



**UN-CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE PLACE BASED
PARTNERSHIP (PBP) FORUM MEETING HELD ON 14th July 2022
VIA MICROSOFT TEAMS**

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| PRESENT: | Rachel Munton | Independent Convenor | 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 |
| | Suzanne Shead | Director of Housing, Health and Wellbeing, Newark and Sherwood District Council | SS |
| | Ben Widdowson | Mid-Nottinghamshire PBP Estates Lead, Sherwood Forest Hospital NHS Foundation Trust | BW |
| | Michael Cawley | Operational Director of Finance, Mid- Nottinghamshire, NHS Nottingham and Nottinghamshire ICB | MC |
| | Craig Sharples | Associate Director of Partnerships, Nottinghamshire Healthcare | CS |
| | Amanda Sullivan | Chief Executive of the Nottingham and Nottinghamshire Integrated Care Board (ICB) | AS |
| | Leanne Monger | Deputy Locality Director, Nottingham and Nottinghamshire ICB | LM |
| | Jane Laughton | Chief Executive, Healthwatch Nottingham and Nottinghamshire | JL |
| | Lesley Watkins | Partnership and Engagement Manager, Mansfield CVS | LW |
| | Dawn Jenkin | Consultant in Public Health, Nottinghamshire County Council | DJ |
| | Diane Carter | Care Integration Lead, Mid-Notts, PBP | DC |
| | Vanessa Whitton | Chief Executive, Mansfield CVS | VW |
| | Steve Morris | Chief Executive, Mansfield CVS | SM |
| | Sarah Taylor | Health & Wellbeing Officer, Ashfield Voluntary Action | ST |
| | Sabrina Taylor | Head of Operations, Healthwatch Nottingham & Nottinghamshire | SAT |
| | Irene Kakoullis | Group Manager Early Childhood Services, Nottinghamshire County Council | IR |
| | Andrea Stone | Health and Wellbeing Manager, Ashfield District Council | AS |
| | Liz Woodworth | Professional Lead – Smoking Cessation Services, ABL Health | LW |
| | Victoria McGregor-Riley | Bassetlaw Place Director, Bassetlaw & Mid Notts Interim Locality Director, NHS Nottingham and Nottinghamshire ICB | VMR |
| | Greg Cox | General Manager, Nottinghamshire Division, East Midlands Ambulance Service | GC |
| | Jan Sensier | Director of Partnerships and Strategy, NHCT | JS |
| | David Ainsworth | Director of Strategy & Partnerships, SFH | DA |
| | Theresa Hodgkinson | Chief Executive, Ashfield District Council | TH |
| | Mariam Amos | Strategic Director, Mansfield District Council | MA |
| | Jane Hildreth | Partnership and Engagement Officer, Newark, and | JH |

Sherwood CVS

IN ATTENDANCE:

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| Katie Towndrow | Care Integration Support Officer, Mid-Nottinghamshire PBP (Minutes) | KT |
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PUBLIC MEMBER:

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| Gilly Hagan | Public Member | GH |
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PUBLIC ATTENDEE:

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| Julie Tasker | Public Attendee | JT |
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| APOLOGIES: Helen Davies | Strategic Lead, Active Partners Trust | HD |
| Tim Guyler | Director of Integration, Nottingham University Hospitals NHS Trust | TG |
| Joanna Cooper | Assistant Director, Nottingham, and Nottinghamshire ICS | JC |
| Alison Rounce | Managing Director, PICS Limited | AR |
| John Robinson | Chief Executive, Newark & Sherwood District Council | JR |
| Kerrie Adams | Senior Public Health and Commissioning Manager, Nottinghamshire County Council | KA |
| Jo Marshall | Public Health and Commissioning Manager, Nottinghamshire County Council | JM |
| Pat Kelsey | Public Member | PK |
| Ann Mackie | Public Member | AM |
| Thilan Bartholomeuz | Clinical Lead, Mid-Nottinghamshire PBP, | TB |
| Sue Batty | Service Director, Nottinghamshire County Council | SB |
| Teresa Jackson | Manager, Ashfield Voluntary Action | TJ |
| Madeleine O'Sullivan | Chief Executive, Newark, and Sherwood CVS | MO |
| Nic Roberts | CEO, Nottinghamshire Mind | NR |
| Maxine Huskinson | Director/Service Manager, Open Door One | MH |
| Kenneth May | Locality Manager, Change, Grow, Live | KM |
| Simon Draycon | Care Integration Development & Finance Mid-Nottinghamshire PBP | SD |
| Maria Ballantyne | Group Manager - Living Well South, Nottinghamshire County Council | MB |

ABSENT:

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| Dr Khalid Butt | Primary Care Network Representative | KB |
| Garry McKay | Service Manager, Nottinghamshire County Council | GMK |
| Arwel Griffiths | Chief Executive, Nottingham Emergency Medical Services Community Benefit Services | AG |
| Richard Henderson | Chief Executive, EMAS | RH |
| Jonathan Gribbin | Director of Public Health, Nottinghamshire County Council | JG |

| Item No. | Item | Action | Date |
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| PBP/140 722/01 | WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS PBP FORUM MEETING HELD 19th May 2022 | | |
| | <p>The meeting was held via hybrid at Ashfield District Council and MS Teams. 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 first face to face meeting since the pandemic.</p> <p>RM on behalf of the PBP Forum welcomed VMR to her first meeting in her role as the Interim Locality Director for Mid Nottinghamshire. VW was also welcomed to the meeting as the new Chief Executive for Mansfield Council for Voluntary Service (CVS) and passed on her thanks to SM who is leaving the position of Chief Executive of Mansfield CVS, for his contributions to the Mid Nottinghamshire Place Based Partnership (PBP). RM welcomed SAT from Healthwatch as the new Head of Operations for Healthwatch Nottingham and Nottinghamshire, in attendance with JL.</p> <p>Following a review of the minutes of the PBP Forum held 19th May the Forum CONFIRMED the minutes as a true and accurate record subject to page 3, paragraph 6 <i>'HB confirmed the draft plan would be presented to the Forum at the end of the calendar year in November 2022.'</i></p> <p>RM acknowledged the increase in Covid 19 cases and invited PR to provide an update on behalf of SFH. PR explained that the increase in community transmissions has been well publicised in news bulletins over the last couple of weeks. There has been an increased wave of COVID positive patients, staff, and the general community. It is anticipated that the peak will happen in a couple of weeks' times unless the heat wave has a dampening effect. Patient numbers have not been as high as they were in January, but certainly approaching that, and now it has seemed to have plateaued at Sherwood. There are currently around 70 bedded patients, however, SFH are experiencing higher staff transmissions, either positive testing of staff and therefore absent from work or people who have family members who have contracted COVID and therefore not presented for work. Staff absence rates have gone up from the seasonal norm of 4% only six weeks ago and is now back above 6%. There are approximately 10 outbreaks of staff clusters areas, where services are trying to be maintained. The reintroduction of face coverings for everyone in all settings in the hospital took place a couple of weeks ago to try and limit the spread. Increased numbers of Covid positive patients in beds is leading to problems in cohorting patients, to protect non-covid positive patients, with the added difficulty of staffing over the last two or three weeks this has become more difficult.</p> <p>RM invited CS to provide an update on behalf of NHCT, who confirmed that it was a similar situation with an increase in workforce issues as well, the Executive Team are keeping a close eye on the situation.</p> <p>AS explained that there is a similar picture across all services with pressures building up across the region, including community services, care home outbreaks. The picture across the board is very pressured along with a combination of the heat wave, rising demand, staff absences and the cohorting that PR described is resulting in operational implications.</p> <p>JT questioned the justification for the face mask. RM requested for this</p> | | |

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| | <p>to be answered via DA outside of the meeting to allow focus on the full agenda.</p> <p>PBP/140722/01 ACTION: DA to respond to JT's question regarding the reintroduction of facemasks at SFH outside of the meeting. <i>Post meeting Note: DA confirmed that the response to JT regarding facemasks has been completed.</i></p> | DA | 22.09.22 |
| PBP/140722/02 | APOLOGIES FOR ABSENCE | | |
| | 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/140722/03 | DECLARATIONS OF INTEREST | | |
| | No declarations of interest were received from those present relating to items on the agenda. | | |
| PBP/140722/04 | ACTION TRACKER AND FORWARD PLANNER | | |
| | The Action Tracker was appropriately updated. RM introduced the new forward planner for the Mid Notts PBP meetings. The tables highlight which leadership meetings and executive team meetings feed into which, highlighting what will be discussed and when, whilst providing members to put forward future agenda items. | | |
| PBP/140722/05 | MN PBP EXECUTIVE TEAM MEETING UPDATE | | |
| | <p>HB confirmed that the last Executive meeting took place on the 23rd June, with good attendance and participation by all members. A presentation was provided on population health management, looking at the whole population and how analytics can support collaboration and better outcomes. Data has driven the direction of the Place Based Partnership (PBP), to allow interventions and actions to deliver the current area of focus, which is younger people with mental health conditions, allowing for the proposal to come to a future meeting.</p> <p>PBP/140722/05 (01) ACTION: KT to include Mental Health Forum Proposal to the Forward Planner.</p> <p>A deep dive into best start was presented, which is on the agenda for today, which IK will present.</p> <p>A great area of interest for the Forum is around homes for Ukraine. There is a county wide group that has been set-up to support this work and the Executive felt that was the most appropriate route for colleagues to be supported. SS explained that for Nottinghamshire excluding city, there are 584 sponsors across the districts and potentially 889 groups of which equates to 12,180 people. The groups could be a single person or a family. Sherwood =154, Mansfield = 52, Ashfield = 37 and Bassetlaw = 106. Across the districts it gives a total of 660 accommodated guests. Nottinghamshire County Council are issuing travel passes to alleviate some of the challenges around accessing services and relieving isolation, though unfortunately that only works if there are bus services in the areas where they live. Information around how hosts and guests feel about the arrangements and where they are is being obtained. Some of those relationships have started to break down so local authorities are preparing advice, support, and services to respond to an increase in</p> | KT | 22.09.22 |

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| | <p>inquiries. Some challenges around the accommodation that is available in conjunction with schools is proving some difficulties.</p> <p>Coming up to the three months visit, which will provide an opportunity to understand where guests and houses are at and remind them that they can extend their hosting to 12 months. The County Council are exploring using the Fire Service to assist with safe and well checks but the details have yet to be finalised.</p> <p>The County Council will support unaccompanied minors coming into the country and they have just approved the community grant schemes, to help support the integration of Ukrainian families into local areas. In really broad terms, up to £5000 is available for community groups to apply for, (link to the funding): £100k funds set to help support Ukrainian refugees in Nottinghamshire Nottinghamshire County Council.</p> <p>An update on the Community Transformation programme was provided by LM which covers Ashfield, North PCN, Mansfield North and Rosewood, PCN. Three areas are covered with a focus on establishing a plan to deliver a future sustainable model of community care provision focusing on the aims that we have as a forum. It is an opportunity to optimise people's independence by addressing physical, mental health and social needs and delivering care to meet the needs of the population. Mid Notts was identified as an early adopter's site, with an update scheduled to be presented to the Forum on the 22nd of September.</p> <p>HB reported that Joanne Wakefield will be supporting with communication and engagement two days a week to the Mid Notts PBP, with thanks to Mansfield CVS, for supporting this.</p> <p>VMR thanked everybody for welcoming her to the first meeting, as interim Locality Director for Mid Notts as well as the Locality Director for Bassetlaw. Bringing along experience gained from Bassetlaw to Mid Notts, with the intention of adding value to the working arrangements in place. Going forward the intention is to meet partners over the coming weeks to understand the place-based arrangements and services. The position is currently on an interim basis so keen to make the time count to ensure there is a sustainable and robust model that takes the PBP where it wants to be.</p> <p>AS welcomed VMR and explained that from the 1st July Bassetlaw officially became part of the Nottingham and Nottinghamshire Integrated Care Service (ICS), with the Integrated Care Board (ICB) also being formally established. The full Board is now in place, including the Executive Team, Non-Executives and Partner Members. The first official meeting took place in public on the 1st July, with the commitment towards the inverted pyramid highlighted. At the top of the pyramid; citizens living in the best health and well-being as possible, with a collaborative provision of services across health and care, with a whole public sector approach. At the bottom of the pyramid is the ICB and the Integrated Care Partnership, which sets the overall strategy for integrated care and an enabling supportive role along with some of the NHS statutory functions. Within the directorate of integration, headed up by Lucy Dadge, Director of integration, who will oversee the commissioning responsibilities. The CCG resource has been realigned to provide a system integration to help system development, which includes PBP working. The system development resource now in place which will work with the PBP and the key areas around joint commissioning. The ambition is to co design the priority service areas with the joint planning and commissioning framework in place this will really support PBP</p> | | |
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| | <p>development. Under the leadership of Rachel and Hayley along with others, the Forum has supported the transitional phase and provided a strong foundation going forward. RM explained that for those not at the Executive this does confirm that that she will be stepping down from the role of Independent Convenor and is happy to leave the Forum in the strong position to allow colleagues to pick it up and scope out the future requirements. It was noted that HB would take on the role of chairing the meeting in the interim until the review of leadership had concluded. AS expressed, her thanks on behalf of herself and Kathy Maclean who are incredibly appreciative of the work carried out and the strong position the Forum is currently in. HB confirmed that RM will be at the September Forum and on behalf of Forum Members wanted to pass on thanks for guidance and steer to ensure the Forum progressed from strength to strength. JT questioned the patient and public voice role going forward? AS highlighted that the voice of citizens is incredibly important. A citizen's intelligence advisory group will be formed and there is already a citizens panel. HB stressed that today's agenda is very focussed on the citizen voice and community voice with the voluntary sector and our communities shaping the work that we are doing. JT questioned who will take over the position of Independent Convenor, as expressed concern that did not want to lose the patient and public voice.</p> <p>DA passed on his thanks to RM for the support provided whilst the Locality Director. DA expressed his backing towards the process of scoping the way forward and invited caution around the timeliness as it could take new people some time to get up to speed.</p> <p>LP explained that there are several existing public engagement groups that are very well established, some of which LM leads on. RM proposed taking this item outside of the agenda and proposed VMR to support colleagues around the differentiation of Forum Members and people in attendance.</p> <p>Many people join the meetings and the differentiation between them coming here and being part of the whole group and coming here to hear what we have to say, needs to be tightened.</p> <p>PBP/140722/05 (02) ACTION: HB to review the number of individuals and public members to ensure clear definition of role as part of the Forum.</p> | HB | 22/09/22 |
| PBP/140 722/06 | HOSTING KATHY MACLEAN CHAIR INTEGRATED CARE BOARD AND AMANDA SULLIVAN CHIEF EXECUTIVE INTEGRATED CARE BOARD PLANNED VISIT TO MN PBP 8TH AUGUST | | |
| | LP proposed sharing the prevention agenda work that has been taking place at Coxmoor and Bellamy, with LW being an integral part of sharing the work and impact of the interventions. The visit will be carried out on site at Bellamy with the opportunity to hear from the people involved. | | |
| PBP/140 722/07 | COMMUNITY CHAMPIONS EVALUATION | | |
| | <p>LW confirmed that the first report is specifically around the first tranche of Community Champions funding, which was specifically for Mansfield. The funding came from Mansfield District Council applying for funding, which they then took the decision to devolve the funding down to Mansfield CVS through a hub and bespoke model. They acknowledged that Mansfield CVS were closer to the community than the Council as are the community groups that sit underneath are closer, even still.</p> <p>There has been some really good work seen through the Community</p> | | |

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| | <p>Champions who have been the trusted voice with people who have complex lives. During the pandemic we were able to be quickly responsive, and work with a lot of partners to provide support. The parameters around the funding provided the opportunity to shift budgets in response not only to shifting government priorities and guidance, but also to community need. Good examples of partnership working took place, including working very closely with the local authority, CCG colleagues in getting messages out around COVID vaccination and testing. As guidance changed, we were able to move on and respond. Information from Social Prescribing Link Workers from the Age UK, Connect Workers who were supporting people with severe mental health issues, reported the lack of face-to-face activity. Funding was then shifted to support the community groups, to reopen safely. Similarly, with the Community Transport Scheme that was initially set-up just to take people to COVID vaccinations started to expand to support people to go to a lunch club because that was what was needed. It was identified that someone with severe multiple disadvantages, for example homelessness, they could have a conversation and they were reassured to see a GP. Services needed a there and then response and not a week next Thursday attitude. Someone with a chaotic lifestyle does not respond in the same way. Just before Christmas the CVS were approached to look at potentially taking the Mansfield model and working with Ashfield Voluntary Action and Newark and Sherwood CVS to expand across Mid Notts, so it benefited citizens and system partners across the whole of our place-based footprint. The work was carried out to an extremely tight time scale and was a very different point in time compared to the work carried out during the pandemic and people who had been furloughed. The essence and key learning were taken and spread across Mid Notts, Things to consider: what did we learn from that? Some of the learning has gone into the prevention work that is being carried out across the districts. The power of the trusted voice and community champions needs to be sustained as the knowledge and resource of the Voluntary Sector does not come for free. The Community transport scheme, which is extremely cost effective but delivers real potential cost savings needs to be maintained. How do we learn from some of the things that didn't work so well? More work is potentially required for our community for whom English is not their first language especially our Eastern European residents who were really vaccine hesitant. I think there's still a gap in Mid Notts around how we work and engage with that community who struggle with English as a first language. Is there any of the current census data available to look at how things have changed in the last 10 years. Need to consider that and then consider the recommendations and the learning points on page 10 of the report. If partners feel that it was a good model and that we do need to take this kind of work forward, we need to look at how is supported as a place-based partnership and as an integrated care system.</p> <p>LM passed on her thanks to LW and supported the fabulous piece of work and fully supports the recommendations in the report. LM described how she could remember calling the meeting with all the CVS's back in December when NHS monies had been received and the intention to work differently and not just count numbers. The intention to work with communities across, general practice, dentistry, optometry, pharmacy. Within days all three CVS quickly drafted a proposal, so I think that just shows the maturity and trust of our CVS alliance in Mid Notts.</p> <p>DA passed on his thanks to LW and everybody involved across all the CVSs with the report highlighting the value of the partnership, which provides a fantastic example where partners came together along with</p> | | |
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| | <p>the voice of the community, which was heard loud and clear. Congratulations were passed onto the CVS who received a special commendation from the Mayor of Mansfield District Council.</p> <p>CS echoed the sentiments, which highlighted place-based partnerships working at its best, by using trusted relationships, and community champions to really understand the need, with the health organisations as anchor institutions giving up resources to really make a difference and not just from a health perspective.</p> <p>JS explained that after spending two years working on national COVID response and being responsible for being in meetings at a national level, discussing both the Community Champions Grant and the Outbreak Management Fund, trying to argue with the then ministers and other departments and treasury to try and get this money out to communities it is particularly pleasing to be able to see what happens on the ground with not much money.</p> <p>JH thanked LW for representing the voluntary sector so well and explaining it succinctly and is delighted it was rolled out. Thanks to LM for confirming that the CVS challenge in meetings and demonstrates how we walk side by side with the people in our community.</p> <p>MA felt that COVID, accelerated and built the relationships much quicker between the CVS and the Council. The CVS was better placed to deliver some of this work; however, it was the working together with all the partners that is significant. To act quickly does not happen overnight, it is building that up over several years in terms of the work that went on with Active Notts, the Council, food clubs. The UK Prosperity Fund, which is £3 million in total for Mansfield, is not a huge amount of money, but potentially what we could do with that will not be the same solution for every community, there is a need to be brave and innovative.</p> <p>VW explained that the state of the sector report showed that a lot of the grassroot organisations are at risk of going to the wall and, no-one wants to fund infrastructure, but without that, none of this works. Just an air of caution is to recognise that thinking about the future and how we asset strengthen as a collaboration and coordinate going forward.</p> | | |
| PBP/140 722/08 | BEST START DEEP DIVE | | |
| | <p>IK took the slides as read and set the scene around what has been taking place, along with the recommendations in terms of delivering the strategy at a local level. It is important to focus on antenatal post-natal support, not just in terms of health, but in terms of emotional health and well-being for all sorts of different outcomes. The impact in terms of brain development is huge. There is a need to get in early, the ten ambitions in the best start strategy focus on a range of different things that are all evidence based and based on local needs. Two joint strategic needs assessments have been completed and highlighted these ambitions. These ambitions also contribute to two objectives that the Mid Notts have, which is around school readiness and breastfeeding. Currently we are not on track to make sure children are ready for school, this is due to when COVID hit, there was no assessment for early years children. Assessment tends to happen during the key stages in schools measuring how ready children are in terms of their development and how ready they are for school, that assessment has not happened for the last two years. The last time the assessment was carried out was 2019. With the absence of this data a lot of work has been carried out around the edges. However, now that schools are starting to carry out these assessments feedback from the early years sector is very worrying. For example, children's behaviour, speech and language, infant mental health, even</p> | | |

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| | <p>adult mental health, have all impacted children's development. They have taken a step backwards. For two years in lockdown, they haven't seen, or spent time with peers, they don't know how to be in groups. They are not very good at understanding emotion because they have just seen people in masks, apart from those within their households. All of which is now having an impact.</p> <p>Data will be released after Christmas to see what the impact has been, however the assessment has changed, so we are not really comparing like for like. At this point, it is predicting that it is going to revert our progress to support children to be ready for school and could decline, which will be a national picture. In Nottinghamshire we were already poor at school readiness as the progress was not as good as other areas like us. Breastfeeding is improving. During the pandemic, virtual assessments were carried out for the mandatory health assessments for children by health visitors, if they had been carried out face to face, things like special educational needs and disabilities could have been identified.</p> <p>Children are going into nurseries and childminders, and due to their behaviour not being quite right, key workers are suggesting autism, however when you drill deeper, it's their emotional health. There is a need to drill down at a local level to see what is happening. We rely very heavily on services like the Children's Centre Service, who are already working in communities, but we need to be working with grassroot organisations and have that locality focus so that we can really make a difference, to tackle inequalities.</p> <p>Through the development of family hubs, which is a new initiative from government, which is basically the next stage for Children Centre Services and will provide a service up to the age of 19 and up to 25 for those young people who have got special educational needs and disabilities. Therefore, when children start school, the relationship continues with school and support to children and families is seamless. Best start for life is a national program. A review carried out by Andrea Leadsom has identified that it needs to be delivered through family hubs which will provide local community development and community resilience. During the summer, engagement with approximately 20 parents for the first pilot site in Retford will be taking place. Family hubs will be coproduced and will consist of what families and the locality need the most. Access is critical for families, as professionals, we don't know often which services are available. Certainly, during COVID there was a lot of small voluntary sector projects, food clubs, food banks being set-up, which were not necessarily on everybody's radar. Family hubs will be a network, the hub will be a physical building. It will be hopefully open every day, including weekends and evenings. Focus is on children centres, as they are a current asset that there is a budget for. There is no money at all associated with family hubs. Nottingham did not receive any funding through the preselection that the government carried out. Therefore, the hubs are being set up with the resources currently available. The bigger planning picture needs to be reviewed, which could mean utilising a school, primary care, pharmacy. With the opportunity to sign post to families so they can help themselves. The earlier we support children, ideally during pregnancy, will reduce the burden on other services. Research around children Centres identifies the most effective outcome is reducing hospital admission.</p> <p>There are three design sites, Retford is confirmed, and politicians have all agreed and consultation has been carried out for one in Ashfield and Hortonville, Newark will be next. The consultation is currently being analysed and then we will be going back to elected members to get</p> | | |
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| | <p>support of those.</p> <p>Family hubs need to be discussed in lots of different areas, bringing in best start into those discussions at local level and how family hubs develop is an opportunity for the local population. Following attendance to the Executive Meeting, breastfeeding friendly was raised with schemes already in place, this information that can be shared with the local community, it is a small thing which can make a big impact.</p> <p>HB thanked IK for her passionate presentation and highlighted the keenness to link into other priorities and areas of work and understand that the proposed sites for the family hubs are currently not set in stone. Following the Executive Meeting a Task and Finish Group has been arranged to look at the work in more detail.</p> <p>JH thanked IK for the presentation and described the work carried out on facial recognition, mask wearing and emotional development in children, and shared the concerns raised. The 0-19 (25) service lends itself to better integration within the Community.</p> <p>GH expressed her pleasure in hearing that things are moving forward as a representative and as a patient leader and a patient voice for various areas which covers an area of three different district councils, the area can often be overlooked. GH explained that she is working with Councillor Tom Smith, local link as well as the district councils and will keenly support the move forward and be the voice of the community.</p> | | |
| PBP/140 722/09 | PROJECT OAK TREE LANE | | |
| | <p>SM highlighted that there are priority wards across all Mid Notts, and the information contained in the presentation is a deep dive into Oak Tree ward specifically. The work that is being undertaken in Bellamy, giving residents a voice through the NHSEI Prevention Funding, and utilising the Children's Centre which is a community asset, along with an individual that lives in the Bellamy Estate, who is the voice to talk to the residents regarding health and wellbeing, and provide feedback to the system around the issues happening on the ground is a great model that could be taken and replicated in other areas, however Bellamy is not the same as Oak Tree. The will and the need to change in Oaktree is not visible now and there is no resident voice.</p> <p>The statistics for Oak Tree do not compare well against the rest of England, with there being zero community provision in the Oak Tree ward.</p> <p>Preventative measures need to be put in place. Data has come from Coalfield Regenerations Trust, and from the new census including resident views. 5503 residents were interviewed, one member of staff went out and spoke to residents. They found out what was happening on the ground. The need to empower people to take ownership of their health possibly by utilising community connectors is a way forward. The use of social prescribing will come afterwards, firstly there is a need to get to know the residents to build trust and relationships. Utilising underused community assets to allow residents to be the voice and to work with our residents to make real change.</p> <p>AS supported this way of working but was curious about the definition of community services? SM explained that it was the absence of volunteering and community groups. The Leisure Centre itself has had recent investment which will support improving physical and emotional well-being.</p> <p>DJ thanked SM for his passionate presentation and felt that the message is Oak Tree is starting from a very different point than Bellamy in terms of community assets or the community spirit that is available to build upon</p> | | |

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| | <p>and questioned if we see something different being needed to get us started on the journey in Oak Tree? SM explained that there was a lot of work that went into Bellamy before the CVS even entered it. The energy is different in Bellamy, Active Notts were there for several years and had engaged with the Community group that came around during COVID called Friends of Bellamy and they really wanted to be the voice of the people, that is not present in Oaktree or Bull Farm. It is evident in Warsop and Lady Brook, but not in all areas. In Oaktree, there is a slightly different model, there is increased anti-social behaviour, issues at schools, with the need to understand why this is happening.</p> <p>LM passed on her thanks to SM and his energy and enthusiasm around wanting to make change and that absolutely we want to work with the CVS on this. LM is keen to understand a bit more around what the statistics mean, whilst ensuring that we know the population. Oak Tree is served by three PCNS from the area. Need to ensure they are engaged including all roles like the care navigator, social prescribers and their voice is heard including the local population. All partners have a part to play, but who will lead? Will the Mansfield Health Partnership take the lead, if so, need to make sure the right people are around the table in terms of the ownership and commitment?</p> <p>SM felt that the Mansfield Health Partnership is maybe best placed to take this piece of work forward, however it does not have to be Mansfield specific, this could be carried out in all districts, recognising the priorities in priority wards and utilising similar provision, and not duplicating and having that resident voice.</p> <p>JT felt the presentations were very inspiring and the recognition of the difference between Oak Tree and Bellamy is very different, with Bellamy being originally built for the miners coming down from the North East and felt assured that the system was now recognising and responding to these differences.</p> <p>JL also passed on her congratulation to the pieces of work and the fantastic examples about listening to people and what difference it has made and questioned how systematically the patch will be worked through? Which are the communities that we are not currently hearing their voice. It would be useful to map where we are talking to people, how we are talking to people, to identify the real gaps to make sure that their voice is heard as well, and who would be best place to carry that out?</p> <p>It was proposed to have a conversation with the local authority to establish the best route, with the potential of it forming part of the steering group for Bellamy which is widened out to be able to build on the Bellamy approach rather than having a separate group.</p> <p>PBP/140722/09 ACTION: MA to identify the potential of expanding the Steering Group which is currently focused on Bellamy to look at different solutions for other areas.</p> <p>RM thanked SM on behalf of the Forum for his excellent presentation and for all his contributions as part of the Forum which has always been energising, committed and granular.</p> | | |
| PBP/140722/10 | CLOSING REMARKS | | |
| | RM passed on her congratulations on behalf of the Forum to DA who has also been acknowledged by the Mayor of Mansfield District Council. | | |
| PBP/140722/11 | DATE AND TIME OF NEXT MEETING | | |
| | It was CONFIRMED that the next PBP Forum meeting would be a hybrid meeting of face to face at the YMCA, in Newark and MS Teams held on | | |

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| | 22 nd September at 14.00 There being no further business the Independent Convenor declared the meeting closed at 16.04. | | |
| | Signed by the Independent Convenor as a true record of the meeting, subject to any amendments duly minuted. Rachel Munton Independent Convenor | | |
| | Date | | |