

# Humber and North Yorkshire Governance and Operating Arrangements

Amanda Bloor, Chief Operating Officer Karina Ellis, Executive Director Corporate Affairs

## Our Mission/Purpose

To improve the lives of the people who live and work in Humber and North Yorkshire

We will do this by:

Improving outcomes Tackling Inequalities Enhancing quality and productivity Supporting social and economic recovery

## Our Vision

#### To ensure all our citizens

Start life well Live well Age well End life well



## Our way of working

- Establishing a collaborative culture based on trust
- Empowering place based and provider collaboratives
- Ensuring an honest public narrative
- Being a transformative with a clear appetite for innovation
- Placing a greater emphasis on prevention and demand management
- Using shared data and intelligence to support decision making
- Influencing national and regional policy
- Learn by doing

### **Statutory Arrangements**



The following describes the four core elements of an Integrated Care System:

#### Place

Arrangements between local authorities, the NHS and providers of health and care will be left to local areas to arrange. The statutory ICB will work to support places to integrate services and improve outcomes. **Health and Wellbeing Boards** will continue to have an important role in local places. **NHS provider organisations** will remain separate statutory bodies and retain their current structures and governance but will be expected to work collaboratively with partners.

#### **Integrated Care Board**

**Directly accountable for NHS spend and performance** within the system. As a minimum, the ICB board must include a chair and 2 non-executives, the ICB Chief Executive and clinical and professional leaders, and representatives from NHS trusts, primary care and local authorities. **ICB board -** 2 statutory committees – **Audit** and **Remuneration**. It also need to establish other committees to focus on oversight and assurance and provide the board with assurance on the delivery of key functions including system quality and finance.

#### **Integrated Care Partnership**

The ICP is a standalone statutory committee between the ICB and Local Government. It will develop an **integrated care strategy** to address the health, social care and public health needs of their system. The membership and detailed functions of the ICP is up to local areas to decide. Focus on the **wider connections between** health and wider issues including socio-economic development, housing, employment and environment. It should take a collective approach to decision-making and support mutual accountability across the ICS.

#### **Sector Collaboratives**

Arrangements to ensure **each provider is part of a collaborative** to deliver specific objectives with one or more ICB, to contribute to the delivery of that system's strategic priorities. The members of the collaborative will agree together how this contribution will be achieved. The ICB and sector collaboratives should define their working relationship, including participation in committees via partner members and any supporting local arrangements, to facilitate the contribution of the sector collaborative to agreed ICB objectives.

Humber and North Yorkshire Health and Care Partnership

We have consistently emphasised the importance of place-based partnerships and our whole system operating model has been developed with Place at the core.



The ICB will be the employer for the current CCG and Partnership Staff. The majority of staff will continue to work in Place and continue to undertake similar roles as they do now and some will undertake functions wider than Place where that is appropriate

Providers of health and care working in collaboration and as sector collaboratives both in Place and across the system to ensure health and care needs are met for the the population at Place and across the system. Local Authorities working jointly with the NHS and with other partners in Place on population health and addressing health inequalities, community engagement and co-production, supporting local integration, provider collaboration and service transformation. The ICP will enable the system partners to address the broader population health, socio-economic outcomes and inequalities. Working in partnership with the whole system (communities, public and private sector etc.) will be mutually accountable for the delivery of the agreed strategy.

### Humber and North Yorkshire: Functions and Decisions Map





### Humber and North Yorkshire: Governance & Accountability







# **Integrated Care Board**

### **Integrated Care Board – Principles and Functions**





Functions of the Integrated Care Board:

- 1. Developing a plan to meet the health and healthcare needs of the population, having regard to the ICP strategy.
- 2. Allocating resources to deliver the plan Establishing joint working arrangements with partners that embed collaboration as the basis for delivery within the plan.
- 3. Establishing joint working arrangement with partners to deliver the plan.
- 4. Establishing governance arrangements to support collective accountability between partner organisations for whole-system delivery and performance, underpinned by the statutory and contractual accountabilities of individual organisations
- 5. Arranging for the provision of health services in line with the allocated resources
- 6. Leading system implementation of people priorities including delivery of the People Plan and People Promise
- 7. Leading system-wide action on data and digital
- 8. Using joined-up data and digital capabilities to understand local priorities, track delivery of plans, monitor and address unwarranted variation, health inequalities and drive continuous improvement in performance and outcomes.
- 9. Through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in achieving wider goals of social and economic development and environmental sustainability.
- 10. Driving joint work on estates, procurement, supply chain and commercial strategies to maximise value for money across the system
- 11. Planning for, responding to and leading recovery from incidents (EPRR),
- 12. Functions to be delegated by NHS England and NHS Improvement include commissioning of primary care and appropriate specialised services.

### Integrated Care Board – Roles, Membership & key documents



Integrated Care Board				
	Name	Role		
Non- Executives	Sue Symington	Chair		
	Stuart Watson	Non-Executive Director (audit)		
	Mark Chamberlain	Non-Executive Director (remuneration & quality)		
Ordinary / Partner Members	Simon Morritt	Provider Partner Member		
	Dr Bushra Ali	Primary Care Partner Member		
	Cllr Jonathan Owen	Local Authority Partner Member		
Executive Members	Stephen Eames	Chief Executive		
	Amanda Bloor	Chief Operating Officer		
	Dr Nigel Wells	Exec Director of Clinical & Professional		
	Teresa Fenech	Exec Director of Nursing & Quality		
	Jane Hazelgrave	Exec Director of Finance		
Executive Participants	Jayne Adamson	Exec Director of People		
	Karina Ellis	Exec Director of Corporate Affairs		
	Anja Hazebroek	Exec Director of Communications		
Partner Participants	ТВС	Local Authority		
	ТВС	Local Authority		
	Louise Wallace	Director of Public Health		
	Jason Stamp	Voluntary and Community Sector		
	Andrew Burnell	Community Interest Companies		
	Michele Moran	Mental Health, Learning Disability and Autism		
	Helen Grimwood	Healthwatch		
	Shaun Jones	NHSE/I attendee		

### **Key documentation**

- Integrated Care Board Constitution and Standing Orders
- Standards of Business Conduct Policy
- Functions and Decision Map
- Conflicts of Interest Policy
- Scheme of Reservation and Delegation
- Governance Handbook
- Terms of Reference
  - Remuneration,
  - Audit,
  - Quality Committees

#### Documents can be found here

### **ICB Executive Portfolio's**



People	Corporate Affairs	Communication Marketing & PR
e Adamson	Karina Ellis	Anja Hazebroek
strategy and arce planning ent ement &	<ul> <li>Governance incl. information governance and risk management</li> <li>Corporate Services incl. Legal and Degulatory</li> </ul>	<ul> <li>Marketing</li> <li>Communication and engagement strategy</li> <li>Development of multimedia channels</li> </ul>

- Stakeholder mapping and research exercises
  - Design and coordination of highprofile campaigns
  - Link with NHSE National and Regional comms
  - Communications delivery
  - Media enquiries

engagement

- Disseminating information to the public and stakeholders
- Stakeholder
- Business Intelligence & Analytics
- Business Continuity

Nursing & Quality **Clinical & Chief Operating Finance and** Officer Investment Professional Development Amanda Bloor Jane Hazelgrave Teresa Fenech Nigel Wells Statutory ICB financial Quality & safety Clinical & Professional People Primary Care Strategy & investment activities plan Population Health & assurance and strategy Health Inequalities Financial strategy & governance incl clinical • Clinical pathway devt. Workfo risk • COVID 19 & planning Clinical leadership · OD, tal Safeguarding Vaccination Budget devt. & devt. manage allocation Infection prev & control Commissioning Pharmacy & Meds Mx succession planning Regulatory System Development Productivity & Value Nursing Workforce, Education & training Operating Model Medical & Dental Plan leadership & framework with Place for money leadership and Recruitment & development Programmes development retention Strategy Development Transformation incl. Partnerships with ICS Capital Midwifery and AHPs Clinical & Professional · People change programmes with Place and Provider Collabs wider system leaders & programme Mental Health, Learning education management stakeholders Operational planning · Financial governance, **Disabilities & SEND**  Staff health & Innovation, research & Co-ordination of ICS / policy, & best practice (annual and longer) Children and Young development wellbeing ICB activities on behalf standards People Clinical effectiveness Interpretation & Diversity & inclusion of Chair & CEO e.g. Financial Audit & implementation of the Maternity Trade Union Digital Anchor Networks LTP, NICE quality Assurance • End of Life Clinical & professional relationships Portfolio / Programme standards and other Sustainability & Net Continuing Health Care workforce strategy & Workforce/ employee Management Zero strategies national strategic · Regulatory process, performance engagement Patient & Public Insight priorities ICS Estates function support, improvement & • Freedom to Speak Up · Voluntary and incl complaints, PALs Performance & Provider Selection compliance **Community Sector** Guardian Link with regulators & Regime/ Procurement/ assurance · Safer just culture, safe Caldicott Guardian coordination of **Contract Management**  Emergency planning systems & safe care Individual Funding inspections Requests





### **Our guiding principles for Place**







#### They will:

- Calibrate local priority setting (LA) and delivery of national priorities (NHS).
- Undertake collaborative decision-making at Place with Local Authority, VCSE and other bodies to improve local services and outcomes and tackle inequalities, using evidence such as practice level / ward level population profiles.
- Target operational capability to support their PCNs, General Practices, GP Federations and wider primary care provider partners to enable primary care to fully participate at all levels.
- Mobilise operational capability across local providers to integrate care for their populations, underpinned by documented place provider partnership arrangements.
- Align local JSNA with the ICP Strategy to align views on local needs and where at-scale working is needed to fully address those needs.

### **Overview of Place**

We have confirmed six Place based arrangements that are broadly coterminous with LA boundaries (except Craven in North Yorkshire which is part of a neighbouring ICB).

The Place arrangements are supported by a minimum leadership arrangement of an NHS Place Director (ICB) and a Place Chief Executive Lead and the appointments are set out below.

Each Place has completed a maturity assessment against a common framework and have a development plan and roadmap to support their journey and growth.

In the first year (22/23) the resources will be delegated to the NHS Place Director to be discharged through the Place Committee/Board arrangement which include a wide range of health and care partners relevant to their local place and in accordance with the Scheme of Reservation and Delegation and the Operational Scheme of Delegation.

It is the intention of each Place to work towards the development of joint committee arrangements by April 2023.

#### Place Leadership

<ul> <li>East Riding</li> <li>Place Director – Simon Cox</li> <li>Place Chief Executive Lead – Caroline Lacey</li> </ul>	<ul> <li>Hull</li> <li>Place Director – interim Erica Daley</li> <li>Place Chief Executive Lead - Matt Jukes</li> </ul>
<ul> <li>North East Lincolnshire</li> <li>Place Director – Helen Kenyon</li> <li>Place Chief Executive Lead – Rob Walsh (NB joint arrangement with ICB)</li> </ul>	<ul> <li>North Lincolnshire</li> <li>Place Director – Alex Seale</li> <li>Place Chief Executive Lead – Peter Thorpe</li> </ul>
<ul> <li>North Yorkshire</li> <li>Place Director – Wendy Balmain</li> <li>Place Chief Executive Lead – Richard Flinton</li> </ul>	<ul> <li>York</li> <li>Place Director – to be confirmed covered by Chief Operating Officer</li> <li>Place Chief Executive Lead – Ian Floyd</li> </ul>



# **Sector Collaboratives**

### **Overview of Sector Collaboratives**



We have established five sector collaboratives

- Collaborative of Acute Providers (CAP),
- Mental Health, Learning Disability and Autism, Collaborative,
- Primary Care Collaborative,
- Community Health and Care collaborative, and
- VCSE Collaborative.

A set of priorities for 2022/23 is being agreed with each collaborative and assurance of delivery will be through the Finance, Performance and Delivery Executive Committee.

We are working with each of the sector collaborative on their development plan to support leadership to deliver collective action to address quality and risk and also how they establish Clinical and Quality leadership arrangements.

During 2022/23 we are hoping to work with the Acute, Mental Health, Community and Primary Care collaboratives to support their development and maturity to lead collective action on system quality issues.

#### Sector Collaborative Leadership

<ul> <li>CAP</li> <li>Chair / Chief Executive Lead – Chris Long</li> <li>Director – Interim Wendy Scott</li> </ul>	<ul> <li>Mental Health, LD &amp; Autism</li> <li>Chair / Chief Executive Lead – Brent Kilmurray</li> <li>Director – Alison Flack</li> </ul>
<ul> <li>Primary Care</li> <li>Chair / Chief Executive Lead – Faisel Baig</li> <li>Director - TBC</li> </ul>	<ul> <li>Community</li> <li>Chair / Chief Executive Lead – Andrew Burnell</li> <li>Director – Yvonne Elliott</li> </ul>
<ul> <li>VCSE</li> <li>Chair / Chief Executive Lead – Jason Stamp</li> <li>Programme Director – Gary Sainty</li> </ul>	