

**CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE PLACE BASED  
PARTNERSHIP (PBP) BOARD MEETING HELD ON 17<sup>th</sup> March 2022  
VIA MICROSOFT TEAMS  
(From April 22 will become the MN PBP Partnership Forum)**

<b>PRESENT:</b>	Rachel Munton	Independent Chair (Convenor from April 22)	RM
	Hayley Barsby	Chief Executive PBP, Mid-Nottinghamshire PBP	HB
	Lorraine Palmer	Interim Programme Director, Mid-Nottinghamshire PBP	LP
	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
	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
	Greg Cox	General Manager, Nottinghamshire Division, East Midlands Ambulance Service	GC
	Craig Sharples	Associate Director of Partnerships, Nottinghamshire Healthcare NHS Foundation Trust	CS
	Dawn Jenkin	Consultant in Public Health Medicine, Nottinghamshire County Council	DJ
	Tim Guylar	Director of Integration, Nottingham University Hospitals NHS Trust	TG
	Sarah Taylor	Health and Wellbeing Officer, Ashfield Voluntary Action	ST
	Sue Foley	Public Health Consultant, Notts County Council	SF

**IN ATTENDANCE:**

	Lauren Shelton	Project Support Officer, Mid-Nottinghamshire PBP (Minutes)	LS
	Nicki Glencross	Service transformation Co Ordinator, NHS Nottingham And Nottinghamshire CCG	NG
	Councillor John Doddy	Nottinghamshire county council	JD

<b>MEMBERS:</b>	Pat Kelsey	Public Member	PK
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Julie Tasker	Public Member	JT
<b>APOLOGIES:</b> Emma Challans	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
Richard Henderson	Chief Executive, EMAS	RH
Paul Robinson	Chief Executive Officer, Sherwood Forest Hospitals NHS Foundation Trust	PR
Ben Widdowson	Mid-Nottinghamshire PBP Estates Lead, Sherwood Forest Hospital NHS Foundation Trust	BW
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
Theresa Hodgkinson	Chief Executive, Ashfield District Council	TH
<b>ABSENT:</b> Dr Khalid Butt	Primary Care Network Representative	KB

Item No.	Item	Action	Date
<b>PBP/22/20</b>	<b>WELCOME AND INTRODUCTIONS</b>		
	<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 asked the group to take a minute to reflect on the invasion in Ukraine at this very unprecedentedly challenging time as it will be affecting everyone personally, professionally, emotionally, and physically.</p> <p>RM wanted to congratulate Paul Robinson who has been appointed as the substantive Chief Executive of Sherwood Forest NHS Foundation Trust.</p> <p>A review of the minutes of the ICP Board held 24<sup>th</sup> February 2022 did not take place due KT unable to attend the meeting.</p>		
<b>PBP/22/21</b>	<b>APOLOGIES FOR ABSENCE</b>		
	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.		
<b>PBP/22/22</b>	<b>DECLARATIONS OF INTEREST</b>		
	No declarations of interest were received from those present relating to items on the agenda.		
<b>PBP/22/23</b>	<b>ACTION TRACKER AND FORWARD PLANNER</b>		
	The Action Tracker and forward planner was not discussed at the meeting.		
<b>PBP/22/24</b>	<b>Integration White Paper (Joining up care for people, places, and populations)</b>		
	<p>HB opened the first agenda item by explaining the aim of this item was to focus on the white paper consultation and that nothing is set in stone and the group still has ability to influence and put forward any views as part of this discussion or as an individual response to the consultation.</p> <p>LP explained that the consultation covered 18 questions which had been shared in the Forum papers prior to the meeting. LP explained that the breakout rooms would focus on 4 key areas, shared outcomes, accountability, leadership, and workforce. Members of the Forum were requested to send any further comments on the financial and digital elements of the consultation to LP by the close of play Friday 18<sup>th</sup> March to enable the consultation responses to be shared with the execs on Thursday 24<sup>th</sup> March.</p> <p>RM wanted to acknowledge the contents of the white paper and to acknowledge the comments from MA at the last meeting on the potential impact to our communities within the Levelling Up White Paper. RM suggested that the Adult Social Care Reform White Paper also needed to</p>		

	<p>be given the attention of the Partnership Forum to ensure that the Partnership considered and discussed the implications of the various strategies to our neighbourhoods and communities.</p> <p>At this point the Partnership Forum broke into four break-out rooms with the outputs of the discussions forming the MN Place Based Partnership input into the Integration White Paper consultation. <i>(Post the meeting the consultation response was submitted for inclusion in the ICS response and separately as a PBP response.)</i></p> <div data-bbox="312 521 368 584" data-label="Image"> </div> <p data-bbox="240 591 448 640">IWP PBP Consultation Respo</p> <p>HB reiterated to the group that on reading the white paper it is evident that the paper does reflect that outcomes will be longer term to achieve the greatest impact to our communities which will take longer and more time to resource to deliver, and to enable us to narrow the gap around inequalities and wider determinant of health. Further supporting our priority of ensuring health inequalities and prevention where at the heart of our programmes of work.</p>		
<p><b>PBP/22/25</b></p>	<p><b>The relationship between the Health and Wellbeing Strategy and the Place Based Partnership</b></p>		
	<p>JD introduced himself and the work he has focused on since becoming Chair of the Health and Wellbeing Board since 2012.</p> <p>SF gave a presentation on the joint health and wellbeing strategy.</p> <p>RM acknowledged that everyone is in agreement on the 4 priorities set out within the Strategy and how they relate to our Place Based Partnership objectives, but we will need to focus on how we will support and develop our role in the delivery of the priorities.</p> <p>HB said that this provided us with real opportunities, and it feels exciting to have the ability to work collaboratively together and co-produce something that will deliver tangible outcomes for our communities. HB acknowledged that the work being undertaken across our partnership in developing and building our role for the future has set the foundations for partners to be able to be in the right place to now deliver.</p> <p>HB said that we need to work with our communities and residents to determine what is needed to provide our population with the ability to help themselves and that should be reflected in our shared plan and outcome framework.</p> <p>LM went on to say that work was already taking place within the Mid Notts Health inequalities meeting as well as sub-groups that sit within our governance structure that are focusing on our communities and linking together health inequalities.</p> <p>RM asked if we were clear how the various priorities and strategies overlap, and where and how MN Place Based Partnership is ensuring the links between its own priorities and the joint Health and Wellbeing strategy.</p> <p>TB explained there is a significant overlap when looking at our vision and</p>		

	<p>in our five key strategic objectives, and we need to ensure we use and build on already established frameworks including the ICS Outcome Framework. We would also need to ensure we were able to demonstrate progress in delivering the outcomes.</p> <p>SM believes from his perspective the voluntary sector is on the right track as conversations are integrated and everyone is involved. It is about coming together and working for the greater good of our communities. TJ mentioned the work Ashfield Voluntary action has already been involved in such as social prescribing programme, mental health transformation and IAPT.</p> <p>DJ said she would provide the bridge between the Partnership Forum and the Health and Wellbeing Strategy from a public health perspective and believed Mid Notts is well placed to support delivery of the strategy.</p> <p>HB responded that to create more integrated healthier and sustainable places we needed to ensure services were better designed to be more clearly accessible to the marginalised parts of our population. We need to ensure we can articulate the links and overlaps, and it is timely we are starting to bring this together in a shared plan for our partnership. HB also recognised as a Place Based Partnership we needed to focus and build on the data available to us, recognising that one size does not fit all, and using the PBP intelligence to inform targeted support rather than a centrally commissioned approach. Alcohol misuse was an example with the ability of the PBP to influence how the service was delivered.</p>		
<b>PBP/22/26</b>	<b>ANY OTHER BUSINESS</b>		
	<p>It was agreed that the Forum would focus on the Adult Social Care Reform White Paper and the Levelling Up White Paper at the next meeting in April.</p> <p>RM also asked for the terms of reference to be brought back to the Partnership Forum on April 21<sup>st</sup>.</p> <p>It was discussed that the April meeting will continue to be virtual and to possible look at May to hold the meeting face to face.</p>		
<b>PBP/22/27</b>	<b>DATE AND TIME OF NEXT MEETING</b>		
	<p>It was CONFIRMED that the next PBP Board meeting would be held on 21<sup>st</sup> April 2022 at 14.00</p> <p>There being no further business the Chair declared the meeting closed at 16.10.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p><b>Rachel Munton</b> <b>Chair</b></p> <p style="text-align: right;"><b>Date</b></p>		