Humber and North Yorkshire
Health and Care Partnership

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE EXTRAORDINARY BOARD

MINUTES OF THE MEETING HELD ON WEDNESDAY 9 NOVEMBER 2022 AT 9.30 AM, 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
Dr Bushra Ali	Primary Care Partner Member
Councillor Michael Harrison	Partner Participant – Local Government North Yorkshire Council
Councillor Stan Shreeve	Partner Participant – Local Government North & North East Lincolnshire
Simon Morritt	Provider Partner Member
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 (via Teams)
Karina Ellis	Executive Director of Corporate Affairs
Mike Napier	Associate Director of Corporate Affairs
Mike Farrar	Observer
Emma Jones	Business Support Manager (Minute Taker)

1. Welcome and Introductions

The Chair welcomed everyone to the November Board Meeting, in particular, Dr Bushra Ali, following her maternity leave, Councillor Michael Harrison who was a permanent Partner Participant member of the Board and Mike Farrar who was observing the meeting.

It was noted that Jayne Adamson would be joining the meeting virtually in due course.

2. Apologies for Absence

There were no apologies for absence.

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	9.2	Declared a Financial Interest regarding the commissioning of dental services. The declaration was noted and all were present whilst this item was being discussed.

4. Minutes of the Extraordinary Meeting held on 12 October 2022

The minutes of the Extraordinary meeting held on 12 October 2022 were submitted for approval and agreed as a true and accurate record subject to the following amendment:

York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT)
…October 2022 and reduce delayed discharges to no more than **60** per day, in order to release staff to care.

Outcome:

(a)	Board Members approved the minutes of the meeting held on 12 October 2022 subject to the amendment being made and these would be signed by the Chair.

5. Matters Arising and Actions

The action list from the meeting held on 12 October 2022 was presented for information and the following updates were provided:

8. Quality and Patient Safety
It was noted that formal assessment of the second Ockenden report was yet to be undertaken.

9. Finance
It was reported that a session had taken place regarding finance reporting to the Board, and it was noted that this was work in progress in terms of ensuring that the financial reporting was providing the information needed.

11. ICB Operating Arrangements Place Partnerships and Sector Collaboratives
A further update was provided regarding the Operating Framework.

A copy of the paper from the Local Government Association would be shared with Board Members once received.

Outcome:

(a)	Board Members reviewed the Action List from the meeting held on 12 October 2022.
(b)	A further update to be provided regarding the Operating Framework.
(c)	A copy of the paper from the Local Government Association would be shared with Board Members once received.

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.

An update would be provided regarding 180 Days workforce.

Outcome:

(a)	Board Members noted that an update would be provided regarding 180-Days workforce.

GOVERNANCE

7. Board Assurance Framework

Mike Napier presented the updated ICB Board Assurance Framework (BAF), which had been developed with the Executive Lead Directors and shared with Audit Committee Members for assurance purposes in advance of submission to the Board.

The BAF provided a guide to the Board regarding the strategic objectives and risks to ensure that it was useful in terms of what the ICB does and to learn how this could be integrated further. There had been regular updates on the progression of the BAF at previous meetings.

Attention was drawn to the risk ratings against each of the risks and these were noted, and it was endeavoured to keep the document as simple as possible and provided opportunity to revisit the strategic objectives.

Any comments, questions, challenges were sought, and discussion took place. S Watson expressed that the BAF would become live when mitigating actions were identified. The headlines of the risks were identified although the mitigating action was required and it was acknowledged that further work was required, albeit it was difficult to know fully if the right risks had been identified.

It was suggested by Michele Moran that the underlying risks be separated as some risks still had the same level even after mitigation. The current risk rating, the mitigation and how the risk had reduced needed to be identified.

Teresa Fenech expressed that consideration be given in terms of what the Board should be focusing on and made reference to the Quality Committee and their role in terms of addressing the action needed.

It was acknowledged that, as the governance infrastructure grew, stronger connections could be made which provided further assurance. The intention was to bring the draft Corporate Risk Register and BAF to the Board in December 2022. The ICB were working at pace and the BAF continued to evolve. A sense check from Board Members was required as to whether the BAF and Corporate Risk Register were a true representation of the risks identified.

Clarification was sought by Councillor Harrison and Mark Chamberlain as to whether social care would be reflected and also whether the risks identified were the most concerning for the ICB. It was noted that the BAF identified the strategic risks of the ICB, and Stephen Eames conveyed that the risk appetite and nature of risks on the ground were acknowledged as well as the range of risks across the spectrum especially in terms of the winter.

Councillor Owen referred to the balance of the risks between partner organisations and this was noted.

The language used and approach taken in terms of the BAF around collectively describing what was being communicated and how this was communicated was expressed by Jason Stamp, and that this was learning for all and a measure of success to ensure that people understood.

Importantly the cost-of-living crisis was referenced by Stephen Eames, impact of this within the community and attention to the real risks in the day-to-day environment were acknowledged. The BAF was really important and a tool that was used to provide assurance, although there was more work to do collectively between everyone in terms of this.

Councillor Shreeve made reference to strategic risks in terms of who was the lead and understanding the mitigation whether at Place or ICB level and mechanism in the BAF needed to reflect this. Amanda Bloor acknowledged this valid point and that each of the Place and Collaborative Committees would have their own process and this information would be presented to the Board going forward.

Outcome:

(a)	Board Members reviewed and approved the ICB Board Assurance Framework (BAF).
(b)	Noted the next steps in relation to the further development of the BAF and Corporate Risk Register.

STRATEGY

6. Chief Executive Update

Stephen Eames provided a verbal update regarding specific key areas.

It was noted there was likely to be industrial action over the next couple of weeks regarding the Royal College of Nursing (RCN) and balloting of nursing staff. In terms of the Kerala Scheme, things were moving swiftly with the operation of changes through the NHS in terms of the new model that NHS England (NHSE) were putting in place which was evolving and delegating resources.

How to keep a grip on the ground and purpose and intent of the Board was acknowledged and reference was made regarding patient, client, community, quality and safety and the collective duty regarding this.

The NHS was responding to multiple challenges and setting up system control centres and national NHS policy to engage with partners to address pressures with the workforce. How this was done needed to fit with how the ICB wanted to operate going forward and there were issues which were developmental and multiple accountabilities as the system evolved.

Cancer services were under pressure as well as individual organisations and there was potential risk to the Cancer Alliance in terms of fragmentation and learning as things progressed but were trying to manage this as effectively as the ICB could. The Chancellors statement was expected next week.

A £28 million investment in day surgery at Castle Hill Hospital (CHH) had been made, which included six theatres, although only four of these would open.

There were financial pressures across the system and there was a need to drive value in the context of the resources available.

Reference was made to the cardio appointment system that was in place in North Lincolnshire which had reduced waiting lists by 44%.

The financial strategy was anticipated.

It was expected that there would be strikes and, nationally, scenario planning had taken place which every organisation was preparing for.

The National Operating Framework for NHS England had been published which included a 40% reduction in headcount across NHS England (NHSE) and the resources within these functions would transfer into the ICB. It was noted that the ICB were currently going through transformational change and thought very carefully in terms of planning.

The Kerala Scheme had been signed and the agreement represented primary care, voluntary community sector, community and mental health and it was anticipated that suitable candidates would be in place with the ICB next year. This would commence from 21 November 2022, the Local Authority (LA) were supportive and there had

been a lot of national interest. An update would be provided following the visit to Kerala in November 2022.

Discussion took place and Dr Ali expressed that a distinct plan was required regarding this and that it was important to ensure that the appropriate support was in place in terms of measuring through evaluation the experience of the individuals and for this to be captured. There were lots of examples of good practice and it was suggested that this was utilised. Accommodation would be included and it was noted that a whole package of care would be provided to the individuals.

Stuart Watson sought clarification regarding the numbers involved and the industrial action that was due to take place. It was noted that, in terms of timescales, the ICB were looking for people arriving in the New Year and this would be managed sensitively and would provide some resource to ease the workforce pressure and the respective organisations involved had a view as to the people that were needed e.g. radiographers. Great work was taking place and the opportunities for mentorships were acknowledged. Reference was made to the work undertaken by the Collaboratives in terms of the ethical piece and the progress made in the timescale.

An update would be provided at the Board Development session in December 2022.

It was recognised that this was not to take away from the local workforce. The ICB were still growing their own and the two worked together with really important partnerships in place.

Reference was made to the Tobacco Strategy and it was noted that 200,000 residents in the Humber and North Yorkshire (HNY) smoked, which was one in six people. This was the largest driver of premature death, amounting to 7000 deaths a year and 8000 admissions per year across the Integrated Care System (ICS) at a cost of £520 million a year. For those that did smoke, this was fundamentally important to the ICS Strategy. England were the largest in terms of tobacco control, although there was no national policy or programme that underpinned this and currently this was up to the ICB in terms of what it did going forward. A partnership was in place with ASH (Action on Smoking and Health - a public health charity set up by the Royal College of Physicians to end the harm caused by tobacco) and a discovery project was underway in terms of how much was spent and a Centre of Excellence was to be developed for Tobacco Control.

Louise Wallace expressed the brilliant piece of work being undertaken, led by Peter Broderick, and the opportunity to work at scale and was delighted to see the ICS working at scale to address this issue.

Anja Hazebroek reported that an initiative had started within Hospital Trusts to reduce smoking and had started at Hull University Teaching Hospitals NHS Trust (HUTHT) in August 2022. There had been 29 quitters to date in two months from August to October 2022 and 50 maternity referrals made at Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG). 37 were receiving behavioural support from the smoke team and there had been 21 discharge quits.

Information was requested regarding the Covid, and Flu vaccination programme and it was noted that the ICB were the highest performer in the region and had looked through the lens in terms of inequalities to target specific areas through influencing. The take up for the booster was for everyone over the age of 50 years and the numbers would be provided. It was noted that NHS staff were entitled to receive their booster through the ICB's NHS provider partners. Subsequently, it was conveyed by Nigel Wells that there was potential national complacency regarding the vaccinations although, from a communications/media perspective, work had been taking place especially regarding the wearing of masks and the importance of receiving your booster.

Andrew Burnell reported that the uptake was approximately 70% and the vaccination centres in the most deprived areas were extremely busy in comparison to the vaccination site in the centre of Hull. It was acknowledged that an element of this could be that people were busier since returning to work regarding making an appointment and Amanda Bloor provided an overview of the performance figures for each of the areas.

The importance of having vaccinations was acknowledged.

With regard to resources, Providers were expected to manage the inflation prices as appropriate. There were national pots of monies available for certain things that could be accessed to help with financial pressures being experienced.

Reference was made by Stuart Watson to staffing in terms of the strike action and the potential increase in waiting lists and it was noted that delegation arrangements were in place and Accident and Emergency (A&E) and Intensive Therapy Unit (ITU) staff would continue to provide a service. Basic emergency services would be maintained.

In terms of Emergency Preparedness, Resilience and Response (EPRR) an active risk register was in place regarding this in terms of the mitigations and impact and it was noted that this was an Integrated Care System (ICS) responsibility.

Outcome:

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

TRANSFORMATION

9. Chief Operating officer

9.1 Operating Model Place and Sector Collaboratives

Amanda Bloor provided an update regarding the Operating Framework for NHS England (NHSE) which had been shared for information, came into effect on 1 October 2022 and described how each of the Places and sectors would work together and how risks were to be managed.

The Integrated Care Board (ICB) were starting to develop agreements regarding the

operation arrangements and levels of delegation, and it was noted that the Humber and North Yorkshire area had a different operating model to other ICBs.

The Memorandum of Understanding (MoU) that each ICB had with NHSE was legally binding and outlined the way of working, oversight, expectation in terms of working with the ICB and national partners. It was noted that more explicit information about the oversight arrangements was required in terms of accountability, and this would be resubmitted on 18 November 2022.

The Operating Framework would be updated on an annual basis and the areas of responsibilities were outlined. The accountability and responsibilities and how these would work were identified on pages 14 and 15.

Outcome:

(a)	Board Members noted the contents of the Operating Framework for NHS England (NHSE) and the verbal update provided.

9.2 Primary Care - HNY ICB Primary Care: Delegation of Pharmacy, Optometry, and Dental Services (POD)

Andrew Burnell declared a financial interest regarding the commissioning of dental services. The declaration was noted, and all were present whilst this items was being discussed.

Amanda Bloor presented information with regard to NHS England's (NHSEs) intention to delegate responsibility to Integrated Care Boards (ICBs) for all pharmaceutical services, general ophthalmic services and dental services (primary, secondary and community) from April 2023.

Assurance was provided to the ICB Board Members of the preparation and due diligence checks in place in preparing for the transferring of services along with an update on the approach being taken for the three identified areas that would be transferred and, in some areas, sought approval so that progress could continue at pace.

It was noted that the risks and mitigations flagged related to the transfer of budgets and in the Humber and North Yorkshire (HNY) area there was a caveat as the region had teams aligned to these areas.

The pre-delegation assurance framework was signed off by the Executive Team and significant work had been undertaken regarding complaints and professional registrations, especially regarding dental services.

The NHS teams supporting the commissioning of pharmacy and optometry services would be aligned to the ICB and nationally NHSE were undertaking a capacity review. With regard to community pharmacy, from April 2023 it was proposed that there would be a single Pharmaceutical Services Regulations Committee (PSRC) for the Humber and Yorkshire area and for commissioning of dental services, it was noted that there were differences in availability and access and inequalities across the different ICBs and local work would continue to develop priorities. To enable the ICB

to carry out the priorities, four options had been identified and these were outlined within the report. Option 2, Dental Commissioning delegated to the three Yorkshire and Humber (Y&H) Integrated Care Boards (ICBs) with commissioning undertaken by NHS England Commissioning Hub on behalf of the ICBs was the recommended option.

The biggest risk around dentistry was the shortage of dental workforce and the ICB was collaborating with North Yorkshire regarding this to address the dental challenges.

Discussion took place and Louise Wallace expressed that in terms of community pharmacy, this had been discussed at the Health & Wellbeing Board (H&WBB) and there was opportunity to look at the need in terms of providing the service required.

It was also noted that there was a central function in place in terms of contracts for these areas.

The transformational challenge in terms of dentistry issues was acknowledged.

Councillor Shreeve conveyed that bringing pharmacies and dentistry back into the ICB was a positive step in terms of addressing some the local difficulties experienced and the right outcomes for the residents was acknowledged.

Andrew Burnell referred to the need for complex dentistry and stated that a different type of engagement was required for dentistry and pharmacy especially in terms of the workforce.

The value of community pharmacies was acknowledged, and this could be further maximized.

All parts of the system were equally pressurised, and the investment required in terms of workforce was conveyed along with the need to design a structure that delivered what was needed.

Michele Moran was very supportive of the discussions and asked that certain groups e.g., learning disability were remembered and that this was cognizant in the ICBs in terms of reaching these groups.

Outcome:

(a)	Pharmacy & Optometry services – Board Members noted that delegation of these functions was approved from April 2023 and that the team were aligned to the ICB.
(b)	Community Pharmacy Delegation – Approved the split of the current Pharmaceutical Services Regulations Committee to two separate ones for Yorkshire & Humber and Cumbria & North East.
(c)	Commissioning of Dental Services – Supported Option 2**:** Dental Commissioning delegated to the three Y&H ICBs with commissioning, undertaken by NHSE Commissioning Hub on behalf of ICBs.

9.3 Winter Plan

Amanda Bloor reported that the ICB had reviewed the detailed arrangements for the winter period.

The approach was this was a true system problem and moving away from working in silos and working optimally including working with populations in terms of admission avoidance and discharge of patients.

Information had been mapped in terms of all the pieces of work and these had been aligned to the Sector Collaboratives regarding which areas of the pathway would be delivered by each Place. A helpline for ambulance colleagues for falls and fire and rescue had been put in place and this would mitigate demand and pressure in the system.

Improvement methodology had been developed and this would be rolled out over the forthcoming weeks.

Focus on the back door arrangements and the challenges regarding this were acknowledged as this blocked the hospital in terms of flow. One of the biggest challenges was workforce in terms of domiciliary care and the ICB were working closely with the Community Care Collaborative and Adult Social Care. A live data set would be produced for patients waiting for discharge with no criteria to reside and a plan and package of care along with placement would need to be identified.

The Winter Plan had been submitted two weeks ago, a peer review process was in place regarding this, and best practice would be shared.

Shaun Jones referred to the winter Board Assurance Framework (BAF) which set out a number of requirements, published in August 2022. Urgent and emergency care action plans had been identified and on 18 October 2022, a further letter had been issued regarding going further for winter which included 34 specific requirements, and these were being taken forward and progress was being reviewed. Specific guidance documents had also been issued around falls. Clear accountability was in place for the Humber and North Yorkshire (HNY) area regarding this.

There was significant financial risk regarding this as there was no additional financial resource provided.

Discussion took place and Mark Chamberlain requested that, from a Board assurance perspective, it would be useful for the Board to be informed of the progress that had been made and, as part of the emergency preparedness, resilience and response (EPRR) arrangements, it was requested that a written report be provided going forward and any additional updates to be provided when the Board Meeting took place.

A National piece of work was taking place in Hull regarding discharge and patient flow. Workforce issues regarding domiciliary care were impacting on this.

The Humber and North Yorkshire (HNY) region was the highest performing across all of the country, nationally everyone was struggling. The Humber and North Yorkshire region were slightly lower than the target of 67%.

It was conveyed by Stephen Eames that it was difficult to compare ICBs and the challenges nationally regarding criteria to reside and the HNY were challenged in this area. It was important to understand what the outcomes were rather than what was happening on a day-to-day basis.

Louise Wallace expressed that from a public health point of view there were things that people could do to prevent admission and Helen Grimwood stated that, with regard to the voluntary sector offer to winter pressures, there was currently a programme being piloted across the Humber region that was looking at which volunteering initiatives could be utilised to either help prevent people needing to access health care facilities or to discharge them quicker. One of the first steps of the programme had been to map which volunteering initiatives already existed, with a view to then sharing the practice to other areas where these were not occurring. The programme was struggling to gather the traction hoped for so far due to there being just one post coordinating all of this for the Humber region. However, a number of initiatives had already been identified that not only supported the health agenda, but also there were a number of activities in place that were helping to reduce the pressure on care home and home care. It had also been identified that there was a disparity between the strategic vision of system leaders to utilise volunteers and the voluntary sector in this way, and operational teams being able to apply such volunteer initiatives with the aim of addressing system pressure issues. There could however be potential to align this programme with the volunteering task and finish group of the 180 days of action on workforce.

Jason Stamp reported that discussions had taken place with the Local Authority (LA) earlier in the week regarding care at home and thinking creatively about providing care at home to provide the solutions needed. It was requested that information be fed into the process as required.

A full update would be provided in December 2022 along with input from Local Government and Providers in terms of the impact and further updates would be provided in January and February 2023.

Thanks were expressed by the Chair for information shared and it was agreed to share the letter with Board Members.

Outcome:

(a)	Board Members noted the contents of the verbal update provided.
(b)	Further updates would be provided in January and February 2023.
(c)	It was agreed to share the letter with Board Members.

10. Quality and Patient Safety

Teresa Fenech provided an update with regard to Quality – see attached slides.

Item 10 - Quality Update November 2

The following key points were noted:

- The areas of focus were Urgent Emergency Care (UEC), Healthcare Safety Investigation Branch (HSIB) – harm caused by delays in transferring patient to the right place of care, Children and Young People (CYP) Mental Health Services and Maternity.
- Monthly quality meeting with YAS had commenced in November 2022 and data being received and UEC pressures were reflected in the Care Quality Commission (CQC) findings for both York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT) and Hull University Teaching Hospitals NHS Trust (HUTHT).
- There had been a lack in Serious Incident (SI) data, this had been followed up and was now being received and this was being interrogated.
- Monthly meetings were taking place to understand the harms.
- Care Quality Commission (CQC) reviews had been undertaken in a number of services and, as expected, emergency and care pressures were being seen.
- A National investigation was being undertaken regarding the harms caused. This was ongoing and Bulletin 2 had been issued.
- The diagram interrogated emergency and care data and identified the degree of risk to patient safety.
- The highest patient safety risk was number of patients in the community waiting for an ambulance, whilst the clinical risk reduced through the pathway within the hospital.
- 29% rate of individuals suffering harm.
- There needed to be a high-level framework that included the operational detail in place. This was predominantly frail/elderly patients. The safety observation would help in making decisions needed.
- Health needed to have much more impact in terms of what was best for the patient and whether the admission was appropriate or was it safety against frailty. Preventative element was stopping patients being admitted in the first place.
- Regarding CYP Mental health services, particularly self-harm and suicide, some of the focus of recent media articles was the inability of services to meet the need of these individuals.
- Three independent inquiry reports had been published this month. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) no longer provide Tier 4 services. The reviews had listed a number of recommendations and important systems for NHS England (NHSE) and North East and North Cumbria (NENC) Integrated Care System (ICS) would be leading in terms of the provider. Some of the safeguarding lessons was failure to act. These services were not really meeting the needs of these individuals and a common feature of CYP and what was relevant in terms of Creative Education Trust (CET).
- Progress had been made on the themes in terms of immediate and essential actions regarding the Maternity Report, Ockenden 1 and Ockenden 2 with no clear

single shortcoming, there were staffing issues and shortages. Outcomes lay in failures of teamwork and professionalism, the collective behaviours of those providing services and the lack of willingness to freely challenge in terms of the outcomes identified. Four key areas of action identified. Finding the signals amongst the noise of services, technical care was not enough and there needed to be compassion and humanity within the services. There was inability to work as part of a team and organisational behaviours.

- The detail of the findings would be shared and there were over 60 recommendations and the ICB would look at the four themes and actions in the Ockenden 2 report.
- Cultural surveys would be looked at in terms of the work to be taken forward and there was a need to ensure service users on the ground were being heard.

Discussion took place and Councillor Harrison expressed that, with discharge support, a lower level of care was needed once assessed and there was a need to get this right to ensure that people were not readmitted.

Jason Stamp expressed that understanding the patient experience was really important and the voices of patients that we have not heard, and consideration needed to be given to how this was integrated. There was a whole cohort of patients going through the system and commitment by Humber and North Yorkshire (HNY) was required in terms of the approach to be undertaken as this should be part of day-to-day business as well as duty of candour.

Councillor Harrison also stated that the Safeguarding adults information had been shared with the Local Authority Members.

Jane Hazelgrave conveyed that assurance was needed in terms of the process of what the ICB did and did not know and to ensure the Provider was doing something with the information being communicated.

Stephen Eames expressed that the theme that runs through all of the reports was about leadership, clinical or managerial and a framework needed to be determined in how the HNY wanted the leadership to be and a system inspection process was to be implemented going forward.

Outcome:

(a)	Board Members noted the contents of the presentation and discussion provided.

10.1 Report of the meeting of the Quality Committee

Mark Chamberlain provided a summary of the Quality Committee held on 5 October 2022 which had been established to provide the ICB with assurance that it was delivering its functions in a way that secured continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2021. This included reducing inequalities in the quality of care.

The focus of the Committee was about improvement and not just assurance.

It was noted that the Terms of Reference (ToR) would be amended to reflect the additional two retained members and several policies had been approved which were outlined within the report. A Safeguarding Committee would also be established which would report to the Quality Committee.

Outcome:

(a)	Board Members noted the items that were discussed for the purposes of providing assurance.
(b)	Discussed any items that required further clarification.
(c)	Noted the approval of a range of policies on behalf of the ICB.
(d)	Noted the development needs of the Committee.

11. Clinical and Care Professional

Dr Nigel Wells provided a summary of the Clinical & Professional Executive Committee which had met for the second time on 21 October 2022. The Committee had reviewed and approved recommendations from items that had been received by the wider Clinical & Profession (C&P) Group in the preceding 8 weeks.

The Clinical & Professional Executive Committee had received verbal feedback from the emerging groups that sat within the directorate. For this meeting there was feedback from the Innovation Research Improvement System (IRIS), the Ethics Panel, Medicines Management and Pharmacy and Clinical Effectiveness.

It was noted that the Clinical and Professional Group (CPG) had been formed back in 2020 during the pandemic and was across all sectors and not a leader's group. A set of principles had been developed and these were noted.

Meetings were held on a weekly basis; short and long-term issues were discussed, and the areas discussed over the last 8 weeks were identified.

A number of groups had been established that sat under the CPG, Innovation, Research and Improvement System (IRIS) Group. An Ethics Group had also been established and important to note that this was not a decision-making body and long delays in paediatric services had recently been discussed.

Medicines management / pharmacy work had taken place in terms of clinical and effectiveness regarding optimizing policies and pathways.

Stuart Watson sought clarification regarding ethics as there was a method for rewarding exemplary work and behaviour. It was noted that people were able to come and see the work taking place along with publication of the work. It was acknowledged that all providers would have their own reward processes in place, and it was expressed that it would be good to have something in place across the HNY in terms of this. It was note that IRIS was all encompassing, and this would be discussed in

more detail at a Board Development session.

There was an Ethics Framework that provided guidance in terms of decision making and it was important to note this.

Stephen Eames conveyed that the principle at the inception of the ICB was to focus on the clinical and professional groups that made up the ICB and were at the forefront of driving the agenda and this had consequently emerged. They were all leaders in one form or another and were innovative. In terms of the operating model and the clinical leaders at Place and with Colloboratives, balancing the emergency engagement approach with Executive action was an emerging process. With regard to the Ethics Framework this had been started by HNY and picked up regionally.

Councillor Shreeve stated that the CPG was not a statutory group but executively led by Dr Nigel Wells and Terms of Reference (ToR) had been developed.

Outcome:

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

12. Finance

Jane Hazelgrave presented the Month 6 financial position for the ICB and the ICS for the period to the end of September 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.

The forecast outturn was showing a breakeven position with no variance being reported against 2022/23 plans and the position should improve going forward.

There was currently a deficit of £9.2 million, an underspend of £18 million and were forecasting to have a slight overspend. There was a slight underspend with Covid expenditure and the likelihood that a large amount of this funding would be removed next year. The overall ICB budget of £3.2 billion was forecasting a breakeven position.

It was noted that there were financial pressures in certain areas, and these were being mitigated. The need to break even in year 1 and year 2 in order to write off a significant deficit was noted however this was a particular challenge and the ICB were still working through mechanisms to get resources into place. The biggest deficit sat in Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG) and all providers were balancing huge risks but were forecasting to breakeven. The most challenged was North Yorkshire and York Place.

The cash position was noted, a deep dive had taken place at the end of Month 6 with all organisations and there was a risk of £5 million regarding the pay award shortfall.

The Finance & Performance and Delivery Committee was now established and information from this Committee would be shared at the Board Meeting.

There was a need to understand on a Place-by-Place basis the total spend across health and local government. Specific responsibility was required in terms of where the ICB was at currently and deeper understanding was also required from a local government perspective.

Discussion took place and Stuart Watson made reference to inflation in terms of building costs and anticipated difficulties in terms of the capital available going forward next year. Wider discussion took place in terms of the estate generally and maximizing the use of this in terms of driving more efficiencies and further detailed discussions would take place going forward regarding this.

Outcome:

(a)	Board Members noted the contents of the report and the revenue financial position for the ICB and ICS forecasting a breakeven position for 2022/23 consistent with plans.
(b)	The ICS Capital Position and potential forecast outturn adverse variance of £1.3 million.

DEVELOPMENT OF THE INTEGRATED CARE BOARD

13. EPRR Core Standards

Amanda Bloor presented the annual report for Emergency Planning, Resilience and Response (EPRR) Assurance Report which summarised the progress made each year on the EPRR work programme and reported the outcome of the self-assurance process carried out against the NHS Core Standards for EPRR.

It was acknowledged that this was the first EPRR Board Report for Humber and North Yorkshire (HNY) ICB and reflected the work done since the ICBs formation in July 2022 and provided a forward look to the aims and objectives of the EPRR work programme for 2022/23.

The failings from Manchester had been used as gold command training which was provided by NHS England (NHSE) in terms of being a strategic leader in crisis.

It was noted that each provider organisation had their own EPRR arrangements in place.

Outcome:

(a)	Board Members noted the report and progress made to date.
(b)	Noted the 2022/23 HNY ICB self-assessment and action plans.

14. ICB Governance Documents and Policies

Karina Ellis presented two mandated policies as an essential part of the safe and effective operation of the Integrated Care Board (ICB) as a statutory NHS body. Each of the policies supplemented the ICB Constitution and supported the ICB's accountability as a public body.

These were the:

- Freedom of Information and Environmental Regulations Policy
- Subject Access Review Policy

It was noted that a number of clinical commissioning policies from predecessor organisations had been utilised in the development of the policies.

Outcome:

(a)	Board Members approved the Freedom of Information and Environmental Regulations Policy and Subject Access Review Policy

15. Executive Committee Terms of Reference

Karina Ellis presented the terms of reference for the Executive Committee of the Humber and North Yorkshire Integrated Care Board (HNY 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 Delegation (SoRD) and the Operational Scheme of Delegation (OSD), as appropriate.

The terms of reference (ToR) were consistent with the templates used for the statutory and non-statutory committees of the ICB.

Outcome:

(a)	Board Members noted the terms of reference have been reviewed and approved by the Executive Committee.
(b)	Ratified the Executive Committee terms of reference.

16. Integrated Care Partnership Development

Karina Ellis reported that there was a requirement under the Health and Care Act to develop a Strategy. A workshop had been held on 26 October 2022 and feedback had been provided at the Integrated Care Partnership Committee meeting in the afternoon.

Discussion had been good in terms of the development of the Strategies ambition and vision of start well, live well, age well, die well. It was noted that the ICP discussions recognised the need for differential investment in terms of how we deliver and achieve bold ambitions and an example was given around the gap in start well.

The Chair expressed that this was a health and wellbeing strategy for the system and summed up the work of the partnership across the Integrated Care System (ICS). Board Members would be invited to attend the ICP session on 14 December 2022 to discuss this further and it was proposed that the launch of the Strategy would take place during Spring 2023.

Discussion took place and Andrew Burnell made reference to the stresses and challenges that orgnaisations faced over the forthcoming months as well as the continued improvements that were required and the impact of these in terms of the wider strategy and the impact on some of the inequalities and for this to be reflected in the strategy.

Stephen Eames provided assurance in terms of what could be done collectively and that more could be done together than independently. The Strategy would hopefully identify the improvements and the impact that this would bring.

Outcome:

(a)	Board Members noted the updated provided.

17. Board Assurance Framework Review

The Chair referred to the discussions undertaken at the Board Meeting today with regard to the Board Assurance Framework (BAF) review and whether these had been covered at today's meeting.

The granularity of some of the risks were acknowledged and it was recognised that there was more work to do.

Outcome:

(a)	Board Members noted the verbal update provided.

18. Any Other Business

18.1 180 Days - Workforce Plan

Jayne Adamson provided a brief overview of the 180 Day plan. Eight workstreams had been established and a Senior Responsible Officer (SRO) was in place.

From next month the Board would receive an oversight report and the majority of workstreams have had their first meetings.

There were 125 volunteers across the system to assist with this work which would have a big impact as a collective.

This would be an agenda item at the next meeting.

Outcome:

(a)	Board Members noted the verbal update provided.

19. Date and Time of Next Meeting

The next public meeting would be held on Wednesday 11 January 2023 at 9.30 am.

20. 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.