



HUMBER AND NORTH YORKSHIRE INTEGRATED CARE EXTRAORDINARY BOARD

**MINUTES OF THE MEETING HELD ON
WEDNESDAY 11 JANUARY 2023, NEWTON SUITE, FOREST PINES HOTEL,
ERMINE STREET, BROUGHTON, DN20 0AQ**

PRESENT:

(Voting Members)

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| Sue Symington (Chair) | Chair, Humber and North Yorkshire Integrated Care Board |
| Mark Chamberlain | Non-Executive Director |
| Stuart Watson | Non-Executive Director |
| Dr Bushra Ali | Primary Care Partner Member |
| Simon Morrill | Provider Partner Member |
| Stephen Eames | Chief Executive |
| Dr Nigel Wells | Executive Director of Clinical and Professional Services |
| Jane Hazelgrave | Executive Director of Finance and Investment |
| Teresa Fenech | Executive Director of Nursing and Quality |

IN ATTENDANCE:

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| Councillor Michael Harrison | Partner Participant – on behalf of Local Government North Yorkshire and City of York Council |
| Councillor Stan Shreeve | Partner Participant – on behalf of Local Government North & North East Lincolnshire |
| Andrew Burnell | Partner Participant – Community Interest Companies |
| Jason Stamp | Partner Participant – Voluntary, Community and Social Enterprise Sector |
| Louise Wallace | Partner Participant – Public Health |
| Michele Moran | Partner Participant – Mental Health |
| Professor Charlie Jeffery | Partner Participant – Further Education |
| Shaun Jones | Partner Participant – NHS England |
| Helen Grimwood | Chief Executive Officer of Hull CVS - Healthwatch |
| Anja Hazebroek | Executive Director of Communications |
| Jayne Adamson | Executive Director of People (via Teams) |
| Karina Ellis | Executive Director of Corporate Affairs |
| Katy Marshall | Strategic Culture and Workforce Lead – Item 12 Only |
| Michael Reeve | Deputy Chief Executive, Navigo – Item 12 Only |
| Mike Napier | Associate Director of Corporate Affairs |
| Rachel Ballie Smith | Deputy Director for People – Item 12 Only |
| Emma Jones | Business Support Manager (Minute Taker) |

1. Welcome and Introductions

The Chair welcomed everyone to the January Board Meeting, and it was noted that the meeting was being held in public and streamed live.



2. Apologies for Absence

Apologies for absence were received from:

Councillor Jonathan Owen Local Authority Partner Member / Integrated Care Partnership Vice Chair

Amanda Bloor Deputy Chief Executive / Chief Operating Officer would be joining the meeting virtually: She was leading the ICB response to the industrial action taking place across the NHS today.

3. Declarations of Interest

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were relevant or material to the ICB;
- (ii) that nature of the interest declared (financial, professional, personal, or indirect
- (iii) any changes in interest previously declared;

The following declarations of interest were noted:

| Name | Agenda No | Nature of Interest and Action Taken |
|----------------|-----------|---|
| Andrew Burnell | 9.1 | Declared a Financial Interest to this item in his capacity of a domiciliary care provider. The declaration was noted and it was determined that the member would remain and participate in the item as the it was for noting only |

4. Minutes of the Extraordinary Meeting held on 9 November 2022

The minutes of the Extraordinary meeting held on 9 November 2022 were submitted for approval and agreed as a true and accurate record subject to the following amendment:

10. Quality and Patient Safety

Remove reference to 29% rate of individuals suffering harm as this was incorrect.

Outcome:

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| (a) | Board Members approved the minutes of the meeting held on 9 November 2022 subject to the amendment being made and these would be signed by the Chair. |
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5. Matters Arising and Actions

There were no actions arising from the meeting held on 9 November 2022.



Outcome:

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| (a) | Board Members noted that there were no actions arising from the meeting held on 9 November 2022. |
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6. Notification of Any Other Business

Any proposed item to be taken under any other business must be raised and subsequently approved, at least 48 hours in advance of the meeting by the Chair.

Outcome:

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| (a) | Board Members noted that there were no items of Any Other Business to be received. |
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7. Board Assurance Framework

The Chair reiterated that the Board Assurance Framework (BAF) was integral to the work of the Board as a key tool for managing risks associated with delivery of the Integrated Care Board's (ICB) strategic objectives.

Mike Napier summarised the updates to the BAF. These had been developed in conjunction with the Executive Lead Directors and shared with Audit Committee Members for assurance purposes. Thanks were also expressed to Sasha Sencier within the Corporate Affairs Team for her support in the BAF development.

Risk appetite domains, as set by the Board at its session in December 2022, had been aligned to the strategic objectives and risk mitigation actions were added.

Discussion took place in relation to risk appetite, for example, risks taken as part of a risk-versus-reward strategy. Teresa Fenech queried whether "clinical and safety" should have a "minimal" rather than "cautious" appetite. Simon Morrill said that there were often circumstances in the clinical context where an element of risk would always be present and so a balanced approach to risk appetite reflected this. This view was supported by Dr Bushra Ali. The appetite would remain under review.

Stephen Eames added that the risks in the BAF reflected a lot of the immediate short-term risks to patient safety and care due to the pressures on services and this was extended to social care colleagues too. The solutions to much of what was being faced required radical change over time. The Board's focus needed to be on facilitating and developing this change.

Mark Chamberlain stated that it was good to see the inclusion of risk appetites and mitigations but noted that next step would be to report on the effectiveness of the mitigations in place. It was confirmed that reports on some of the mitigations were due in March '23.

Professor Jeffery referred to the risk appetite in relation to Strategic Objective 5, 'Workforce' and, given the scale of the challenge in this domain, whether the appetite should be "hungry" rather than "open". Following discussion it was agreed that the appetite would remain "open" at present given the immediate challenges however



this would move to “hungry as part of the medium-term strategic plan for workforce..

Outcome:

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| (a) | Board Members reviewed and approved the ICB Board Assurance Framework (BAF). |
| (b) | It was agreed to keep the appetite for the Quality and Clinical Safety domain under review. |

GENERAL UPDATE / EXTRAORDINARY SYSTEM PRESSURES UPDATES

The Chair expressed her apologies to the Board for the significant number of late papers that had been distributed this month. She described the difficult balance of ensuring that the most up to date information was provided to the board alongside the timings of the papers for publication and circulation. The matter remained under the attention of the Chair.

8. Chief Executive Update

Stephen Eames provided a verbal update on the NHS England (NHSE) Operational Planning Guidance 2023-2024, the Hewitt Review into the oversight and governance of integrated care systems (ICSs) and the digital agenda.

He described the impact of extraordinary service pressures and the high impact of 'flu on the quality of services provided in our geography Stephen Eames gave tribute to the local health and care workforce who had worked incredibly hard in very stressful times across all sectors. He also gave an apology to any member of the public that had not received the quality of care we aspire to provide during this period of great challenge.

The importance and value of real-time accurate data across all health sectors was recognised as an important way to inform better decisions and management of demand. The new Strategic Control Centre (SCC) model was a means to support the co-ordination and analysis of such data.

It was acknowledged that strict processes and procedures may not always have been followed by front line staff during periods of extreme service demand and this needed to be both recognised and monitored. The ambulance crews from East Midlands Ambulance Service (EMAS) and Yorkshire Ambulance Service (YAS) had worked tirelessly and the balance of risk was acknowledged.

The Board discussed discharge pathways and recognised the associated challenges, which are compounded by significant issues within social care and particularly the care home market. The Board further recognised the need for transformational support for this sector.

The Secretary of State had recently announced additional funding of £200 million of which the ICB would receive an allocation. This would support some of the changes needed and it was positive news that the ICB was one of six front runners selected to drive forward transformation on discharge.



Councillor Harrison highlighted the positive variance in North Yorkshire for the pathway zero ratio compared to the ICB ratio overall. It was agreed that further discussion on this matter would be discussed outside of the Board.

Teresa Fenech discussed the difficult No Criteria to Reside (NCR) conversations that had taken place within the ICS over the festive period and commended the collaboration between health and social care partners in the unprecedented situation that was faced. Ethical debate had taken place at the last Clinical and Professional Group (CPG) to support wider sector colleagues.

Andrew Burnell made reference to the front runner process and the opportunities this could bring. The pressures in the private sector were also recognised in terms of increased energy costs and gaining understanding behind NCR would be welcomed so that services could be planned better and care homes targeted appropriately as the data could be used to challenge the system in terms of transparency.

Reference was made to the NHSE Operational Plan, which had three key aims:

- Recovering productivity.
- Progressing the long term plan
- Transforming the health and care system for the future

The plan includes twelve aims and thirty-one targets and it was emphasised that the ICS would need to both manage challenges on the ground, while maintaining equal focus on long term strategic priorities.

The Board was advised that the ICB had submitted feedback to the Hewitt Review. Balancing greater autonomy with greater accountability was acknowledged and the importance of accurate and timely data in supporting this was again mentioned. The ICB was connected to the development of a Federated National Data Platform, with the aim of implementing a single data system nationally, and further feedback would be provided regarding this in due course.

Outcome:

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| (a) | Board Members noted the contents of the Chief Executive's update. |
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TRANSFORMATION

9. Chief Operating officer

9.1 Operating Model Place and Sector Collaboratives

Andrew Burnell declared an interest as a Domiciliary Care Provider and this was noted.

Shaun Jones referred to a separate background document that had been shared with Members which presented information covering key aspects of Urgent and Emergency Care (UEC) performance, including the NHSE Winter Board Assurance Framework (Winter BAF), bed capacity and the virtual ward position.



An extra £11.3 million had been secured for Humber North Yorkshire (HNY) to plan for a total of 504 extra beds over the winter period. These were a combination of general and acute beds but also bed equivalents in the form of virtual wards or others in the community. Discussion took place on the additional bed capacity and it was noted that workforce scarcity meant that there would be challenges in mobilising all the additional beds at any one time.

Reference to the extreme system pressures and multiplicity of issues was acknowledged and these had been subject to much media attention in terms of patient safety. A number of ambulance and acute sector Trusts had declared a critical incident situation although none of these had been in the HNY area. Yorkshire Ambulance Service NHS Trust (YAS) had declared a critical incident situation on 18 and 19 December 2022.

A National Summit had taken place on Saturday 7 January 2023 which led to the publication of the national discharge next steps document. This included £500 million capital for ambulance hubs and discharge lounges and £250 million to support hospital discharge.

There had also been a request for a winter plan reset and three-month demand Plan and the deadline for this was tomorrow, 12 January 2023.

Andrew Burnell referred to the additional resource to support discharge and flow. This required local systems to work together and the extra resource could be particularly beneficial if used to target domiciliary care.

Michelle Moran also highlighted the inclusion of learning disabilities in some of the schemes that were being implemented.

Outcome:

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| (a) | Board Members noted the contents of the Urgent and Emergency Care presentation and the verbal update provided. |
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9.2 Quality and Patient Safety

Teresa Fenech provided an update regarding Quality and Patient Safety.

It was noted that a comprehensive report of the Quality Committee meeting held on 8 December 2022 would be covered later on the agenda.

Reference was made to the Urgent and Emergency Care (UEC) pressures and the implications to the ICB in managing clinical risk. Every conversation around managing this took account of the ethical framework which guided the decision making and management of clinical risk. The situation over the festive period had required the ICB to consider a redistribution of clinical risk, for example seeking absolute assurance from all providers that Pathway Zero patients had been discharged and reducing some of the thresholds for Pathway One patients, on a case-by-case basis, in order to mitigate the risks for those individual patients while supporting flow through acute settings and ambulances in the community.



Serious Incidents (SIs) were still reported as a consequence of ambulance delays but there had been no SIs (as yet) in terms of the clinical decisions made regarding discharge.

The role of the ICB was to support and co-ordinate across the entire health and care system. Every part of the system had worked together to deliver the best possible care during a period of unprecedented challenge.

Outcome:

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| (a) | Board Members noted the verbal update provided. |
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9.3 Quality and Professional Matters

Nigel Wells advised that the Clinical & Professional Executive Committee (CPC) had met on 16 December 2022 and reviewed and approved recommendations from items that had been received by the wider Clinical & Professional Group in the preceding eight weeks. The CPC had received updates from the Innovation Research Improvement System (IRIS), Medicines Management and Pharmacy and two papers covering clinical effectiveness. The ethics feedback was deferred to 6 January 2023 within a Clinical & Professional Group meeting.

The inclusion of primary care in the OPEL reporting mechanism was highlighted and this reflected not only same day, next day and urgent care demand, but also in respect of routine recovery and the prevention agenda, especially as cardiovascular disease, deaths and mortality was high in our area.

Discussion took place and views were sought regarding service morale. Teresa Fenech commented that the current industrial action was a clear reflection of workforce pressure and the need to support staff through what is a difficult time.

Andrew Burnell said that it had been unrelenting for the workforce and morale was hard to keep up, especially incentivising people when asking them to increase productivity. The number of people who had retired after Covid was significant and concerningly a further tranche was expected.

Reference was made by Jason Stamp to the challenge of giving difficult messages to the public and that this was difficult in terms of staff morale.

Jayne Adamson reported that listening events had been held prior to Christmas 2022 in relation to staff retention, work flexibility and having the right support available were important themes in the feedback received.

Outcome:

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| (a) | Board Members noted the subjects discussed at the Clinical & Professional Group and Committee meetings. |
| (b) | Noted the recommendations of the Executive Committee. |
| (c) | Noted the work of the emerging groups. |



9iv To Receive an Update on Industrial Action within the Humber and North Yorkshire

An update was provided on the current industrial action and the steps taken locally to minimise its impact on patient quality and safety.

There had been minimal numbers of ambulances outside hospitals and no 15-minute delays. Further dates for industrial action were 23 January 2023 and nursing strikes on 18 and 19 January 2023 which would impact on York and Scarborough and Harrogate Trusts.

Teresa Fenech confirmed that the ICB was working closely with the local organisations impacted by the strike action and the additional work pressures of staff in the lead up to these days was highlighted.

Outcome:

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| (a) | Board Members noted the verbal update provided. |
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9vi Local Authority Partners

Councillor Harrison commented on the positive partnership working he saw in the Humber and North Yorkshire areas however he highlighted the workforce and capacity problems.

Sourcing home care remained a challenge. Some home care providers had stated they had additional capacity but were reluctant to release this to local authorities and he stressed the value in co-ordinating the approach to securing the additional community beds as part of the winter funds recently announced.

Councillor Shreeve advised that North East Lincolnshire benefited from having long-established partnership arrangements in place and these continued to work well. Single point of access was operating that signposted patients accordingly and step-down beds were in place to support people with their recovery. Ambulance response times to the public had been poor with some patients reporting they waiting more than a day, although triaged to not be life threatening. Specific concerns were mentioned as to the discharge arrangements at Scunthorpe General Hospital.

Jason Stamp noted the voluntary sector was delivering at Place and had unlocked some potential to provide support. He noted that each Place was different and that all Places needed to learn from best practice and similar approaches were needed across the ICB area, as well as further work to integrate the work of the voluntary sector with the community collaborative. The voluntary sector was a credible provider and the ongoing challenge of the funding model was highlighted.

The chair asked Helen Grimood to provide an insight into patient experience during this challenging time. She drew attention to the continued enquiries from patients with regards to access to dentistry, access to antibiotics and staffing shortages. There were continued concerns from the public in terms of accident & emergency (A&E) challenges, asylum seeker issues and how services were going to manage as



well as frustration at being asked for the same information from multiple health and care providers.

The Chair expressed the benefits of working as a system in terms of the actions being taken.

Outcome:

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| (a) | Board Members noted the verbal update provided. |
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TRANSFORMATION

11. Finance

Jane Hazelgrave presented the Month 8 financial position for the ICB and the Integrated Care System (ICS) for the period ending November 2022. There remained a lot of risk with the financial position however the ICB were still forecasting a breakeven position, but this was a very challenged system.

In response to a question by Stuart Watson, it was confirmed that some of the variance to plan in some providers would be offset by reserves.

Stephen Eames emphasised the importance of managing the financial plan so as to balance the system over the next two years so that NHS England would then write off the historic £90 million system deficit. Achievement of financial balance was a challenge for all providers in Humber and North Yorkshire and Jane Hazelgrave provided assurance that the ICB was engaged with individual providers to ensure appropriate action was being taken.

There was mutual accountability in terms of adherence to the control total.

Outcome:

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| (a) | Board Members noted the revenue financial position for the ICB and ICS forecasting a breakeven position for 2022/23, consistent with plans. |
| (b) | Noted the ICS Capital Position and potential forecast outturn variance of £2.6m. |

12. People Update

Jayne Adamson led the discussion on this update and Rachel Baillie Smith, Deputy Director of People, Katy Marshall, Strategic Culture and Workforce Lead, and Michael Reeve, Chief Operating Officer, NAVIGO, were in attendance via Teams for these items.

Our People Strategy

The following key points were noted:

- Our People Strategy and the collective challenge being faced.



- Summit event held in November 2022 last year.
- Change programme as whole and the principles and how the ICB was working.
- Workstreams established and eight Task and Finish areas.
- The Task and Finish Groups had been operating since October 2022.
- Some elements would continue beyond March 2023 as part of the change programme.
- The non-linear leadership in terms of transformation and the need to tailor the approach.
- Potential future direction and further discussions will take place regarding this.
- The size and shape of the workforce challenge.
- Workforce demand.
- Secondary Care anticipated demand and need to focus on retaining current staff and approach had been picked up at a regional level.
- Registered Managers Adult Social Care data.
- Population and Labour market and how this may change in the future and insights between health inequalities and communities.

Discussion took place and clarification was sought regarding workstream four, Upskilling leaders for retention. It was noted that relationships with managers and leaders was a key part of whether staff stayed in their role and work regarding this would go beyond March 2023.

Stuart Watson queried if there was health data available regarding staff absence and it was noted that NHS Partners had 'reason codes' as to why people were off work, through the Electronic Staff Record (ESR) system, so 'reasons' could be tracked. There were multiple areas of information, and this linked into the health and wellbeing work. The enhanced Health and Wellbeing Strategy had been released this week. The importance of technology in workforce leadership and management was acknowledged.

Acknowledgement was made to the work being undertaken at regional level in terms of health inequalities and attendance.

Professor Jeffery asked how the ICB and providers could best engage to develop this further. Both in higher and further education there were incentive structures and early and full engagement of health education providers was necessary. Some conversations had taken place with training providers in terms of having a future view, including the education market to implement the change needed.

Jayne Adamson explained that there were plans to develop engagement with education further and developing the strategy together.

Stephen Eames conveyed the longer-term plan in the next 12 months in all these areas as well as the opportunity to build strong partnerships to build a plan. Jayne Adamson reported that a five-year strategy had been developed and that work was progressing.

The importance of building on the current work that had already underway was expressed by Michele Moran, as well as the role of the collaboratives in supporting the workforce agenda.



Ethical International Recruitment: Kerala Presentation

Katy Marshall and Michael Reeve provided an overview of the recruitment visit to Kerala during November 2022 which successfully targeted a wide range of clinical disciplines with a number of nursing staff expected to commence employment in April 2023. It was confirmed that that one hundred social workers were also being targeting for recruitment.

Reference was also made to the holistic/pastoral support being planned, including accommodation, for the successful candidates in order to support their adjustment to the UK.

Jason Stamp expressed his thanks to the partners who supported the Kerala visit. The balance between international recruitment and developing the skills and knowledge in the local population was acknowledged. Professor Jeffery highlighted the importance of early engagement and co-design with the local further and higher education sector in this regard.

Decision regarding Equality Delivery System (EDS) 2022 and wider strategic system EDI leadership

Jayne Adamson provided an update with regard the Equality Delivery System (EDS) and drew attention to the impact in the ICB of recent updates to the system. Members confirmed the appointment of Dr Bushra Ali as the Senior Responsible Owner (SRO) on behalf of the Board.

It was agreed that further detailed information would be shared about the population profile of Humber and North Yorkshire.

Outcome:

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| (a) | Board Members noted the contents of the presentations. |
| (b) | Board Members discussed and agreed the actions set out within the paper |

13. Digital Information Officer and Digital Strategy Progress Update

Nigel Wells advised members that the process for the recruitment for Chief Digital Information Officer (CDIO) post for the ICB was underway and provided an update regarding the Year 1 Digital Strategic Priorities. In particular, he highlighted the significant benefits to be gained from the implementation of the Yorkshire and Humber Care Record (YHCR).

Progress was being made in linking the Humber Shared Care Record with North East Lincolnshire Council (NELC) and Hull City Council (HCC) and this had tangible benefits in pathway navigation.

GP Practices were using the 'Interweave Portal' which enables clinical and care staff to access real-time health and care information across health and social care providers and between different IT systems securely and safely.



Discovery work was progressing in relation to understanding the needs of the Mental Health Collaborative and how these could be delivered via the Shared Care Record.

All local provider trusts were fully involved in the provision and sharing of information.

Electronic Patient Record (EPR) Collaborative

A joint ICS-wide EPR programme and steering group has been established comprising Chief Digital Information Officers and Chief Clinical Information Officers. An EPR Convergence Charter has also been published which commits the system to converge to a single acute EPR solution over time.

The Executive Digital Committee has responsibility for the EPR transformation programme and funding, in tandem with constituent trust board accountabilities.

Cyber Security

Bids were submitted in late 2022 against the NHS Digital (NHSD) cyber funding offers. A Cyber Working Group, comprising the tactical cyber leads from the HNY's partner organisations, is also being established to exchange intelligence and best practice on cyber threats and treatments. Once formed the group would act as a pool of Subject Matter Experts in support of the ICB in relation to the prioritisation of work associated with cyber risk mitigation and would support the peer review of future cyber security bids aimed at both improving collaboration and the quality of submissions to ensure success. This Working Group would report into the Technical Steering Group.

Population Health / Business Intelligence

A Business Intelligence (BI) Development Group has been established and work is progressing on developing a BI Charter which would outline, for partners, the ICB's aspirations in relation to business intelligence, informatics, data management and data standards. The aim of the Charter is to promote closer collaborative working, the sharing of resources and adoption of common approaches and working practices. The document would define minimum data standards and encourage partner organisations to commit to common workforce development to use the skills base more effectively and aim to improve staff retention.

System Control Centre Activation

Nigel Wells summarised the work that had taken place to support the successful activation of the Humber and North Yorkshire (HNY) System Control Centre (SCC), which had access to real-time data feeds to both hospital and ambulance service data via a simple to access website.

Challenges around data access and information governance were overcome by the ICB's team through having close working relations with Yorkshire Ambulance Service (YAS) and East Midland Ambulance Service (EMAS). Further work was now underway to improve the data available based on feedback from the SCC and to ensure they had the data needed for speedy decision-making.



Stephen Eames referred to the significance of the £100 million programme to move to a single EPR for acute providers over time and stressed that this was one of the largest programmes of work in the ICS.

Outcome:

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| (a) | Board Members noted the verbal update provided. |
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14. Quality Committee

Mark Chamberlain provided a summary of the meeting of the Quality Committee held on 8 December 2022.

The agenda items discussed were noted and the Committee continued to develop and noted there were a lot of important issues.

Teresa Fenech referred to the Clinical Negligence Scheme for Trusts (CNST) process and the required actions, especially regarding the Local Maternity and Neonatal System (LMNS) confirm and challenge meetings. It should be noted that final submission could only be made to NHS resolution when submissions were approved by the ICB. It was requested that this approval was delegated to the Director of Nursing & Quality following completion of the confirm and challenge meetings with the LMNS and subsequent sign off by each Trust Board.

Outcome:

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| (a) | Board Members noted the report and the items that were discussed for the purposes of providing assurance. |
| (b) | Discussed any items that required further clarification. |
| (c) | Agreed to the delegation of the sign off of CNST returns to the Director of Nursing & Quality following completion of LMNS confirm and challenge meetings and sign off by individual Trust Boards. |

15. Chair and Chief Executive Integrated Care Board Staff Roadshows

The Chair reported that a series of staff roadshows were to be held during March to enable the Chief Executive and herself to meet face-to-face with all ICB staff.

Outcome:

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| (a) | Board Members noted the updated provided. |
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16. Integrated Care Partnership and Integrated Care System Strategy

Karina Ellis presented information with regard to the Humber and North Yorkshire Integrated Health and Care Strategy.



Humber and North Yorkshire Health and Care Partnership

In accordance with the requirements of the Health and Care Act 2022, the Integrated Care Partnership (ICP) for Humber and North Yorkshire have developed an Integrated Health and Care Strategy.

The approach taken to develop the Strategy has been informed by the legislative requirements, statutory guidance, policy and a broad range of engagement and discussions with Place at the heart. A copy of the final draft of the Integrated Health and Care Strategy was attached as appendix A.

The framework was set out in Health and Care Act and therefore puts requirements on different areas of the Integrated Care System (ICS) but created a single Integrated Care System Strategy and Plan Framework.

There were four parts to the framework, these were:

- Health and Wellbeing (HWBB) Strategies (led by Health and Wellbeing Boards at Place and in which as an ICB through the Places were a key Partner. The expectation that we were aligned to these in all other plans.
- Integrated Health and Care Strategy led by the Integrated Care Partnership focussed on the health, care and wellbeing needs of the local population and how the ICB strategically intends to meet them in an integrated approach. This had to have particular link and interdependencies with Health and Wellbeing Strategies.
- Joint Forward Plan (JFP), which was how the ICB, and its Provider Partners would contribute to and deliver the Strategy and other local priorities over a five-year period.
- The operational plan which was a more detailed plan for 2 years and reflected the Long-Term Plan refresh and multi-year planning guidance.

In that context, the Integrated Health and Care Strategy for Humber and North Yorkshire was presented to the Board, which the Integrated Care Partnership for Humber and North Yorkshire supported at their meeting on 14 December 2022.

The Health and Care Strategy has been based on the principles of engagement and co-creation with partners and the experience of the ICB's citizens and communities and the "I" and "we" statements in the document come from this.

Another key principle had been to make sure it added value and did not replicate what Place were doing and there were several next steps.

The final content version of the strategy was being shared with each HWBB as the statutory committee for Local Government and here today for the statutory NHS approval.

The strategic intent described in the strategy should be used to prioritise our time, energy and resources and this would hopefully be evident as we develop how we deliver this strategy through the JFP and Operational Plan.

As this was the one strategy and plan framework, this would require individual Places to engage with their communities, neighbourhoods and partners to develop their integrated delivery plans – aligned also with local health and wellbeing strategies and



our Collaboratives to also set out their plans to support to deliver.

An initial plan on a page for each of our six Places was set out in the appendices and these would be developed further over the next few months.

The importance of understanding the difference that was being made was acknowledged and whether the ICB needed to adjust the ambition, vision and intentions by keeping the Strategy as a living and breathing document.

A task and finish group had been established to develop the population health outcome framework to provide the assurance and evidence to demonstrate the difference being made and the continued engagement particularly with the communities as we develop and implement the actions to deliver the Strategy.

Healthwatch had kindly offered to support this as well as development of communication messages.

The Communications Plan would be finalised and implemented, and a full launch of the strategy would take place over the spring of 2023.

Outcome:

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| (a) | Board Members noted the update in the paper. |
| (b) | Considered and approved the final draft content of the Humber and North Yorkshire Integrated Health and Care Strategy (Appendix A). |
| (c) | Noted the next steps. |

17. Integrated Care Board Formal Governance Review

Karina Ellis set out the scope and timescale to the ICB Board of the ICB's formal governance review to ensure the ICB was compliant for year-end reporting requirements. It was noted that, as the ICB approached the end of the financial year, there may be some specific changes in terms of some of the arrangements in place and were keen to keep this as light touch as possible but need to do in terms of effective governance.

There were a small number of key aspects to note which were the key review of Board Committees, formal review of ICB Constitution and Scheme of Delegation (SoD) that would take place and consensus would be obtained of how well current arrangements were taking place.

External learning would also take place particularly regarding Peer Review.

Outcome:

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| (a) | Noted that a version of this paper had been received by the Executive Committee. |
| (b) | Note the scope and actions of the Quarter 4 Governance Review, recognising the significant amount of work required to delivery this |



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| | programme of work. |
| (c) | Note the methodologies detailed throughout the paper and appendices of this report which would be applied to support the delivery of the plan, including identified actions for the Executive Leads. |

18 Board Assurance Framework Review

The Chair sought the Boards view of the read-across between the Board Assurance Framework (BAF) and the Board agenda and asked Jason Stamp to discuss his views on the use of the BAF during Board Meetings.

Outcome:

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| (a) | Board Members noted the verbal update provided. |
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19. Any Other Business

There were not items of Any Other Business.

20. Date and Time of Next Meeting

The next public meeting would be held on Wednesday 8 March 2023 at 9.30 am.

21. Exclusion of the Public and the Press

The ICB Board was recommended to approve the following resolution:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest Section 1(2) Public Bodies (Admission to Meetings) Act 1960.