Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Item 4

MINUTES OF THE FIRST MEEETING OF
NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD
HELD ON 1 JULY 2022

Present (Voting Members)	
Sue Symington (Chair)	Integrated Care Board Chair
Dr Bushra Ali	Primary Care Partner Member
Amanda Bloor	Chief Operating Officer
Mark Chamberlain	Non-Executive Director
Stephen Eames	Chief Executive
Teresa Fenech	Executive Director of Nursing and Quality
Simon Morritt	Provider Partner Member
Councillor Jonathan Owen	Interim Local Authority Partner Member / Integrated Care Partnership Vice Chair
Dr Nigel Wells	Executive Director of Clinical and Professional Services

In attendance (Non-Voting Members)	
Jayne Adamson	Executive Director of People
Andrew Burnell	Partner Participant – Community Interest Companies
Karina Ellis	Executive Director of Corporate Affairs
Anja Hazebroek	Executive Director of Communications
Shaun Jones	Partner Participant – NHS England Attendee
Michèle Moran	Partner Participant – Mental Health
Jason Stamp	Partner Participant – Voluntary and Community Sector
Louise Wallace	Partner Participant – Public Health
Michèle Saidman	Executive Assistant

Apologies	
Jane Hazelgrave	Executive Director of Finance and Investment
Helen Grimwood	Partner Participant – Healthwatch
Stuart Watson	Non-Executive Director

The agenda was discussed in the following order.

1. Welcome and Introductions

Sue Symington welcomed everyone to the meeting and provided an overview in terms of the formal establishment of the Integrated Care Board (ICB), emphasising the importance of the day. She commended Karina Ellis's work in respect of preparation for the meeting.

2. Apologies for absence

As noted above.

3. Declarations of Interest

There were no declarations of interest in the business of the meeting. All interests were as per the Register of Interests.

4. Minutes of the previous meeting

There were no minutes as this was the first meeting of the ICB.

5. Matters arising and actions

As item 4 above.

6. Notification of any other business

Sue Symington noted she had a matter to raise at item 16.

7. Integrated Care Board Constitution and Standing Orders

In introducing this item Karina Ellis explained that, as with all the papers presented, much of the work had been undertaken through a six to nine month transition programme established by Stephen Eames and the six CCG Accountable Officers. She expressed appreciation to everyone involved in the significant amount of work to achieve the governance requirements for closedown of the CCGs and establishment of the ICB as per the Health and Care Act, noting that the Audit Committee Chair had reviewed all the papers and not raised any material concerns.

The Constitution and Standing Orders, presented for assurance, set out the ICB membership and the formal means and processes of governance. Both documents had been approved by NHS England and had been developed to reflect the intended diverse and inclusive working arrangements of the ICB.

The Board:

Noted for information the ICB Constitution and Standing Orders.

8. Integrated Care Board Standing Financial Instructions

Karina Ellis explained the Standing Financial Instructions ensured that the ICB fulfilled its statutory duty to carry out its functions effectively, efficiently and economically, ensured regularity and propriety of financial transactions, and were part of the ICB's control environment for managing the organisation's financial affairs defining the purpose, responsibilities, legal framework and operating environment. They enabled sound administration, lessened the risk of irregularities and supported commissioning and delivery

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of effective, efficient and economical services. Included within the Standing Financial Instructions was a section on Losses and Special Payments in accordance with the requirements of HM Treasury.

The Board:

Approved the ICB Standing Financial Instructions.

9. Integrated Care Board Scheme of Reservation and Delegation

Karina Ellis presented the ICB Scheme of Reservation and Delegation which detailed delegation arrangements to such as committees, collaboratives or individuals. It had been drawn up to reflect the ICB operating and governance frameworks and to facilitate safe and effective decision making within the organisation.

The Operational Scheme of Delegation, a supporting document to both the Scheme of Reservation and Delegation and the Standing Financial Instructions, provided operational guidance on the ICB's delegation framework for all staff, including those working for the ICB on an interim or agency basis.

Nigel Wells noted an issue in respect of delegation to the Area Prescribing Committee which required clarification. At the present time that Committee could make recommendations but with no formal delegation. This would be resolved in line with the Scheme of Reservation and Delegation for the next Board meeting.

In response to Simon Morritt seeking clarification about the £1.5m and £250k waivers respectively for the ICB and Place pertaining to contracts, it was noted that this had been informed by previous CCG arrangements. Consideration would be given to these delegated values, feedback would be given at the next Board meeting.

The Board:

1. Approved the Scheme of Reservation and Delegation.
2. Approved the Operational Scheme of Delegation.
3. Noted that clarification would be provided at the next meeting as described above.

10. Integrated Care Board Committees' Terms of Reference

Karina Ellis presented the report that comprised the terms of reference for the Board's three statutory committees: the Audit Committee, Remuneration Committee and Quality Committee. These committees, mandated by NHS England and NHS Improvement as part of the robust operation and governance of the ICB, provided assurance in respect of quality and safety of services and also supported employees. The terms of reference were consistent with the templates issued by NHS England and NHS Improvement but also reflected further requirements of the ICB where appropriate. Sue Symington noted that the named members of the Audit Committee was still subject to finalisation in conjunction with the Committee Chair.

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The Board:

Received and approved the terms of reference for:

i) Audit Committee
ii) Remuneration Committee
iii) Quality Committee

11. Integrated Care Board Governance Documents and Polices

Karina Ellis referred to the suite of mandated documents and policies that comprised an essential part of the safe and effective operation of the ICB as a statutory NHS body, supplemented the ICB Constitution and supported the ICB's accountability as a public body. She provided an overview of each document, namely: Governance Handbook, Functions and Decision Map, Code of Conduct and Behaviours (Standards of Business Conduct Policy), Conflicts of Interest Policy and Procedures, Policy for Public Involvement and Engagement, Whistleblowing (Freedom to Speak Up) Policy, Policy for the Development of Policies, and Adoption of Legacy CCG Policies, as appropriate, on an interim basis

With regard to the Whistleblowing Policy Karina Ellis advised that Nigel Wells was Freedom to Speak Up Guardian. She also noted that national guidance was still being received therefore the policy would be reviewed and updated accordingly within six months. Additionally, references to 'Lay Member' would be amended to 'Non-Executive Director' as suggested by Mark Chamberlain to reflect the different terminology from that in the former CCGs.

Karina Ellis explained that the proposed adoption of legacy CCG policies was to ensure the ICB had requisite policies in place pending completion of review of the former CCGs' policies. The review would be based on a risk management approach for prioritisation with the expectation for the majority to be completed by the end of the financial year; a schedule was being maintained.

Anja Hazebroek referred to members' previous consideration of an early draft of the Public Involvement and Engagement Policy 'Working with People and Communities' emphasising the commitment to putting people at the heart of the policy as fundamental. She highlighted, in addition to statutory obligations, ambitions regarding non statutory engagement with the community noting the perspectives of strengthening the voice of under-represented groups, new ways of working, a culture of participation, collaboration and improvement, and building on existing practice.

The Public Involvement and Engagement Policy was welcomed as a good foundation. Discussion included emphasis on its role in terms of underpinning and building on established health inequalities work; the need for greater clarity regarding assurance that legal duties, such as in relation to transformation and service change, could be evidenced; and the importance of effective communication across all the respective organisations.

The Board:

Approved, subject to the above minor amendments:

i) Governance Handbook

ii) Functions and Decisions Map
iii) Code of Conduct and Behaviours (Standards of Business Conduct Policy)
iv) Conflicts of Interest Policy and Procedures
v) Policy for Public Involvement and Engagement
vi) Whistleblowing (Freedom to Speak Up) Policy
vii) Policy for the Development of Policies
viii) Adoption of Legacy CCG Policies, as appropriate, on an interim basis

12. Integrated Care Board Founder Members of the Integrated Care Partnership

In presenting this report Karina Ellis explained the statutory requirement for the establishment of an integrated care partnership arrangements and advised that the Health and Care Act set out four core elements to an integrated care system (ICS): Place, Provider Collaboratives, Integrated Care Board and an Integrated Care Partnership (ICP). The ICP would be a statutory committee to be jointly developed by the ICB and local authorities, with membership to be locally determined. The expectation was for the ICP to focus on connections between health and wider issues including socio-economic development, housing, employment and environment.

Support was sought for the Chair and Chief Executive of the ICB to be founding members of the Humber and North Yorkshire ICP to work alongside the six local authority Chief Executives and their nominated elected members to establish the integrated care partnership arrangements.

The Board:

Approved that the Chair and Chief Executive of the Integrated Care Board would be founding members of the Humber and North Yorkshire Integrated Care Partnership.

13. Appointment to Specialist Lead Roles

Stephen Eames referred to the report which proposed appointment to specialist lead roles in accordance with requirements of the Health and Social Care Act 2022 or as required by NHS England and NHS Improvement in response to the Act. The roles and respective nominated leads were:

i)	Conflict of Interest Guardian	Independent Non-Executive Director (Audit) supported by Executive Director of Corporate Affairs
ii)	Caldicott Guardian	Executive Director of Clinical and Professional Services
iii)	Senior Information Risk Owner	Executive Director of Corporate Affairs
iv)	Statutory Safeguarding Roles	Executive Director of Quality and Nursing
v)	Emergency Preparedness, Resilience and Response (EPRR) Accountable Emergency Officer	Chief Operating Officer
vi)	Data Protection Officer	Associate Director of Corporate Affairs

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vii)	Named Lead for Children and Young People	Executive Director of Quality and Nursing
viii)	Mental Health Lead	Executive Director of Quality and Nursing
ix)	Counter Fraud Champion	Independent Non-Executive Director (Audit) supported by Executive Director of Finance and Investment
x)	Equality, Diversity and Inclusion Champion	Independent Non-Executive Director (Remuneration) supported by Executive Director of People
xii)	Staff and Wellbeing Champion	Primary Care Partner Member

The Board:

1. Received assurance that special roles had been assigned to nominated members as detailed above.
2. Approved the nominations to specialist lead roles as detailed above.

14. Chief Executive Update

Stephen Eames expressed appreciation to colleagues across the system for their work through the transition to reach the point of establishment of the Humber and North Yorkshire Health and Care Partnership, noting in particular the former Clinical Commissioning Groups that had ended at midnight. He highlighted that, while system working had already been taking place and there were good relationships across the ICS, this new way of working for the NHS was a repositioning with the aim of addressing the significant challenges across health and care, some immediate and some longer term, that previous systems had failed to manage. The overall ambition was to improve the lives of the people who live and work in the area but specifically a real ambition to make a difference in terms of life expectancy. There was notably a 10 year gap in life expectancy in some areas of Humber and North Yorkshire compared to the national average.

Stephen Eames noted the aim of integrated care systems:

- Improving outcomes
- Tackling inequalities such as smoking which remained the biggest killer
- Enhancing quality and productivity
- Supporting social and economic recovery

Stephen Eames highlighted aspects relating to these aims, including noting that smoking remained the biggest killer locally with notable prevalence in areas of deprivation. He advised of potential for discretionary monies to support such priorities and explained that supporting social and economic recovery would be undertaken through working from 'place' level upwards with partners across local government and the voluntary sector.

A system strategy and five-year strategic plan are to be developed by the end of the year in accordance with requirements, although some aspects would be intended for a 10 to 15 year timescale. Both elements would be built up from 'place' and take account of the health and wellbeing strategies across the six Humber and North Yorkshire areas.

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In terms of immediate priorities Stephen Eames highlighted improving access to primary care, social care and elective surgery; improving quality of services particularly urgent and emergency care; also noting the context of regular winter pressures in addition to the already challenged services. While recognising the significant work taking place collectively to address the immediate pressures, consideration was required in terms of moving away from current systems that were not resolving the challenges. The 50, 000 plus workforce across the organisations was highlighted as a key component with emphasis on engagement both with them and the c1.7m population across the system. The formal duty was to deliver value for money services within budget.

Stephen Eames advised that, although the ICB had managed to start with a financially balanced plan, significant work would be required to reach a sustainable position. He explained that there were four cross cutting strategies with associated challenges:

- Safety and quality - notably in the context of the pandemic.
- Capacity – for which a 'winter plan' developed in partnership with local authorities describing the need for c400 beds, both hospital and community, had recently been submitted; workforce being critical in this regard.
- Culture – different ways of working.
- Digital – on the cusp of a digital revolution, nationally and internationally, this resource was key to realising the ICS ambitions. It was also critical for this resource to be tied directly to the front line.

With regard to longer term priorities Stephen Eames reiterated reference to the 10 year gap in life expectancy in some areas of the ICS emphasising the ambition to make a difference in relation to improving the quality of people's lives. There were a number of high profile areas of prevention/public health priorities, including smoking as referred to above, obesity, alcohol and drug abuse; the wider inequalities pertaining to some coastal communities were also noted.

Other challenges referred to by Stephen Eames related to the report 'Child of the North: Building a Fairer Future after COVID-19' which highlighted impact on children due to the pandemic. He also referenced the significant challenge in respect of the 2030 net zero and climate change targets set internationally and the collective duty to attract inward investment at every opportunity. Difficult decisions would be required in terms of prioritising people and communities who were most in need. The ambition was to ensure all plans reflected lived experience in order to ensure informed, strongly evidenced decision making.

Sue Symington noted this update set the tone for some of the work required and the extraordinary shared responsibility going forward.

Cllr. Jonathan Owen referenced life expectancy advising that local authorities had a number of joint working arrangements in place. He suggested a mapping exercise across the ICS to bring this together.

Ensuing discussion focused on aspects of collaborative transformation and integration across health and social care, building on data and intelligence, to support the life expectancy ambitions. In addition to the areas of prevention referred to above, concerns were noted about the perspectives of mental health life expectancy, people with long term conditions, some areas of severe deprivation across the ICS, emphasis on the need for

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innovation and a different approach to use of resources to meet the current challenges. Recognition and understanding through patient engagement of potential impact pertaining to physical and psychological barriers was required and the importance of working with community leaders was highlighted.

From the workforce perspective there were opportunities to develop the meaningful agenda and motivation to make a difference. However, the current pressures across the system should not be under-estimated and the requisite culture change should be recognised.

The Board:

Noted the update.

16. Any Other Business – Appointment of Executive Directors

Sue Symington explained that a brief meeting had taken place before the Board meeting for formal appointment of the Designate Executive Directors to their Executive roles. A report explaining the process around the appointment to all the Board roles would be added to the papers under this item to formally share these arrangements.

The Board:

1. Noted the appointment of the Executive Directors.
2. Noted that the report explaining the process for appointment of the Executive Directors and the Board would be made available.

15. Chair's Notes

Sue Symington expressed appreciation to Karina Ellis and her team for the work she had led through the transition. She also expressed appreciation to Jayne Adamson from the recruitment perspective and Amanda Bloor as conduit in terms of the former CCGs.

Sue Symington thanked and commended members for joining the Board highlighting the high profile, financial responsibilities and mandate to bring about change. She emphasised that all members had an equal part to play to achieve the ambitious outcomes.

Finally, Sue Symington conveyed thanks to Stephen Eames for his energy, commitment and patience through the transition to establishment of the ICS, also commending his leadership from the "the bigger picture" perspective.

The Board:

Noted the information.

17. Time and Date of Next Meeting

The Board:

Noted the next meeting would be on Wednesday 13 July 2022 at 9.30am.

18. Close

In closing the meeting Sue Symington circulated tree dedication certificates to Board members advising that six native broadleaf trees had been planted in Whashton Wood by the Yorkshire Dales Millennium Trust to mark the establishment of Humber and North Yorkshire Health and Care Partnership.

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