox	General Manager – Nottinghamshire Division	Designated alternate
Nottingham University Hospitals NHS Trust		
Tim Guyler	Director of Integration	Principal Member
Claire White	Deputy Director of Integration	Designated alternate
Nottinghamshire Healthcare NHS Foundation Trust		
To be confirmed		Principal Member
Sharon Creber	Deputy Director of Business Development and Marketing	Designated alternate
Primary Care Networks		
Dr Kevin Corfe	PCN Clinical Director (representing the six Mid-Nottinghamshire PCNs)	Principal Member
Dr Andrew Pountney	PCN Clinical Director (representing the six Mid-Nottinghamshire PCNs)	Principal Member

Sherwood Forest Hospitals NHS Foundation Trust		
Paul Robinson	Chief Financial Officer and Deputy Chief Executive	Principal Member
No designated deputy due to dual roles of other SFH officers		
Ashfield District Council		
Carol Cooper-Smith	Interim Chief Executive	Principal Member
Theresa Hodgkinson	Director of Place and Communities	Designated alternate
Mansfield District Council		
Hayley Barsby	Chief Executive	Principal Member
Mariam Amos	Strategic Director	Designated alternate
Newark and Sherwood District Council		
Matthew Finch	Director – Communities and Environment	Principal Member
Leanne Monger	Business Manager – Housing, Health and Community Relations	Designated alternate
Nottinghamshire County Council		
Paul Johnson	Service Director	Principal Member
Jonathan Gribbin	Director of Public Health	Principal Member
Dawn Jenkin	Consultant in Public Health Medicine	Designated alternate
Nottingham and Nottinghamshire ICS		
Rebecca Larder	Transformation Programme Director	Principal Member
Healthwatch Nottingham and Nottinghamshire		
Jane Laughton	Chief Executive	Principal Member
Newark and Sherwood CVS		
Madeleine O’Sullivan	Chief Executive	Principal Member
Jane Hildreth	Partnership and Engagement Officer	Designate alternate
Mansfield CVS		
Steve Morris	Chief Officer	Principal Member
Lesley Watkins	Partnership and Engagement Manager	Designated alternate
Ashfield Voluntary Action		
Teresa Jackson	Manager, Ashfield Voluntary Action	Principal Member
Sarah Taylor	Health and Wellbeing Officer	Designated alternate
NEMS CBS		
Arwel Griffiths	Chief Executive	Principal Member
To be confirmed		Designated alternate

PICS Limited		
Ali Rounce	Managing Director	Principal Member
Dr Kelvin Lim	Medical Director	Designated alternate
Observers		



Mid-Nottinghamshire ICP Board

TITLE:	Approaches to Engagement next steps - Community Insight Model		
DATE OF MEETING:	Monday, December 16 2019	PAPER REF:	ICP/19/055
AUTHOR:	Kerry Beadling-Barron (Mid Notts ICP), Andrea Stone (Ashfield District Council), Tracy Lack (Nottingham and Nottinghamshire Healthwatch), Paul Sanguinazzi (Nottinghamshire Healthcare NHS Foundation Trust), Steve Morris (Mansfield CVS), Jane Hildreth (Newark and Sherwood CVS), Teresa Jackson (Ashfield Voluntary Action)	PRESENTER:	Kerry Beadling-Barron, Director of Communications and Engagement, Mid Notts ICP

EXECUTIVE SUMMARY (OVERVIEW):
<p>In July 2019 the Board approved the five engagement principles to demonstrate how partners should work together and the culture we want to achieve. These were:</p> <ol style="list-style-type: none"> 1. Engagement principles: <ol style="list-style-type: none"> a. We will change the culture of our organisations, so that engagement becomes business as usual and staff are empowered and enabled to engage collectively with residents. b. We will communicate in an open and transparent way about what we plan and achieve together (including what we are unable to achieve). c. We will listen to local residents in their communities and 'place' to help us to understand our local communities and provide honest feedback ('you said, we did') so that we and they can see the impact of their voice. d. We will use the voice of residents and learn from other areas to inform the development of new models and services following a best practice approach. e. We will work in a connected way, using each organisation's existing networks and resources as well as local groups and voluntary and community sector organisations to support communications and engagement activity.



A number of next steps were agreed, including meeting in public from September and in venues across Mid-Nottinghamshire.

One key step was to set up a task and finish group to agree a best practice model for engagement. This group has been meeting for a number of months and the attached Community Insight Model is the result of these meetings. This model is a framework that aligns with existing models used by organisations within the ICP.

Community Insight Model: Why, What, Who, When, How

1. Why: Why do you want to engage?
There are many different reasons you may want to, from keeping people informed about general updates to having citizens co-produce a potential options. The five stage model in Appendix 1 can help you decide what level you need.
2. What: What does the information tell us?
 - a. Use data to understand a theme and the people it affects e.g. census, active life, JNSA, mosaic, Long Term Plan information etc. Make sure you come to data neutrally and do not use it to reaffirm your own biases.
 - b. Understand what organisations and agencies are around that have an interest e.g. council, voluntary sector, county council, public health etc to build a team and that you can work in partnership with.
 - c. Find local organisations and individuals e.g. churches, men in sheds and asset mapping (see Appendix 2) of people, places, cycle paths. Who are the community ambassadors you can identify.
3. Who: Who is the target audience for this?
Gain the trust of the organisations that work with them to see how is best to involve them. Check with community if the asset map makes sense to them, what do they use (and how do they use it). Understand and plan that some groups may need more resource and time to engage with e.g. those with English as a second language. Engage either directly or through the above groups in the best way for them e.g. focus groups, surveys, 121s.
4. When: When will this happen?
Empower groups and individuals to come up with actions based on the results of the above and to make the changes they need.
Evidence that people have the capability to make it better for themselves
5. How: How has it worked?
Check the impact by evaluating how it has worked and what changes have been seen. This may be done throughout the process rather than just at the end.
Plan to share learning (positive and negative) with partners.

The Board is asked to endorse this model and agree that the below steps are considered next with details to come back to a future ICP Board:

- How the model is used (in terms of behaviour of those involved) is just as important as to whether it has been used. There will be a need to support staff in ICP organisations in awareness and implementation of the model so it can be implemented in a non-judgemental way.
- There will also need to be the establishment of a separate group (such as a citizen's council) to look at whether the model is being used successfully.



RECOMMENDATION:

- To endorse
- To approve
- To receive the recommendation (*see details below*)
- To discuss

Community Insight Model

How organisations in the ICP engage and involve partners and public demonstrates clearly how we intend to work together and the culture we want. As a newly formed partnership we want to demonstrate our clear ambition to make collaborative working the standard in all areas of our work. While this relates to more than engagement and involvement, these are the areas this paper concentrates on.

Although there is a legal requirement for health and social care organisations to engage with the public (as part of the Health and Social Care Act and Care Act 2014) there is a wider need to ensure citizens in Mid-Nottinghamshire feel involved in what is happening with their health, environment and community.

By embedding engagement and involvement as ‘the way we do things’ we are setting an example right from the start that the voice of our citizens and populations must be considered in all aspects of how we operate.

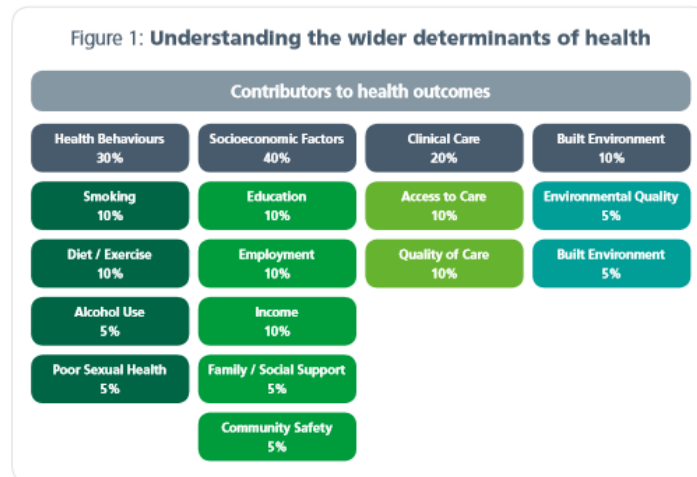
Mid-Nottinghamshire Integrated Care Partnership (ICP) is a new partnership that wants to address inequality in Mansfield, Ashfield, Newark and Sherwood.

Organisations involved include:

- Ashfield District Council
- Ashfield Voluntary Action
- East Midlands Ambulance Service NHS Trust
- GP practices with Mid-Nottinghamshire
- Healthwatch Nottingham and Nottinghamshire
- Mansfield and Ashfield Clinical Commissioning Group
- Mansfield Community and Voluntary Services (CVS)
- Mansfield District Council
- Newark and Sherwood Clinical Commissioning Group
- Newark and Sherwood Community and Voluntary Services (CVS)
- Newark and Sherwood District Council
- Nottinghamshire County Council
- Nottinghamshire Healthcare NHS Foundation Trust
- Nottingham University Hospitals NHS Trust
- Sherwood Forest Hospitals NHS Foundation Trust

Our vision is simple: to create happier, healthier communities with the goal of reducing differences in healthy life expectancy (the number of years that people live in good general health) by three years. The current difference in healthy life expectancy in Nottinghamshire between the healthiest and the least healthy is 14.9 years for men and 14.4 years for women.

Many factors – age, sex, social factors and other issues - determine how healthy we are and how long we live. To reduce inequalities in life expectancy and increase the number of years people live healthily, we must work together to focus on these factors and understand the impact of these wider determinants of health.



(Based on University of Wisconsin Population Health Institute, 2014, 'County Health Ranking model'.)

This means we need to focus on issues wider than health and social care. This is why it is important to engage our citizens to understand what their needs, drivers and hurdles are to improving their overall health. This also demonstrates the reason why it is so important that we work collaboratively as this is the only way we will make embedded improvements to the lives of our population.

Because of this, the Mid-Nottinghamshire ICP board agreed five engagement principles at the July Board:

1. We will change the culture of our organisations, so that engagement becomes business as usual and staff are empowered and enabled to engage collectively with residents and act on their feedback.
2. We will communicate in an open and transparent way about what we plan and achieve together (including what we are unable to achieve).
3. We will listen to local residents in their communities and 'place' to help us to understand our local communities and provide honest feedback ('you said, we did') so that we and they can see the impact of their voice.
4. We will involve residents and learn from other areas to inform the development of new models and services following a best practice approach.
5. We will work in a connected way, using each organisation's existing networks and resources as well as local groups and voluntary and community sector organisations to support communications and engagement activity.

A key next step was to agree an engagement model which would then be put into place across the ICP for organisations to use.

A task and finish group has been established to look into this, the membership of which includes Healthwatch and engagement representatives from the NHS, district councils and CVS organisations. This is so we can create an ambitious model that can be used to guide what level of engagement is needed and when.

Models from Nottinghamshire Healthcare NHS Foundation Trust, and Ashfield District Council and Healthwatch Nottingham and Nottinghamshire have been considered.

From this and conversations with others the below model has been drafted:

Community Insight Model: Why, What, Who, When, How

1. Why: Why do you want to engage?
There are many different reasons you may want to, from keeping people informed about general updates to having citizens co-produce a potential options. The five stage model in Appendix 1 can help you decide what level you need.
2. What: What does the information tell us?
 - a. Use data to understand a theme and the people it affects e.g. census, active life, JNSA, mosaic, Long Term Plan information etc. Make sure you come to data neutrally and do not use it to reaffirm your own biases.
 - b. Understand what organisations and agencies are around that have an interest e.g. council, voluntary sector, county council, public health etc to build a team and that you can work in partnership with.
 - c. Find local organisations and individuals e.g. churches, men in sheds and asset mapping (see Appendix 2) of people, places, cycle paths. Who are the community ambassadors you can identify.
3. Who: Who is the target audience for this?
Gain the trust of the organisations that work with them to see how is best to involve them. Check with community if the asset map makes sense to them, what do they use (and how do they use it). Understand and plan that some groups may need more resource and time to engage with e.g. those with English as a second language. Engage either directly or through the above groups in the best way for them e.g. focus groups, surveys, 121s.
4. When: When will this happen?
Empower groups and individuals to come up with actions based on the results of the above and to make the changes they need.
Evidence that people have the capability to make it better for themselves
5. How: How has it worked?
Check the impact by evaluating how it has worked and what changes have been seen. This may be done throughout the process rather than just at the end.
Plan to share learning (positive and negative) with partners.

Next steps

It needs to be recognised that there may be circumstances where the model is not used in a linear fashion, that training will be required, and that the process can often be slower than anticipated.

Therefore once a model is agreed then there are a number of steps that will need to follow:

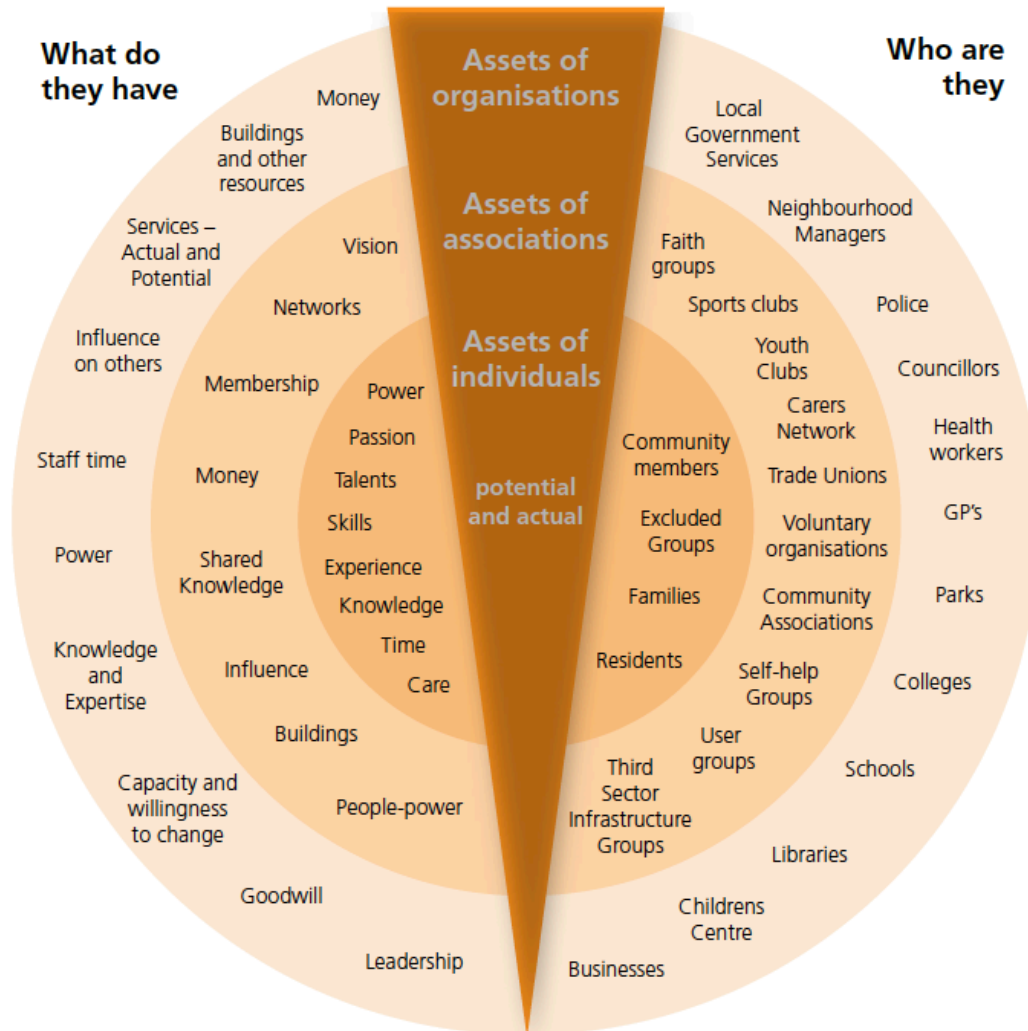
- How the model is used (in terms of behaviour of those involved) is just as important as to whether it has been used. Once a model has been agreed by the ICP Board and partner organisations have agreed to follow it, there will be a need to support staff in ICP organisations in awareness and implementation of the model so it can be implemented in a non-judgemental way.
- There will also need to be the establishment of a separate group (such as a citizen's council) to look at whether the model is being successfully used.

The detail around these will need to be worked up in order to clarify the role of oversight, advice and support needed for the ICP partner organisations to deliver this and what form that may take.

Appendix 1: Levels of community engagement (adapted from Ashfield District Council's Level of community engagement model)

Level 1 - 5	What	Why	How
1. Informing	Provide information	To keep people informed	Brochures, websites, news releases,
2. Engaging	Obtain feedback to inform decision making Obtain feedback on proposals	To keep people informed, listen to their views and provide feedback on how their input influenced decision making.	Annual surveys, questionnaires, focus groups, interviews, surveys via social media/email/SMS mobile
3. Involving	Working directly with people to ensure that their issues, concerns and aspirations are understood and considered.	Engage with people to ensure that issues, concerns and aspirations are reflected in decision making. Provide feedback on how their input influenced decision making.	Public meetings, focus groups and forums, surgeries, network meetings.
4. Collaborating	Working in partnership on all aspects of decision making including development of options and identifying preferred solutions.	To gain advice and innovation to find solutions from people, with the intention to incorporate contributions made to maximum extent.	Community needs analysis, focus groups, partnership groups, steering groups
5. Empowering	The final decisions are taken by the people engaged with.	To facilitate people taking responsibility for designing and delivering services/outcomes for themselves.	User led commissioning, direct service delivery, community asset transfer, skill development

Appendix 2 – Asset mapping



Asset based approach¹

¹ "A growing body of evidence shows that when practitioners begin with a focus on what communities have (their assets) as opposed to what they don't have (their needs) a community's efficacy in addressing its own needs increases, as does its capacity to lever in external support. It provides healthy community practitioners with a fresh perspective on building bridges with socially excluded people and marginalised groups." Improvement & Development Agency (IDeA). A glass half-full: How an asset based approach can improve community health and wellbeing.



ICS Board Summary Briefing – November 2019

Please find below the Nottingham and Nottinghamshire Integrated Care System (ICS) update following the ICS Board on 7th November. Please ensure this is cascaded to Governing Boards/Bodies, Management Teams and other key stakeholders and teams across your respective organisations. Minutes from the ICS Board held on 9th October 2019 will shortly be published on the system's website – <https://healthandcarenotts.co.uk/about-us/ics-board/>

Introduction

The Chair of the ICS, David Pearson, welcomed a number of citizens and staff from across the system to the Board meeting – reminding colleagues that the meeting was held in public and all the papers for the meeting are available at <https://healthandcarenotts.co.uk/about-us/ics-board/>. Patients, citizens and staff from organisations across the system are always welcome to the Board to hear the discussions.

Patient Story – Pain Management

The Board welcomed Dr Greg Hobbs, Consultant in Pain Medicine from Primary Integrated Community Services (PICS) and his colleagues to the meeting to discuss the transformation of community pain services. Two patients, Ian and Leanne, shared their own experiences of the service and how it helped them to manage their pain differently – taking in support for their mental as well as their physical health and also touching on employment support and social interactions. The transformed pathway has significantly improved patient outcomes whilst also reducing the referrals for surgery to secondary care and the use of painkilling injections, ensuring that patients can manage their pain without the need for these interventions. The Board welcomed the update and thanked the team for their work and the patients for sharing their story. A discussion covered topics including the role of employers in this service, the impact of social prescribing and the critical component of mental health support.

Population Health Management

Following discussions over the previous year, the Board received an update on the system's work on Population Health Management. Population Health Management (PHM) is the approach in which data is used to understand the needs of the population, enabling focus and resources to be tailored to areas where the impact can have maximum impact. This focus specifically includes the factors that impact on health but which are outside the traditional remit of the NHS or Social Care – these can include educational attainment, employment status, transport, wider environmental variables and many others. Nottingham and Nottinghamshire is recognised as one of the leading systems across the country in the development and

implementation of PHM. More information on PHM can be found here: <https://www.england.nhs.uk/integratedcare/building-blocks/phm/>

In line with the system's draft outcomes framework (see papers and notes from the July 2019 and April 2019 meetings of the ICS Board), the overall purpose of developing a Population Health Management approach is to increase the healthy life expectancy of the population of Nottingham and Nottinghamshire. Work is well underway to develop the sophisticated database, segmentation and targeting models which can be used to "stratify" the population into groups most at risk of falling victim to ill health. This can then be used to offer targeted interventions to those populations.

The Board strongly welcomed the update and thanked the PHM team for the work on this so far. The Board also noted that a detailed workshop on PHM will be held in January 2020 to further accelerate this work.

ICP Updates

The Board received updates from all three of the system's Integrated Care Providers – City, Mid-Nottinghamshire and South Nottinghamshire. This month the Board discussed in detail the report from South Nottinghamshire, noting in particular the ICP's plan to hold a stakeholder event, including with staff on 11th December. The reports from all three ICPs are available as part of the Board's public papers.

***David Pearson,
Independent Chair, Nottingham and Nottinghamshire ICS***

***Dr Andy Haynes,
Executive Lead, Nottingham and Nottinghamshire ICS***