



HUMBER AND NORTH YORKSHIRE INTEGRATED CARE EXTRAORDINARY BOARD

**MINUTES OF THE MEETING HELD ON
WEDNESDAY 12 OCTOBER 2022 AT 9.30AM, CONFERENCE ROOM, ERGO,
BRIDGEHEAD BUSINESS PARK, HESSLE, HU13 0DG**

PRESENT:

(Voting Members)

Sue Symington (Chair)	Humber and North Yorkshire Integrated Care Board
Councillor Jonathan Owen	Local Authority Partner Member / Integrated Care Partnership Vice Chair
Mark Chamberlain	Non-Executive Director
Stuart Watson	Non-Executive Director
Stephen Eames	Chief Executive
Amanda Bloor	Chief Operating Officer
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:

Andrew Burnell	Partner Participant – Community Interest Companies
Jason Stamp	Partner Participant – Voluntary and Community Sector
Louise Wallace	Partner Participant – Public Health
Michele Moran	Partner Participant – Mental Health
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
Karina Ellis	Executive Director of Corporate Affairs
Andy Williams	Interim Chief Digital Information Officer
Emma Jones	Business Support Manager (Minute Taker)

1. Welcome and Introductions

The Chair welcomed everyone to the meeting.

2. Apologies for Absence

Apologies for absence were noted from:

Councillor Michael Harrison	Partner Participant – Local Government North Yorkshire Council
Councillor Stanley Shreeve	Partner Participant – Local Government North & North East Lincolnshire
Simon Morritt	Provider Partner Member
Dr Bushra Ali	Primary Care Partner Member

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;

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

4. 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.

There were no items of any other business to be discussed at this meeting.

Outcome:

(a)	Board Members noted the contents of the verbal update provided.
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GOVERNANCE

5. Board Assurance Framework

Karina Ellis presented information with regard to the Board Assurance Framework (BAF) which brought together in one place all of the relevant information on the risks to the Board’s strategic objectives and is an essential tool for Board to use during the Board meeting.

Four principal risks were identified under the following ICB strategic objectives:

- Realising our vision, improving outcome population health and health care and delivering our operational plan.
- Tackling inequalities in outcomes, experience and access and delivering our operational plan.
- Delivering our operational plan.

A further detailed iteration of the BAF will be presented at the November meeting.

Outcome:

(a)	Board Members noted the contents of the verbal update provided.
(b)	A further detailed iteration of the BAF will be presented at the November meeting.

STRATEGY

6. Chief Executive Update

Stephen Eames provided a verbal update regarding specific key areas.



Reference was made to the extraordinary time being faced, with the cost-of-living crisis, the impact of the war in the Ukraine and collectively trying to recover the health and care position following the pandemic.

The plan for patients had been discussed and this was not centrally prescriptive and should be proactive for clinicians to be able to make the best decisions on the front line.

Big messages needed to be conveyed regarding doctors and dentists and it was important to highlight that the totality of standards across the Integrated Care System (ICS) as 86% of patients were receiving an appointment in two weeks but there was a need to concentrate on the 14% that were not getting that standard of care. It was acknowledged that access to dental care needed to be made easier and this would be helped with support from the international recruitment work with Kerala.

Louise Wallace conveyed that really good conversations were taking place about population health. Tobacco was the single preventative killer and there was a need to address smoking and tobacco across the area and to have ambition and a Centre of Excellence regarding this, although a level of investment was needed, and it was hoped that the Board would provide their support.

With regard to cardiovascular disease, it was really important to collaborate with colleagues across local government, NHS and wider at scale to look at behaviour lifestyle changes and work together collaboratively. Healthy work, health lives and addressing obesity across the population, linked to maternity services and people maintaining a healthy weight during and after pregnancy and to undertake this initiative at scale.

Discussion took place regarding the maternity piece and Michele Moran conveyed that it would be good to link this to the mental health prevention work

Nigel Wells also conveyed that work was taking place regarding strengthening the approach towards cardiovascular disease and Councillor Jonathan Owen referred to the Health and Well Being Board (H&WBB) in terms of this which would link to the work that was taking place.

It was acknowledged that this was really complimentary work and would enhance the work at Place and also with the Integrated Care Partnership (ICP).

Outcome:

(a)	Board Members noted the contents of the verbal update provided.
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7. Cost of Living

Anja Hazebroek provided a verbal update regarding cost of living in terms of the actions agreed and the messages to be communicated. She conveyed that it was important to share the key parts of the discussion with stakeholders in developing the Integrated Care Board (ICB) and Integrated Care Partnership (ICP).



A letter had been drafted by S Symington, Chair and the Vice Chair Councillor Jonathan Owen regarding the positive initiatives that were taking place and the key actions that the ICB were progressing regarding the unique position to understand what was happening across the area to coordinate good and best practice in terms of what was working and having an impact.

The ICB were looking to secure clear evidence in terms of the impact and was working with local universities regarding this and expediting the approach to social prescribing and the fantastic work that was happening and the ambitious work taking place regarding workforce and recruitment opportunities.

Outcome:

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

8. Quality and Patient Safety

Teresa Fenech presented information regarding quality and patient safety. The key areas of focus were:

- Urgent and Emergency Care
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Mental Health
- Quality Committee

Urgent and Emergency Care

It was noted that an Urgent and Emergency Care (UEC) summit had taken place on 11 August 2022 which had been held to confront some of the challenges and agree collective action as stakeholders.

There was significant clinical risk at every part of the patient pathway and delays in getting patient through the pathways lead to detrimental impact. There had been significant harm issues prior to the event as well as lesser harm and this was not always captured. A harms matrix had been established to capture harm across all the pathways and a monthly report was also being provided by Yorkshire Ambulance Service (YAS) regarding this. The real time harm dashboard would also capture the patient experience measures.

York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT)

It was reported that York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT) had received an unannounced Care Quality Commission (CQC) inspection visit in March 2022 and a report had been published in June 2022 in which several concerns had been raised. In particular there were too few staff to meet the demands of the patient in terms of capacity and the need to support the Trust in terms of the system and wider stakeholders was recognised. A Rapid Quality Review meeting had taken place at the end of August 2022 as it was felt that not enough progress had been made with meeting the requirements laid out by the CQC and it had been agreed to remove a ward at the York hospital site (30 beds) by the end of



October 2022 and reduce delayed discharges to no more than 600 per day, in order to release staff to care.

The NHS England (NHSE) Intensive Support Team had also visited the Trust and additional offers of support had been made.

In addition to this, action plans had been put in place by the Trust in terms of meeting some of the CQC requirements and these were noted by the Board Members.

It was acknowledged that there had been significant support to the Trust and engagement from stakeholders had taken place and the system recognised the needs of the patients at the Trust.

The biggest areas of risk were identified along with the mitigating action to be taken.

It was acknowledged that if the CQC identified other issues upon a reinspection then this would be a concern, although actions had been implemented across both the York and Scarborough hospital sites.

Discussion took place and Amanda Bloor expressed caution regarding the no criteria to reside as not all patients had a social care need and work was taking place regarding this. Mark Chamberlain requested that an update be provided about this at a future Board Meeting. Councillor Owen expressed that there was a lot of frustrations regarding lack of knowledge between hospitals and social care teams regarding this.

Nigel Wells conveyed the need as a Health and Care Partnership system to look at continuity of care as this reduced the risk of dying and consideration needed to be given to this going forward.

Andrew Burnell reported that there were twenty-seven patients currently in Hull University Teaching Hospitals Trust (HUTHT) that were Covid positive and fit for discharge and hot space capacity was needed in terms of the criteria that was applied and, given the pressure that the system was under, the criteria was too risk adverse. It was acknowledged that the Provider organisations were trying their hardest to get the patient flow going but Covid restricted this further.

Stephen Eames stated that together with Medical Directors and Clinical Leaders there was a need to assess the greater appetite for risk across the system and this was especially important for this winter. This issue would be raised at the NHS National Leadership Event tomorrow (13 October 2022).

The Board Members acknowledged that the issues were trying to be addressed along with the issue of the twin-demic.

Following on from the above it was noted that the ICB had received notification that the CQC had announced a further inspection visit at York Hospital on 11 October 2022 and would be inspecting urgent and emergency care, medicine and maternity as well as following up on the warning notice. A well-led inspection had also been announced for 22-24 November 2022.



Mental Health: Panorama Edenfield

Reference was made to the BBC Panorama programme at the Edenfield Centre in Prestwich regarding the alleged verbal and physical abuse of patients. A letter from the National Director for Mental Health had been received and subsequently, the ICB had written to all Providers regarding safeguarding arrangements. It was noted that Mental Health Providers had already started to take proactive action regarding this. It was acknowledged that this could happen anywhere and the right arrangements in terms of early detection needed to happen.

Reference was also made to people with learning disabilities and another exposé in a mental health institution which showed significant levels of abuse. Feedback would be provided in terms of the actions taken.

Michele Moran expressed that the BBC Panorama programme had been very distressing and lots of work had taken place at Humber Teaching NHS Foundation Trust (HTFT) regarding the culture and recruitment process. There was a National Team, an inpatient quality initiative was in place, and it was understood that there would be further programmes of this nature. The Learning Disabilities Mortality Review LeDeR reports detailed avoidable deaths of people with learning disabilities.

Stephen Eames conveyed that, in the context of being open and transparent, it was useful to come together with Mental Health providers in terms of the actions to be taken forward to minimise the inherent risk.

Disappointed was expressed by Stuart Watson that it had taken a television programme to implement good practice. It was recognised that the mental health environment was closed which made it more complex and there was proactive work that would be done in terms of risks and leadership to drive this forward.

The culture of organisations was important, and Jason Stamp conveyed that how things were regulated and embedded into organisations needed to be considered instead of waiting for flash points.

Teresa Fenech stated that a report would be brought back to Board which would encapsulate the work that was being undertaken and Jane Hazelgrave referred to metrics that were used. The NHS needed to be aware of how this information was gathered to determine that something was happening.

It was stated that there was 50,000 people in mental health care.

Sue Symington stated the need to start from a realistic position and that it would be useful to have a workshop around the broad nature of mental health provision within the Humber and North Yorkshire geography area of all the different elements.

Quality Committee

It was reported that feedback from the Quality Committee would be provided, and a formal report would be submitted to the next Board Meeting in November 2022.

A deep dive was taking place on the safeguarding arrangements being put in place to ensure oversight of safeguarding as a whole and functioning as a collective rather than separate teams.



Mark Chamberlain reported that a rolling programme of deep dives would be taking place and horizon scanning in terms of learning from things that had happened elsewhere. There was a need to not focus on data from Providers and look at other areas regarding Population Health, Voluntary Community and Social Enterprise (VCSE) etc. as this was an important part of the system.

Information was also shared regarding the Serious Incident (SI) legacy position. The total across the four Place areas was 481. Some places had made more progress in closing some of these and the next step was the learning from this and whether the actions had been embedded. There had been 130 SIs since 1 July 2022, and these were being addressed as part of the ICB.

Sue Symington sought clarification in terms of the SI proportion figures and whether these were accurate in terms of reporting / not reporting and it was noted that this would be more concerning if there were very few. It was acknowledged that the numbers were not the area of focus and there was much more work to be done in terms of what the SIs were telling the ICB.

Louise Wallace conveyed that it would be interesting to determine if there was a multiagency element to some of the SIs and it was conveyed that the SIs would move into a patient safety reporting framework, which would identify what the differences were, although the same principles sat behind these.

Information regarding Ockenden insights visits and thematic review was shared at the meeting, especially in terms of the immediate and essential actions. It was noted that there was no longer anything in the red domain (not met) and this was work in progress. Issues around workforce and availability of staff and the detail would be taken forward.

The second Ockenden report was yet to be looked at and East Kent and requirement from these would hopefully be published next month.

Jane Hazelgrave sought clarification regarding the Clinical Negligence Scheme for Trusts (CNST) and whether this was still undertaken. It was confirmed that Providers still used this.

Stuart Watson asked if there was any output regarding maternity to provide assurance around this and it was confirmed that this would be shared.

Stephen Eames expressed the need to understand, following the reviews, where the risks might be, and this needed to be considered. It was noted that one of the outcomes from Ockenden was culture and listening to families regarding maternity services and some of the experiential issues needed to be looked at and it was the role and responsibility of the ICB to lead and support this in terms of Providers.

Outcome:

(a)	Board Members noted the contents of the verbal update provided.
(b)	The outputs regarding maternity to provide the assurance would be shared with Stuart Watson.



9. Finance

Jane Hazelgrave presented the Month 5 financial position for the ICB and the ICS for the period to the end of August 2022. The ICB position represented a combination of the CCG reported position for Quarter 1 and the first two months of the new ICB body to provide a full position for the financial year to date position and forecast.

A meeting had taken place on Monday 10 October 2022 with the underlying position to be determined along with the things that needed to be done together to resolve this in terms of the settlement going forward. It was noted that the 2% inflation rate did not cover this.

From a financial governance perspective, an initial meeting had been arranged to take place in November 2022 with Place Based leads regarding financial governance and Scheme of Delegation (SoD). A meeting was also planned with members of the Board

A meeting had also been planned for 1 November 2022 regarding the Integrated Board Report (IBR) in terms of what the Board wanted the financial information to look like.

Discussion took place and Stephen Eames conveyed that efficiency savings were needed for the NHS regardless of the ring-fenced monies.

The planning guidance was to be issued before Christmas 2022 and it was noted that the pay award had been funded non recurrently this year which had added financial pressure to the challenging position as an 8% efficiency was required over the next year.

Stuart Watson sought clarity regarding the financial risks and this information would be provided.

Mark Chamberlain referred to energy costs as this had not been sighted this year and it was noted that the NHS did lots of buying forward and this information would be collected going forward.

Concern was expressed by Andrew Burnell regarding the efficiency target of 6-7% especially in terms of the impact this would have with respect to provision. Stephen Eames expressed that the only way to stop this was to disinvest in something.

Louise Wallace referred to a system review being undertaken in terms of income resource pressures across the area.

It was expressed by Michele Moran that a system approach was required as not able to maintain the quality in terms of these pressures.

Outcome:

(a)	Board Members noted the contents of the report and the update provided.
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(b)	Clarity regarding the financial risks would be provided.
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10. People

Jayne Adamson and Jason Stamp presented information regarding the People 180-day Action Plan.

It was noted that NHS leaders and organisation would be expected to work together with their NHS partners in the Integrated Care System (ICS) to deliver ten outcome-based people functions from April 2022. In establishing the ICS people function, each Integrated Care Board (ICB) would need to collaborate with partners to agree what people activities could best be delivered, at what scale and how to use resources in the system most effectively, recognising that different systems would take different approaches depending on local circumstances.

The people's function vision and strategy was to make the Humber and North Yorkshire area a better place to live and work by building strong foundations and being the best place to work, growing and training our own workforce, demonstrating system leadership, and embracing new ways of working.

In terms of the Strategy into Action, the biggest risk regarding workforce was a lot of the money was non-recurrent and people needed to be empowered to enable how the ICB worked together.

An Ignition Event had taken place to move the People Plan forward and thirty partners had been brought together reflecting various parts of the system to look at collective workforce solution to system problems.

Task and finish groups had been established with membership from across the system to drive forward the workforce priorities along with eighty volunteers.

Reference was made to the 180 days of action on workforce from now up until end of March 2023, some of which were more urgent than others. The 180 days provided a target to energize people to take this forward.

A workforce contract had been signed with State of Kerala although this needed to be balanced with growing and training our own and recruiting together and doing things differently. Expectations would need to be managed in terms of the work being done and an overarching strategy had been developed, along with the internal ICB Team and a plan on a page would be produced.

Discussion took place and Sue Symington raised the issue of pace in terms of recruitment of domiciliary staff and when this started. It was noted that the Task and Finish group was to provide more pace and the local government was working with NHS colleagues regarding this.

Stephen Eames conveyed that a recruitment day had taken place yesterday (11 October 2022) in York which was specific to that area. He also expressed that having strategies was great if they were implemented and acknowledged the excellent piece of work undertaken, which could be mirrored in other areas.



The big risks regarding the 180-day strategy were referred to by Mark Chamberlain and clarification was sought as to what the Board could do to help make this happen. It was noted that the people funding was non recurrent, which was a risk and these risks had increased. There was funding for this year and next year, but this was more of a risk thereafter and Jason Stamp conveyed the importance of the capacity of the system to engage as they needed to in terms of addressing the issues.

Stephen Eames referred to the notion of one workforce and whether this could be done as currently the ICB was dealing with the issue of not enough doctors or nurses and training was needed to make the best use of the resources that were in place to support the recruitment and retention of staff and the potential of apprenticeships needed to be looked at further and to focus on what could be achieved.

The need to create a future for staff to work in the healthcare environment was expressed by Andrew Burnell, although he was concerned regarding the non-recurrent financial issue in terms of attracting staff and the need to work in partnership going forward.

Michele Moran reminded Board Members of the good working relationships that were in place along with the mutual aid arrangements in place. In terms of the future, there was a need to work with education as well as growing what was already in place. The NHS and local government was a fantastic place to work and provided a number of opportunities.

Reference was made by Jane Hazelgrave to shared learning and it was noted that there was lots of innovation, and this was being shared across the ICB.

In terms of marketing and the Communication Strategy, Anja Hazebroek conveyed that the NHS and local government needed to be seen as a sector whereby people could be effective and there was opportunity to understand the health and education sector more fully and the dimensions regarding this needed to be considered further.

Outcome:

(a)	Board Members noted the contents of the verbal update provided.
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11. ICB Operating Arrangements Place Partnerships and Sector Collaboratives

Amanda Bloor presented information regarding the ICB Operating Arrangements in terms of how the Humber and North Yorkshire Integrated Care Board (HNY ICB) would work together with the six Places and five sector Collaboratives to develop and mature the arrangements over the course of 2022-2023.

Five collaboratives had been established and operated through executive functions across the Humber and North Yorkshire geography, to take action once where it made sense.

For 2022-2023, eleven transitional operational agreements had been developed for each of the six Place Health and Care Partnerships and five sector Collaboratives, which were based on the NHS England (NHSE) Memorandum of Understanding



Humber and North Yorkshire Health and Care Partnership

(MoU) and described how each would work with the ICB on system priorities, performance improvement, governance and Integrated Care System (ICS) development to deliver outcomes for patients, the local population and the wider NHS.

In terms of next steps, the ICB was further developing the Operational Scheme of Delegation (OSoD) and reflecting on this guidance and building on Section 75 guidance and maturity matrixes as well as understanding the available frameworks in terms of how budgets might want to be delegated.

Further information would be brought back to a future Board Meeting in the New Year and the ICB would continue to embed what they were doing and to reflect and review the work taking place.

Discussion took place and the Chair stated that different arrangements would be put in place within each Place area, although the Integrated Care Partnership (ICP) was a statutory committee that was required to be put in place through the Health and Care Act 2022.

The first meeting had taken place on 21 September 2022 and the membership included Local Authority Chief Executives, elected members, NHS Place Directors, along with the ICB Chief Executive, the Chair, Sue Symington, and Councillor Jonathan Owen, who was Vice Chair. Public Health inclusion was to be determined on the ICP. It had been agreed to meet monthly, with a specific responsibility to produce an Integrated Care Strategy (ICSt) by December 2022 and meetings would continue into the New Year. The practicalities of meetings and development of the Strategy had been discussed at the initial meeting and it was hoped that the Strategy would be launched at the Integrated Care Board (ICB) meeting and Integrated Care Partnership (ICP) meeting on 14 December 2022.

Councillor Jonathan Owen conveyed that the Local Government Association (LGA) had held a session a couple of weeks ago and it was noted that ICPs had been reviewed and they were all structured in very different ways and paper from the meeting would be shared with ICB Members.

The Chair expressed that it was positive that the ICP had an important piece of work to produce together before Christmas 2022 and the focus that this brought.

Reference was made to the restructure and Jane Hazelgrave expressed the need not to lose sight of this, as operationally, this was using stress and strain in terms of the workforce and the number of vacancies being carried. An observation was also made that the ICB was doing much more in terms of structures compared to other ICBs in the regional area and were being more revolutionary in terms of trying to get some of the corporate functions aligned to enable things to be done once rather than six separate times. The amount of resources in the ICB was much less compared to the other ICBs.

Mark Chamberlain expressed his view that the ICB were going down the right path and supported the approach being taken.

Clarification was sought by Andrew Burnell about the interface between the ICB and



the Region and it was noted that a draft MoU was in place, although this needed to be formalised in terms of some of the arrangements and requests for information.

Shaun Jones mentioned that NHS England (NHSE) would be undertaking a restructure with Health Education England (HEE) and NHS Digital and further information would be shared about this.

Outcome:

(a)	Board Members noted the contents of the report and the verbal update provided.
(b)	Further information would be brought back to a future Board Meeting in the New Year and,
(b)	A copy of the paper from the Local Government Association would be shared with Board Members.

STRATEGY

12. Digital Strategy

Nigel Wells provided an overview of the Humber and North Yorkshire Integrated Care System Digital Strategy which had been commissioned by the ICS Digital Executive and co-created collaboratively with key stakeholders across the system including health, social care and Voluntary Community and Social Enterprise (VCSE) colleagues from February 2022 to May 2022.

Thanks were conveyed to Andy Williams, Interim Chief Digital Information Officer, and John Mitchell, Associate Director of Digital for the information they would be presenting regarding the Digital Strategy.

Andy Williams reported that the Strategy would be published on a whiteboard platform for comments in terms of the governance process this had been commissioned and cocreated through Digital Operations Forum and the Improvement Forum.

The Strategy covered the entire Humber and North Yorkshire partnership and was for the system. Working collaboratively with partner organisations, the strategic priority areas had been identified against the following (What Good Looks Like) themes:

- Well led
- Smart foundations
- Safe practice
- Support people
- Empower citizens
- Improve care
- Healthy populations

and approval and agreement was sought to share the Strategy with the Integrated Care Partnership (ICP).



John Mitchell presented further information and reference was made to the mission to deliver digital and information services and solutions that enabled citizens to start well, live well, age well, end their lives well and the need for digital, in terms of the the right information, at the right place at the right time.

The story of 'Simon' was shared at the meeting.

It was noted that digital/technology could sometimes feel a bit removed from the patient but had an impact on the patient journey and how this could be pushed forward with innovation and research.

The Strategy had been co-designed across the system and complied with the national requirements, what good looked like in terms of digital and what needed to be done to improve on digital maturity elements.

The priorities of the Strategy were identified and the need to level up in terms of having a platform for the future was acknowledged.

It was noted that electronic patient records were ageing and there was potential funding to develop digitally shared records.

Regarding cyber security, the Digital Inclusion Strategy was a sub strategy of the Digital Strategy, and this would be accompanied with an implementation plan.

Information was shared regarding digitally shared records and the impact this had on professionals and the impact on the patient in terms of digital patient empowerment. Reference was also made regarding unplanned emergency care in terms of the best place/service for the patient. The most appropriate care needed to be provided. In terms of diagnostics, there was a need to make the best use of the capacity within the system. Regarding digital inclusion there was a risk we could exclude patients in terms of the digital patient maturity and work was taking place regarding this. When this was right, the care for the patient would be right. Regarding End of Life (EoL) care planning technology was in place to take this forward, and this information was being widely shared so that empowered decisions could be made. In terms of future system planning, there would be a single data score across the ICB to understand the requirements of the population.

It was acknowledged that virtual wards could free up the necessary capacity.

Andy Williams expressed his thanks to John Mitchell and his team for the work undertaken whilst transitioning into the new structure and keeping the programmes of work going.

Discussion took place and Councillor Jonathan Owen sought clarification in terms of when the plan would be implemented.

Reference was made to digital inclusion by Jason Stamp who welcomed this as a key element of the Strategy, although the biggest barrier was with communities, where the British language was not the first language, and this needed to be considered along with the opportunity to have discussions with the Voluntary Community and Social Enterprise (VCSE).



John Mitchell confirmed he had engaged with the Local Authority and private providers regarding Information Governance (IG) and how to break down some of the barriers.

Councillor Jonathan Owen conveyed that there was commonality of systems across local government, and it was confirmed that links were in place and the engagement by the Local Authorities (LAs) had been incredible. It was acknowledged that some of the systems in place integrated and talked to each other but not all of them did and a true benefit to clinicians was having systems that enabled this.

A Hazebroek sought clarity as to how the Digital Strategy could be shared more broadly especially in terms of the overarching vision, the ambition, and key goals in terms of start well, live well, age well, end lives well and sought clarification as to what the themes/key pillars were regarding this.

A lot of the solutions were digital in terms of the health care record and Michele Moran referred to those people with learning disabilities to ensure that these people were not left out and that work was taking place regarding this.

Stephen Eames stated that the potential investment would make a huge difference regarding what the plan was next in terms of deliverability to take this forward and the process in terms of technology needed to be considered.

The connection between workforce, digital streams, and operational teams for digital solutions to work was referred to by Jayne Adamson along with the need to engage with colleagues operationally and transformational.

It was noted that there was a £75-76 million financial gap to achieve everything in the Strategy and the resources to enable this would need to be discussed at a future meeting as currently it was a small team.

Andrew Burnell stated that the maturity was learning the lesson of bringing people with you and that a realistic expectation to the public needed to be provided.

The Chair conveyed her thanks.

Outcome:

(a)	Board Members noted the contents of the Strategy approved by the Integrated Care Board for publication and, as this is the first ICS-wide Strategy, for onward submission to the Integrated Care Partnership for endorsement.
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DEVELOPMENT OF THE INTEGRATED CARE BOARD

13. Digital Committee Terms of Reference

Nigel Wells presented the Digital Committee Terms of Reference of the Integrated Care Board (ICB). The committee was part of the robust operation and governance of the ICB and supported the delivery of responsibilities set out in the scheme of



reservation and delegated where appropriate.

Outcome:

(a)	Board Members noted the contents and approved the terms of reference for the Digital Committee.
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14. Integrated Care Partnership Development

This had been discussed at Item 11.

15. Board Assurance Framework Review

The Chair referred to the discussions undertaken at Board Meeting today with regard to the Board Assurance Framework (BAF) review.

Reference was made to the twin demic and whether this was a BAF issue or whether this should be on a risk register. In addition to this, it was noted that a Winter BAF was in place, ensuring there was enough capacity and resilience to meet pressures of the busy winter period.

It was proposed that further information be included in the BAF regarding prevention and further information with more detail would be shared at the November 2022 meeting.

The relationship between the BAF and risk register was raised and the balance between the two was needed in terms of the items on the risk register that linked back to the areas on the BAF.

It was acknowledged that failure to innovate was a huge risk and the Board needed to be transformational in this regard and the political aspect was acknowledged in terms of the BAF.

Outcome:

(a)	Board Members noted the contents of the verbal update provided.
(b)	Further information with more detail would be shared at the November 2022 meeting.

16. Any Other Business

No items of any other business were noted.

17. Date and Time of Next Meeting

The next public meeting would be held on Wednesday 9 November 2022 at 9.30am, Conference Room, Ergo, Bridgehead Business Park, Hessle, HU13 0DG.



18. Exclusion of the Public and the Press

The ICB Board is 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.