

**CONFIRMED MINUTES OF THE MID-NOTTINGHAMSHIRE PLACE BASED
PARTNERSHIP (PBP) FORUM MEETING HELD ON 24th February 2022
VIA MICROSOFT TEAMS**

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
	David Ainsworth	Locality Director, NHS Nottingham and Nottinghamshire CCG	DA
	Jane Hildreth	Partnership and Engagement Officer, Newark and Sherwood CVS	JH
	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
	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) NHS Foundation Trust	SM
	Garry McKay	Service Manager, Nottinghamshire County Council	GMK
	Craig Sharples	Associate Director of Partnerships, Nottinghamshire Healthcare	CS
	Craig Bonar	Director Resources and Business Transformation, Ashfield District Council	CB
	Dawn Jenkin	Consultant in Public Health, Nottinghamshire County Council	DJ
IN ATTENDANCE:	Katie Towndrow	Care Integration Support Officer, Mid-Nottinghamshire PBP (Minutes)	KT
	Diane Carter	Care Integration Lead, Mid-Nottinghamshire PBP	DC
	Helen Davies	Strategic Lead, Active Partners Trust	HD
MEMBERS:	Ann Mackie	Public Member	AM
	Gilly Hagen	Public Member	GH
	Pat Kelsey	Public Member	PK
APOLOGIES:	Tim Guyler	Director of Integration, Nottingham University Hospitals NHS Trust	TG
	Greg Cox	General Manager, Nottinghamshire Division,	GC

Emma Challans	East Midlands Ambulance Service Director of Culture & Improvement,	EC
Sarah Furley	Sherwood Forest Hospital NHS Foundation Trust Director of Partnerships, Nottinghamshire	SF
Lesley Watkins	Healthcare NHS Foundation Trust Partnership and Engagement Manager,	LW
Joanna Cooper	Mansfield CVS Assistant Director, Nottingham and	JC
Jonathan Gribbin	Nottinghamshire ICS Director of Public Health,	JG
Alison Rounce	Nottinghamshire County Council Managing Director, PICS Limited	AR
Dr Gavin Lunn	Clinical Lead, Mid-Nottinghamshire, PICS	GL
Maria Ballantyne	Limited and Primary Care Network Representative Group Manager - Living Well South,	MB
Madeleine O'Sullivan	Nottinghamshire County Council Chief Executive, Newark and Sherwood CVS	MO
Sarah Taylor	Health and Wellbeing Officer, Ashfield Voluntary	ST
Richard Henderson	Action Chief Executive, EMAS	RH
Sue Batty	Service Director, Nottinghamshire County Council	SB
Amanda Sullivan	Chief Executive of the Nottingham and	AS
Teresa Jackson	Nottinghamshire Integrated Care Board (ICB)	
Leanne Monger	Manager, Ashfield Voluntary Action	TJ
Arwel Griffiths	Deputy Locality Director, Nottingham and	LM
Jane Laughton	Nottinghamshire CCG Chief Executive, Nottingham Emergency Medical	AG
Kerrie Adams	Services Community Benefit Services	
Jo Marshall	Chief Executive, Healthwatch Nottingham	JL
Lucy Jones	and Nottinghamshire Senior Public Health and Commissioning Manager, KA	
Kim Ashall	Nottinghamshire County Council	JM
Andrea Stone	Public Health and Commissioning Manager,	
Theresa Hodgkinson	Nottinghamshire County Council	LJ
Claire Culverhouse	Senior Public Health and Commissioning Manager,	
	Nottinghamshire County Council	
	Head of Discharge to Assess Integrated Hub,	KA
	Sherwood Forest Hospitals	
	Health and Wellbeing Manager,	AS
	Ashfield District Council	
	Chief Executive, Ashfield District Council	TH
	Deputy Director of Integration, Nottingham	CC
	University Hospitals NHS Trust	

ABSENT: Dr Khalid Butt Primary Care Network Representative KB

Item No.	Item	Action	Date
PBP/22/11	WELCOME AND INTRODUCTIONS INCLUDING MINUTES OF THE PREVIOUS PBP FORUM MEETING HELD 20th JANUARY 2022 Quoracy Check; convenor, ICP Chief Executive Lead and a member of each of the member bodies is required.		
Length of Discussion; 5 minutes	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. Following a review of the minutes of the ICP Board held 20 th January 2022 the Board CONFIRMED the minutes as a true and accurate record subject to the inclusion of the action request for a template for case studies to ensure a consistent approach.		
PBP/22/12	APOLOGIES FOR ABSENCE		
Length of Discussion; 1 minute	Apologies for absence were noted as outlined above and thanks given to those who notified attendance in advance to optimise the efficiency of the meeting.		
PBP/22/13	DECLARATIONS OF INTEREST		
Length of Discussion; 1 minute	No declarations of interest were received from those present relating to items on the agenda.		
PBP/22/14	ACTION TRACKER AND FORWARD PLANNER		
Length of Discussion; 5 minutes	The Board AGREED that the following actions could be CLOSED ICP/20/190, PBP/22/01, PBP/22/02 and PBP/22/03.		
PBP/22/15	PBP EXECUTIVE UPDATE		
Length of Discussion; 18 minutes	<u>Transition and Place Based Partnerships Arrangements</u> HB explained a further meeting with Kathy Mclean (ICS Chair) and Amanda Sullivan (Designate Integrated Care Board Chief Executive) took place with TB, RM and LP in support, to discuss Mid Notts Place based partnership and the wider ICS system. The proposed structure was shared along with proposed priorities that could be delivered at PLACE, and included End of Life Care, An Integrated model for Care Homes. MSK a Model for the Future and Focus on our PLACE which includes Health Inequalities, Transformation of Community Services and the NHSEI prevention program. Colleagues were aware that the structure was drafted following the breakout sessions that took place during the last meeting of the Place Based Partnership (PBP) Forum. It provided an opportunity to be able to explore some of the emerging issues in respect of the approach and configuration of the new system architecture. The proposed view of this group and the Exec was shared with Amanda and Kathy including the remit and roles within our emerging governance which mirrors and fits into how we are approaching the system change. The proposals were supported in their entirety. The white paper on Integration that was published on the 9 th February		

<p>Length of Discussion; 15 minutes</p>	<p>has informed and supported the thinking, several questions have been posed within the white paper to which a response will be co-ordinated by the ICS which this partnership forum will contribute towards. JC will be co-ordinating a collective response with the deadline for consultation being the 9th April. RM questioned if SFH or NHCT will provide an Organisational response, and both confirmed a response will be provided through the Place Based Partnership and ICS.</p> <p>DJ questioned how the proposals link with the Health and Well-being Strategy. LP explained that a workshop is taking place on the 3rd March to align and share roles and responsibilities to ensure priorities are complimentary and to avoid duplication along with identifying the interventions that are required at community level.</p> <p>CB questioned how the white paper will link in with the local authorities and levelling up white papers to ensure all discussions are consistent. Amanda Sullivan is having discussions with both City and County to align opportunities and to avoid duplication.</p> <p>It is envisaged that the proposed structure will be the vehicle within Mid Nottinghamshire to mobilise PLACE as all key stakeholders are members of the Executive with challenge and scrutiny being provided by the Forum.</p> <p>LP confirmed that Councillor Doddy will be attending the March Forum meeting who is the Chair of the Health and Well-being Board.</p> <p><u>Key Themes from the Breakout Groups 20th January</u></p> <p>LP provided a summary from the Breakout sessions where three questions were posed to the group and responses collated:</p> <ol style="list-style-type: none"> 1. <u>What is important to us and what should we maintain?</u> <ul style="list-style-type: none"> • Place is wider than the health lens with a focus on the wider outcomes and prevention • Value the partnership and the open dialogue the relationships allow • Co-production with the communities ensuring we do not lose the local focus of our Place • Confidence in our principles • Do not lose what we have achieved so far 2. <u>What changes we may need to make?</u> <ul style="list-style-type: none"> • Ensure shared outcomes led by population need • Involve and listen to everybody • Empower our communities to take ownership of their own health • Focus on prevention • Listen to what matters to our citizens not to the organisations or services 3. <u>Considering the membership of our Partnership Forum and Exec Team</u> <ul style="list-style-type: none"> • Be clear which group will have accountability for the delegated NHS functions and the links to the ICB • Accountability and decision making should be linked to ability 		
---	--	--	--

<p>Length of Discussion; 15 minutes</p>	<p>to take or share risk</p> <ul style="list-style-type: none"> • The Partnership forum should not lose the impetus of the public voice with clear expectations of where and how the public voice is represented • The Partnership Forum should be a critical friend to our Place • We should adopt a 'you said' we did approach • Consider levels of membership to determine differing roles • Continue to consider the impact to our membership and governance as we start to take on more responsibility and risk <p>PK felt that the more people involved and engaged should be encouraged and if a clear description of the NHS was provided it would support involvement as people would be clear of the ask.</p> <p><u>Proposed composition of the Executive Team and Partnership Forum</u></p> <p>The membership will be an evolving process and it is requested for the Forum to note the proposals to allow for the structure to be in operation under shadow form from the 1st April.</p> <p>The Exec team will be where the decision making, accountability and responsibility will be held for what is delegated to Place from the Integrated Care Board. Participation around transformation and shared risk for delivery will require a memorandum of understanding. SS questioned around the risk and HB explained that at some point there will be measures or outcomes that will need to be achieved whether directed by the ICB or by the Forum who will agree the local priorities and outcomes. Any requirement for financial accountability and ICS Outcomes will be the responsibility for the Executive who will be accountable to the ICS and the Mid Notts Partnership Forum for delivery.</p> <p>MA highlighted her concerns around some of the devolution and joint resources following both the White Paper on Transformation and the Levelling Up paper.</p> <p>DA confirmed the synergy across the Forum to provide the best healthy outcomes for the community and the prospect of funding and risk is still some way in the future. Broad endorsement of the proposals will still allow for opportunity to shape and progress whilst in shadow form.</p> <p>The structure is part of the process and the Forum will be in place to hold the Exec to account around the objectives whilst ensuring the patient voice is being heard.</p> <p>A funding resource will need to be redistributed from the current budgets and resources to support Place Based Partnerships providing a potential opportunity to look at further options for pooled resources.</p> <p>The Mid Nott's Place Based Partnership forum noted the proposals and agreed to operate in shadow form from the 1st April.</p> <p>PK posed the question of representatives of citizens and individuals can continue to support the forum. Terms of Reference will be agreed and the Forum will continue to meet in public with the public voice being</p>		
---	---	--	--

	heard through representative groups, The Terms of Reference will set out the arrangement for this. GH agreed that there is a need for more patient participation and to recruit community champions to allow for inclusivity. This was agreed that the success of the Partnership Forum and the requirement going forward will be to have a strong community voice		
PBP/22/16	Delivering our Objectives		
Length of Discussion; 15 minutes	<p><u>Quarterly Strategic Objectives Update</u></p> <p>DC presented an update on the objectives in the new updated format which has a pictorial overview to show clearly and immediately where each of the objectives are with tabs behind the front sheet to provide more detail. Future iterations will have a glossary of terms included to assist the reader with minimal jargon and technical terms being used where possible. Rag Ratings are included and following this report it will be shared with the Communication and Engagement Teams to celebrate and promote the many successors being delivered by the Mid Notts Partnership.</p> <p>Forum members thanked DC for the new format and commented that it was a very informative presentation of the information.</p> <p>HD supported the feedback and as a project lead felt the format was easy to complete and focussed the response but felt that there is a requirement to link the activity as there is some cross over and interdependencies between the objectives.</p> <p>RM supported the good news story of Objective 1 to be communicated and celebrated following the take up rate for 2-year-olds from low-income families accessing childcare being the highest it has ever been including being the highest across the region at 82% from 60%.</p> <p>It would be interesting to find out how this has happened and what is being learnt.</p> <p>It was agreed that not just leads will be identified in the report but all stakeholders of the Forum that are supporting delivery of the objective to demonstrate the strong partnership ethic in place at the local level.</p> <p>CB felt that there was a focus on outputs, and it was acknowledged that the objectives require long-term investment in time and resource and should be linked to local and national outcomes.</p> <p>Going forward there will be an opportunity to look at patient case studies and patient experience.</p> <p>DA suggested meeting to review objective 3.2 Frailty due to some of the meetings that have not been able to take place.</p>		
PBP/22/17	Quarterly Update on MN PBP supporting Forums		
Length of Discussion; 20 minutes	<p><u>MN Health Inequalities Oversight Group and MN Partnership Forum</u></p> <p>DA took the papers as being read detailing the work that has been carried out over the last six months for the Mid Notts Health Inequalities Oversight Group and the Partnership Forum, and that members felt assured from the evidence provided of the work that is being undertaken in this aspect. DA also commented that the information presented provides a wealth of information from several source but recognises partners will also have invaluable information to support the evidence base which will bring people's voices to the fore.</p> <p>Dr Stephen Wormald (Health Inequalities Clinical Lead) has been</p>		

	<p>instrumental in supporting the initiatives from the DWP Access to Work Pilot focusing on barriers that maybe either mental or physical health along with tackling fuel poverty, targeted interventions for stopping smoking during pregnancy or supporting those of the community that are not registered with their GP, which was highlighted during the Covid Pandemic.</p> <p>The Partnership forum are pivotal in bringing to life the case studies to inform improvement at neighbourhood levels. A new network newsletter has been compiled which includes the Police, Education, Social Care, Local Authority and Voluntary services.</p> <p>SM felt the work carried out on the Health Inequalities is tremendous and shows collaboration to really meet the needs of the communities. JH who is a member of both groups confirmed the invigoration of both groups and gave thanks to LM who is the Chair of both groups.</p> <p>All members received the information and felt assured of the work carried out so far thanking Dr Wormall and Leanne Monger for their leadership in this.</p>		
PBP/22/18	<p>ANY OTHER BUSINESS</p> <p>Future PBP Forum Meeting have been confirmed as:</p> <p>Thursday 21st April 2pm-4pm</p> <p>Thursday 19th May 2pm-4pm</p> <p>Thursday 16th June 2pm-4pm</p>		
Length of Discussion; 1 minutes	Nothing to report.		
PBP/22/19	DATE AND TIME OF NEXT MEETING		
	<p>It was CONFIRMED that the next PBP Board meeting would be held on 17th March 2022 at 14.00</p> <p>There being no further business the Chair declared the meeting closed at 16.02.</p>		
	<p>Signed by the Chair as a true record of the meeting, subject to any amendments duly minuted.</p> <p>Rachel Munton</p> <p>Chair</p> <p>Date</p>		