Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

# HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

## MINUTES OF THE MEETING HELD ON WEDNESDAY 8 MARCH 2023

## LECTURE THEATRE, HUMBER TEACHING NHS FOUNDATION TRUST, WILLERBY HILL, BEVERLEY ROAD, WILLERBY, HU10 6ED

### Attendees and Apologies

| **ICB Board Members: "Ordinary Members" (Voting Members)** | |
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| **Present** | |
| Sue Symington (Chair) | Chair - NHS Humber and North Yorkshire Integrated Care Board |
| Stephen Eames | Chief Executive- NHS Humber and North Yorkshire Integrated Care Board |
| Amanda Bloor | Deputy Chief Executive / Chief Operating Officer- NHS Humber and North Yorkshire Integrated Care Board |
| Jane Hazelgrave | Executive Director of Finance & Investment- NHS Humber and North Yorkshire Integrated Care Board |
| Teresa Fenech | Executive Director of Nursing & Quality- NHS Humber and North Yorkshire Integrated Care Board |
| Dr Nigel Wells | Executive Director of Clinical & Professional Services- NHS Humber and North Yorkshire Integrated Care Board |
| Mark Chamberlain | Non-Executive Director- NHS Humber and North Yorkshire Integrated Care Board |
| Stuart Watson | Non-Executive Director- NHS Humber and North Yorkshire Integrated Care Board |
| Dr Bushra Ali | Primary Care Partner Member- NHS Humber and North Yorkshire Integrated Care Board |
| Simon Morritt | Provider Partner Member- NHS Humber and North Yorkshire Integrated Care Board |
| **Apologies** | |
| Councillor Jonathan Owen | Local Authority Partner Member- NHS Humber and North Yorkshire Integrated Care Board |

| **ICB Board Members "Participants" (Non-Voting Members)** | |
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| **Present** | |
| Jayne Adamson | Executive Director of People- NHS Humber and North Yorkshire Integrated Care Board |
| Karina Ellis | Executive Director of Corporate Affairs - NHS Humber and North Yorkshire Integrated Care Board |
| Anja Hazebroek | Executive Director of Communications, Marketing & Public Relations- NHS Humber and North Yorkshire Integrated Care Board |
| Shaun Jones | NHS England Locality Director |
| Andrew Burnell | Partner Participant (Community Interest Companies) |
| Michele Moran | Partner Participant (Mental Health) |
| Jason Stamp | Partner Participant (Voluntary, Community & Social Enterprise Sector) |
| Louise Wallace | Partner Participant (Public Health) |
| Professor Charlie Jeffery | Partner Participant (Further Education) |

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| Helen Grimwood | Partner Participant (Healthwatch) |
| **Apologies** | |
| Councillor Stanley Shreeve | Partner Participant (Local Authority: North and North East Lincolnshire) |
| Councillor Michael Harrison | Partner Participant (Local Authority: North Yorkshire and York) |

| **"Observers" and Individuals Presenting Items** | |
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| **Name** | **Title** |
| Mike Napier | Director of Governance & Board Secretary (Designate) - NHS Humber and North Yorkshire Integrated Care Board |
| Emma Jones | Business Support Manager (Secretariat) |
| Dr Jacqueline Andrews | Medical Director and Lead for Digital, Harrogate NHS Foundation Trust and Innovation, Research and Improvement System (IRIS) Lead- NHS Humber and North Yorkshire Integrated Care Board. For Item 18 |
| John Mitchell | Associate Director of Information Technology - NHS Humber and North Yorkshire Integrated Care Board. For Item 9 |
| Andy Williams | Interim Digital Lead - NHS Humber and North Yorkshire Integrated Care Board. For Item 9. |
| Jeevan Gill | Yorkshire Ambulance Service NHS Trust |
| Jack Lewis | Consultant in Public Health - NHS Humber and North Yorkshire Integrated Care Board – For Item 13 |

## 1. Welcome and Introductions

The Chair welcomed Members and observers to the March Board meeting, which was being held 'in public' and live streamed.

Individuals that have been invited to present items to the Board were noted in the 'observers' section above.

Apologies for late arrival were noted by Louise Wallace, Partner Participant (Public Health) and Professor Charlie Jeffery, Partner Participant (Further Education).

It was noted that it was international women's day and Members would be marking this occasion following the Board meeting.

## 2. Apologies for Absence

The ICB Board noted apologies as detailed below. It was noted that the apologies received does not impact on the Board being quorate:

| **ICB Board Members: "Ordinary Members" (Voting Members)** | |
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| Councillor Jonathan Owen | Local Authority Partner Member |

| **ICB Board Members "Participants" (Non-Voting Members)** | |
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| Councillor Stanley Shreeve | Partner Participant (Local Authority: N & NE Lincolnshire) |
| Councillor Michael Harrison | Partner Participant (Local Authority: N Yorkshire) |

## 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 ICB Board noted that no declarations of interest were received in relation to the business of the meeting

## 4. Minutes of the Meeting held on 11 January 2023

The minutes of the meeting held on 11 January 2023 were submitted for approval and agreed by the Board as a true and accurate record.

**Outcome:**

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| (a) | Board Members approved the minutes of the meeting held on 11 January 2023 and agreed that these would be signed by the Chair. |

## 5. Matters Arising and Actions

The matters arising and actions from the meeting on 11 January 2023 were noted.

**Outcome:**

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| (a) | Board Members noted that there were no actions arising from the meeting held on 11 January 2023. |

## 6. Notification of Any Other Business

Board Members were reminded that 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. |

## 7. Board Assurance Framework

Mike Napier, Director of Governance and Board Secretary (Designate). was invited to present the Board Assurance Framework (BAF) for consideration and approval along with the key risks.

The Chair asked that Board Members reflected whether they were satisfied that the risks identified were the right risks, whether those risks were being managed

effectively and how impactful any mitigations identified might be to reduce the level of risk.

Mike Napier noted that the Executive Directors had worked with the Governance team to refine the individual risks, and in particular the mitigating actions, in the time since the previous BAF had been presented. Attention was drawn to the splitting of the financial risk between the current and future financial years.

Jayne Adamson reflected that the workforce risk should potentially be split into two risks, one focussing on the internal risk and the other focussing on the external risk, particularly with system wide challenged.

Stephen Eames made a general comment on the need to reflect further in the BAF the system-wide financial risks and the collective commitment to transform and drive value and seek improvement whilst staying focused on.

**Outcome:**

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| (a) | Board Members approved the updated ICB BAF. |

## STRATEGIC CONTEXT

### 8. Chief Executive Update

Stephen Eames provided a verbal update to the Board on several areas.

In partnership with Action on Smoking and Health (ASH) and others, the Humber and North Yorkshire (HNY) Centre of Excellence in Tobacco Control launched on 21 February 2023, significantly advancing progress on a system-wide effort to coordinate reduced harm from tobacco. Smoking remains the biggest challenge regarding quality of life, inequalities and mortality in our area.

The initiative was recognised at a national level. £1.2 million had been committed by the ICB to help tackle the issues faced, however more would probably be needed and leaders across the Integrated Care System (ICS) were working together to reinforce their commitment to make progress in this area.

The current main focus of the ICB had been the development of the Operational Plan, with its 32 associated programmes of work and several priority areas. There were significant challenges in the HNY geography which require significant work between all partners. The ICB's workforce 180-day programme was vital in supporting delivery of the operational plan over the next 12 months.

Reference was made to the industrial action and the three-day strike by Junior Doctors, between 13-16 March 2023, with the action expected to cause significant difficulties in providing services, particularly in hospitals.

Running cost challenges for the ICB were highlighted, given the drive by NHS England (NHSE) and their regional team to see streamlining of services within

Integrated Care Systems (ICS), in part to maximise efficiency and support investment in the frontline. The ICB would need to achieve running cost savings of approximately £6 million by April 2024 and a further £2 million saving by April 2025. This required an acceleration in the implementation of the ICS model for Humber and North Yorkshire.

Stuart Watson asked for clarification on the impact of the strikes on the achievement of the activity targets. Amanda Bloor responded that the initial strike action prior to Christmas had seen a noticeable change in public behaviours, with demand for ambulances decreasing. Subsequent industrial action had seen this change in behaviour diminish. In terms of demand, part of the preparation was to ensure that the hospitals remained safe, with proactive decisions taken on elective activity and a focus on discharge in order to ensure that the front door and Emergency Departments (EDs) remained safe. A small number of planned operations had been postponed. In terms of the Junior Doctors strike action, this was for 72 hours and will have a significant impact on continuity of care and delivering services, therefore effective plans were in place to ensure patient safety.

**Outcome:**

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

## REALISING OUR AMBITIONS AND VISION

### 9. Digital Transformation

Andy Williams, Interim Digital Lead, and John Mitchell, Associate Director of IT, presented the Digital Transformation update to the Board.

The first part of the presentation focused on the Digital Strategy and the following key areas were highlighted:

- The four key strategic themes in the Digital Strategy were: shared care record, cyber security, digital inclusion, and population health / business intelligence.
- The Digital and Data Transformation Investment Plan (DTIP) defines the investment required to achieve delivery of the strategy.
- The estimated cost to funding all the digital strategies and solutions was £195 million. Funding already identified was £119 million, which left £75 million gap to be factored into the ICB financial strategy.
- A three-year high-level roadmap had been developed which set out a key ambition of Electronic Patient Record (EPR) convergence between local acute providers and beyond, in line with national policy priorities.

Jason Stamp asked for clarification on how elements of care that sat outside the traditional patient record system, such as social prescribing, could be integrated. It was confirmed that this was part of the digital strategic vision however providers would require further support to deliver this.

The second part of the presentation focused on the Yorkshire and Humber Care

Record (YHCR) and the following key areas were highlighted:

- The YHCR goal was to deliver the right information to the right people in the right place when it was needed.
- Locally and regionally driven to meet the needs of the population and the professions, with a common functionality to enable utilisation in any part of our system.
- Digital Health Magazine describes the YHCR as the most successful shared care record in England.
- A number of Trusts were now able to see GP connect information and Humber Teaching Hospitals NHS Foundation Trust were sharing mental health crisis plans as part of the programme.
- There was an end-of-life preference section, which was accessible by any relevant clinician.
- Five of the six local authorities can access the YHCR in order to inform wider holistic decisions.

It was confirmed that a dedicated benefits realization team had been established as part of the programme and a summary of some of the immediate gains were as follows:

- 20-30 minutes being saved in cardiology per patient as the cardiology teams were able to access GP information directly.
- 60 minutes per day was being saved for social care per practitioner.
- 73% of YAS responders were now checking the information regarding end-of-life preferences.
- Work was progressing between care homes, hospices and Palantir to link the YHCR and the federated data platform, so it becomes a real time source of business intelligence.
- Conversations were ongoing with Apple in California to integrate access to the YHCR via AppleHealth on iphones.

Stephen Eames queried whether the benefits team was part of the ICB, and it was noted that they were a dedicated external team commissioned by North of England Commissioning Support (NECS). It was agreed that the benefits realisation needed to be scaled up and link to the wider programme of work.

Michele Moran highlighted the importance of both patient and organisational feedback, and that data analysis was required to inform benefits realisation from a capacity and an inter-operability perspective.

The Board agreed that the EPR and YHCR solutions could realise significant benefits however it would require investment to reap these dividends.

Mark Chamberlain asked whether the underlying platform and hardware infrastructure across the system could meet the necessary capacity requirements. It was noted that all organisations had different starting positions in terms of general network capacity and some of devices were older in certain areas however all organisations were doing everything they could to ensure that the kit was suitable. It was recognised that successful bidding of funding over the last couple of years had resulted in an increase in the maturity of the.

Jayne Adamson said that changing workforce behaviours can often be challenging in digital transformation. She queried whether such resistance was being factored into the programme. It was confirmed that it was, and the change would take time.

Helen Grimwood provided insight that some patients were not being asked to consent for their information to be shared and queried how widespread this issue was? It was noted that this was a small percentage of patients and work was being done on the clearer consent model to facilitate opting in and out.

Jane Hazelgrave asked to what extent best practice was shared or single systems procured across the providers. It was noted that the Digital Executive Committee had oversight of this and was working closely with NHS England's (NHSE) regional team to develop a single, region-wide approach based on experience elsewhere.

The Chair concluded the discussion by noting the vital importance of progressing the digital and data programmes as there were some of the greatest enablers for positive transformation.

**Outcome:**

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| (a) | Board Members noted the contents of the presentations and discussion. |

## 10. Population Health and Prevention Executive

Amanda Bloor introduced the report and said that improving the health of the population was a key priority of the ICB. Reducing health inequalities was a statutory duty of the ICB and a key component of the Integrated Care Strategy, as well as for the work of the Integrated Care Partnership (ICP).

She advised members that the Population Health and Prevention Executive Committee was co-Chaired by Louise Wallace, Director of Public Health for North Yorkshire Council, and Julia Weldon, Director of Public Health for Hull City Council. The ICB had been selected as one of seven pilot sites nationally to accelerate the Core20PLUS5 work, working with the Institute for Healthcare Improvement and Health Foundation.

Jack Lewis, Consultant in Public Health, spoke to the board presentation and the following key points were highlighted:

- The Integrated Care Strategy sought to enable the HNY population to live longer and healthier lives.
- The life expectancy gap between the best and worst populations in our area was 9 years for males and 7 years for females.
- 42% of the burden of poor health and early death in England was attributable to modifiable risk factors, for example tobacco. Addressing such risks was therefore the most effective means to improve the health of the population.
- The Core20PLUS5 approach was designed to focus targeted action to tackle the greatest healthcare inequalities; 50% of the Hull population were amongst the most deprived populations nationally compared to 4% in York.

- Core20PLUS5 included a specific element for children and young people and there was close collaboration within the ICB between the Childrens and Young Peoples Alliance, the Mental Health Collaborative and other partners in progressing this work.
- A Population Health and Prevention Operational Group had been established to support the delivery of the population health programme across the system.
- Addressing dental inequalities were also a key priority for the ICB given the long access waits and significant variation in clinical outcomes, with a direct correlation to the more deprived areas.
- Over the next 10 years the 65+ years population was going to increase by 20% and the working adult population was going to reduce by 4%. Both would have a significant impact on health and health inequalities.

Jason Stamp commented on the need to think how to invest creatively in initiatives to address health inequalities by making best use of the community assets. Amanda Bloor drew attention to the learning from the Covid vaccination programme and the significant impact and gains achieved by engaging with communities and peer influence groups.

It was noted that there was an important opportunity for the six Places to lead the health inequalities agenda and the importance of working with local communities to ensure parity of access and support.

It was also noted that the updated terms of reference for the Population Health and Prevention Executive Committee had been submitted for Board ratification.

Mark Chamberlain asked about the availability of analytics to identify inequalities and target resources where they were most needed. It was confirmed that data analysis was a key part of the population health management programme, providing the tools for Primary Care Networks (PCNs) to access such data - upskilling the workforce in a way that had maximum impact.

Andrew Burnell commented on the desire amongst the workforce to work differently and creatively to achieve better health outcomes for patients. The Chair encouraged the need to encourage innovation and to be brave enough to be radical in thinking.

Louise Wallace noted the need to connect with the Office for Health Improvement and Disparities and the work it was promoting. Joint Strategic Needs Assessment (JSNA) existed for each Place, linked to Health and Wellbeing Strategies. There were opportunities to learn from each other and to capitalise on all the assets that the organisations had between them as an Integrated Care Partnership (ICP).

**Outcome:**

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| (a) | Board Members noted the contents of the presentation and discussion. |
| (b) | Noted the highlights provided. |
| (c) | Noted that the Population Health and Prevention Executive Committee reviewed and approved their Terms of Reference in February 2023, which |

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| | were now with the Board to ratify. |
| (d) | Received a population health and prevention programme funding proposal when fully articulated and aligned to the ICBs financial planning process. |

**OPERATION / SYSTEM PRESSURES**

**11 Quality and Patient Safety**

Teresa Fenech provided an update regarding quality and patient safety and the following points were highlighted:

- The Board previously received a briefing in November 2022 about the local safety and wellbeing reviews being undertaken. These reviews were the result of an NHS England requirement to check the health and wellbeing of all people with a learning disability or autism who were being cared for in an inpatient setting.
- As at May 2022. 91% of eligible patients in the North East and Yorkshire area had received their review. The reviews assessed a wide range of aspects, including the involvement of families, friends and carers in care decisions, advocacy, harm reduction, safeguarding, self-healthcare, supporting wellbeing and positive mental health, workforce issues and barriers to discharge.
- The review found that just under 15% of such patients in HNY had needs that could only be reasonably delivered in hospital and those requiring a safeguarding concern was 4%.
- A program of work called Ask the Midwife (AAM) had developed as a result of the alternative support arrangements required during Covid for local maternity and neonatal services. Acute trusts had freed up midwifery time to utilise social media platforms to deliver clinical professional advice.
- There had been 8500 contacts made and picked up as a national case study for sharing as part of the Maternity Transformation Strategy and being showcased at a national event.

- The ICB's Quality Improvement Group (QIG) continues to meet to review progress against agreed actions for the four local provider organisations subject to the programme:

    - Good progress was being made at York and Scarborough NHS Foundation Trust although the situation remains challenging.

    - Only two meetings had taken place so far at Hull University Teaching Hospital NHS Trust (HUTHT) and further progress was needed.

    - A further QIG meeting would be held with Northern Lincolnshire and Goole NHS Trust in a couple of months' time to review their status.

    - Tees, Esk & Wear Valley MH Trust would remain in QIG status for the foreseeable future with particular focus on learning disability and autism services, as well as suicide prevention and the embedding of learning.

**Outcome:**

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

**Report of the meeting of the Quality Committee held on 23 February 2023**

The Chair of the Quality Committee provided the summary of the Quality Committee meeting held on 23 February 2023 which covered the items discussed. The report was taken as read.

**Outcome:**

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| (a) | Board Members noted the report and the items that were discussed for the purposes of providing assurance |

## 12. Finance

Jane Hazelgrave presented the financial position for the Integrated Care Board (ICB) and the Integrated Care System (ICS) for the period to the end of January 2023 (Month 10). The ICB position represented a combination of the CCG reported positions for Quarter 1, and the first seven months of the new ICB body, to provide a full position for the financial year-to-date position and forecast.

From a revenue perspective the ICB would deliver a break event position, although there was small variance associated with Asylum Seekers. In terms of the Provider position, there was a year-to-date deficit of £11.3 million but it was noted that this was an improvement of £2.4 million since month 9. The biggest improvement had been at Yorkshire and Scarborough NHS Foundation Trust, where their deficit forecast had improved by £1.3 million and Northern Lincolnshire and Goole NHS Foundation Trust's position had improved by £600,000.

It was noted that there was a lot of capital still to spend for 2022/23. The year-to-date spend so far was £78.2 million against a plan of £121.48 million, resulting in an underspend of £43.27 million. £11.5 million Electronic Patient Record additional capital funding had been received in month 9 and a further £24 million received in Month 10. Bidding to support the demand and capacity had also been undertaken and an extra £3.5 million had been received for the Community Diagnostic Centres (CDCs). Business cases had been approved however Memorandum of Understanding (MoU) needed to be signed before the funding could be released.

Disappointment was expressed at the sizeable capital underspend. It was noted that it always remained a challenge to spend the full capital allocation in-year however further expenditure was expected and would be reflected in the Month 11 figures.

Stuart Watson made reference to the efficiencies that needed to be made with respect to agency spend and the plans in this regard. The ICB was looking at regional support to establish a collaborative bank for staff and working with the providers to make sure all the rules were followed in terms of agencies. The overall workforce agenda was much more challenging across the system but plans show agency and

bank reducing and substantive recruitment increasing.

With respect to ICB running costs, Stephen Eames was anticipating minimising waste and driving efficiency and the running costs on an ICS-wide basis, accelerating opportunities to work with partners in a different way to make inroads into this. The running cost target was £32 million for 2023-24.

**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 underspend of £6.401millon. |

**Finance Performance and Delivery Committee**

Board Members noted the updates from the Finance Performance and Delivery Committee meetings on 2 November 2022 and 5 January 2023.

The purpose of the report was to give assurance to the Board on the work that was being undertaken by the Finance, Performance and Delivery Committee (FPDC) as a committee of the Board.

The work that has been undertaken by the committee includes work on the terms of reference, ICB contracts, revenue position and planning for 2023/24.

A further meeting was scheduled to take place in March 2023. The System Oversight Assurance Group (SOAG) reported into the Finance Performance and Delivery Committee and the revenue and capital performance was reviewed in much more detail.

It was noted that a report had been reviewed by the FDPC, 854 contact across the ICB and this was a place of transformation to work in partnership with the Providers and Local Authorities (LAs) or moving towards lead provider arrangements. These contracts needed to be constantly renewed and the governance associated with this was significant and this was acknowledged.

**Outcome:**

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| (a) | Board Members noted the contents of the reports. |
| (b) | Board Members were assured of the ICB finance position. |

## 13. Clinical and Professional

Nigel Wells presented the Clinical and Professional update to the Board and reported that there had not been a Clinical and Professional Executive Committee meeting since the last Board Meeting in public in January 2023.
An update on work to establish processes to support asylum seeker health needs,

following the report to the Board Meeting in December 2022, was given that proposed a focused system effort to address their needs.

It was reported that the five clinical and professional directors had been appointed across the ICB's Places. These roles played a key role in ensuring that healthcare professions were involved in the planning and decision-making in every part of the system.

It was reported that an Asylum Group had been established and was well represented by experts and by people who had lived experienced of asylum seeking. The group had identified three levels of response for support; bronze level in terms of parity and how the ICB was working with communities where asylum seekers were based. Some were in locations that were not easily accessible. Silver level in terms achieving economies of scale, parity for translation services at scale and local translators embedded in places and primary care services and direct facilities. Gold level were those places that were meeting asylum seekers needs and have full inclusion health services that were able to respond fully to asylum seekers needs.

Stephen Eames sought clarification on Home Office (HO) health funding for asylum seekers. It was noted that £125 per person is received for asylum seeker placement. Louise Wallace confirmed that the Local Authorities (LAs) receive some funding in this regard and work closely with the HO in this respect but the funding formula further clarification.

It was noted that a full options appraisal and costing exercise had been undertaken in terms of developing a full inclusion health service and this was supported by the Board and would be brought back to a future meeting.

Andrew Burnell declared an interest as the chief executive of a provider of health services to asylum seekers. He noted that there the funding available struggled to meet demand when considering such patients often had a complex combination of mental health, wellbeing and other issued that require considerable support. Children had been traumatized and people had travelled hundreds of miles on foot across desserts and other hostile terrain with little or no support for their health needs. Primary care provided the interface in the first instance to such patients and consideration was needed as to how to provide an inclusive and effective health service to them.

It was agreed that the Population Health and Prevention Executive Committee would consider the discussions held by the Board and recommendations would be brought back to a future meeting.

**Outcome:**

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| (a) | Board Members noted the progress made addressing asylum seeker health needs. |
| (b) | Noted that a full options appraisal and costing exercise would be undertaken for integrated. and co-produced inclusion health services across the six Places. |
| (c) | Noted the appointment of the five Clinical and Professional Place Directors. |

## 14. People

Jayne Adamson provided a verbal update to the Board.

The Board were well sighted on the ICB's People Programme. One strategy has been developed and eight workstreams were operating which involved 185 employees across the ICS.

Key updates from the workstreams and the Workforce Board included:

- The recruitment of 228 clinical staff from the Kerala programme.
- Andrew Burnell has agreed to Chair the Workforce Board, which was a committee of the ICB Board (known in the operating model as the People Executive Committee).
- Discussions were taking place regarding an international recruitment initiative for local general practice, pharmacy and dentistry.
- Humber and North Yorkshire Manager toolkit for retention has been developed, which has generated interest regionally.
- Working with Health Education England (HEE) around multiyear modelling with all the people data in one place for the first time, which would allow the ICB to build meaningfully on the operational plan submission. This would be developed into a five-year plan.
- With the One Workforce, looking at an inclusive recruitment option that would impact on health inequalities and this had been supported regionally and nationally.

Jason Stamp commented that the People Strategy would help to identify the priorities and deliver workforce transformation. Conversations had taken place regarding recruitment and retention, and it was suggested further information be brought back the Board regarding workforce.

Stephen Eames felt it would be helpful for the Board to be shown metrics that help evaluate if the model had delivered what it set out to deliver.

Dr Ali made reference to the Primary Care Against Racism group regarding supporting international graduates coming over to maintain their wellbeing and increase the ICB's intention to get it right from the start and then assess this accordingly. The system wide Inclusion Assembly Network also launched next month regarding this.

**Outcome:**

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

**DEVELOPMENT OF THE INTEGRATED CARE BOARD**

## 15. Primary Care Governance

Amanda Bloor provided an update regarding the following:

- The delegation of pharmacy, optometry and dental (POD) functions to the ICB from NHSE from 1 April 2023
- The transfer of NHS England staff working in POD from 1 July 2023 and
- The transfer of NHS England staff working in general medical services and primary care transformation from 1 July 2023.

The report was taken as read and reference was made to the key points.

- It was noted that the report was about transfer of the commissioning functions for Pharmacy, Optometry and dental services to the ICB from NHS England (NHSE) from 1 April 2023. The staff that support these functions would transfer on 1st July 2023. In addition, the transfer of support primary medical services commissioning staff would also transfer on 1 July 2023.
- The Due Diligence Group oversaw the completion of the necessary checklist to enable the successful transfer of the relevant functions. Some areas were still outstanding, with final guidance awaited in particular with respect to IT and information governance.
- There will be two Memorandum of Understanding (MOU) documents in relation to POD functions. One from April to July 2023 for the function and then the second from July onwards to include staff. There would be a formal delegation agreement which had been received yesterday and would be signed by Stephen Eames or Amanda Bloor and Richard Barker, Regional Director for NHS England. The necessary updates had already been made to the ICB's Scheme of Reservation and Delegation (SoRD) and Operational Scheme of Delegation.
- It was noted that the dental team for North Yorkshire and Humber was small, with only 8.59 whole time equivalents (WTE) to serve Yorkshire and the Humber area. It had been agreed therefore to keep the group of staff together for resilience purposes and thy would be hosted by the ICB.
- It was noted that the Pharmacy budget was £42.2 million, Optometry £18 million and dental £101.4 million and in terms of the staff to support this the ICB would get 12.5 whole time equivalent staff for primary medical services. This was in addition to the staff working in Places and they would work as one integrated team. The total budget was £162 million and in terms of scale, there were 328 Community Pharmacies, 228 Optometry practices and 175 Dental practices and there were three further dental practices being procured at the moment in the Humber area and there were 181 GP practices.

Stuart Watson sought clarity as to why POD services were transferring before the relevant staff and it was noted that this was due to the NHS England timescale, with a late decision regarding the HR process. Jane Hazelgrave noted that the finance team for the POD would also be hosted by the ICB, and clarification was being sought regarding primary care finance team in West Yorkshire.

Stephen Eames highlighted the challenges regarding access to dental services and

how the ICB needed to think innovatively in terms of how resource was best deployed. It was agreed that the ability to have an ICB-level focus for planning strategically new procurements of practices and utilising underspends to maximum effect.

**Outcome:**

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| (a) | Board Members noted the contents of the report and received assurance that the ICB has and continued to work to oversee the safe transfer of POD functions from NHS England into the ICB on 1st April 2023 to ensure a seamless transfer. |
| (b) | Noted the Safe Delegation Checklist submission. |
| (c) | Noted the Memorandum of Understanding April-June 2023 and a further one from July 2023 to March 2024 to be signed by the Chief Operating Officer. |

## 16. Integrated Care Board Governance Updates

Karina Ellis presented updated versions of the core ICB governance documents that were originally approved at the inaugural Board Meeting, as follows:

- Constitution and Standing Orders
- Scheme of Reservation and Delegation (SoRD)

In terms of the Constitution and Standing Orders, the Integrated Care Board (ICB) were mandated to have this by NHS England (NHSE) upon establishment.

Changes included some minor NHS England (NHSE) technical updates as well as reflecting the change in status of North Yorkshire County Council with effect from 1 April 2023. The two additional posts of Chief Digital Information Officer and the Director of Governance & Board Secretary that would sit at the Board as 'Participants' had been added. Other minor changes included minor grammatical and consistency corrections.

With regard to the SoRD, updates had been made to reflect the following:

- further consistency with the ICB's Constitution and Standing Orders.
- new primary care delegations and future proofing the document in terms of the arrangements for the operating model and how the ICB might evolve over the course of the next 12 months.

Jane Hazelgrave presented the updated version of the Operational Scheme of Delegation (OSD) and summarised the very minor general housekeeping changes.

**Outcome:**

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| (a) | Board Members approved the amendments to the Constitution and Standing Orders, noting that changes to the ICB Constitution would not be |

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| | implemented until, and were only effective from, the date of approval by NHS England, subject to East Riding being included. |
| (b) | Approved the updated Scheme of Reservation and Delegation. |
| (c) | Approved the updated Operational Scheme of Delegation. |

## 17. Risk Management Update

Karina Ellis presented a summary analysis of the latest Corporate Risk Register (CRR) for assurance purposes and noted that responsibility for the management and mitigation of the ICB risks continued to be held by the relevant senior officers or managers within the ICB.

A review had been undertaken from Place to look at the corporate risks and currently there were 89 risks highlighted that fall outside the agreed appetite against the domains that had been agreed collectively as agreed previously by the Board. The analysis and summaries in relation to the corporate risks were noted and a section within the report that identified the key themes and thematic analysis, which fall around the ICB workforce capacity and wider system capacity and primary care capacity and a general risk theme around quality and adverse impact on quality patient outcomes and safety and adverse impact on delays and outcomes for patients. There were some elements around regulatory and CQC notices and digital and information governance.

The process would continue to be developed along with the wider risk management approach over the next few months ensuring that that the risk register was going to the relevant committees.

Discussion took place and Jason Stamp expressed his wish for simpler clarity on the relationship between those significant risks that should be the concern of the ICB Board on those that should remain the responsibility of other parts of the ICB.

It was noted that while the report provided assurance that a comprehensive set of risks were being managed and mitigated across the ICB, further work was required to distill the relevant risks for the Board's attention and review.

Teresa Fenech suggested that the risks needed to come through each individual directorate and for a formal process to be built in regarding this before being placed onto an ICB wide register.

The work that had been done so far was recognised and further discussions would be had outside the meeting regarding the technicalities in terms of the information to be presented to the Board.

**Outcome:**

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| (a) | Board Members noted the contents and reviewed the Corporate Risk Register Summary Report. |
| (b) | Noted the appended full Corporate Risk Register. |

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| (c) | Noted the progress and next steps in the continued phased development of the ICB Corporate Risk Register. |

**18. Innovation Research Improvement System (IRIS)**

The Chair welcomed Dr Jackie Andrews, Medical Director and Lead for Digital, Harrogate NHS Foundation Trust and Innovation, Research, and Improvement System (IRIS) Lead NHS Humber and North Yorkshire ICB to the meeting.

Nigel Wells advised that he and Dr Andrews had been working closely on the Innovation Research Improvement System (IRIS) programme and invited Dr Andrews to give an update to the Board.

The key information was noted as follows:

- There was a great deal of evidence regarding the benefits of research, innovation, and improvement in healthcare and continuous improvement.
- A stock take had been undertaken in terms of existing research, innovation and improvement and a Programme Director had been appointed for 12 months.
- Consideration needed to be given to clinical engagement in terms of fellowships / time.
- Launch events need to take place along with the governance arrangements but this would be dependent on light touch or all-inclusive option.
- Consideration to establish a committee or sub committee of the Board to oversee research, innovation, digital innovation, and improvement.
- Consideration to be given to procuring a continuous improvement management system that would assist in further engagement with provider organisations.

Professor Jeffery expressed his enthusiasm for the benefits of better co-ordinating partnerships in this field of work as there were, for instance, many aspects where the University of York could support in this work. The university had received £17million from the National Institute for Health and Care Research (NIHR) and this could be better linked to the IRIS programme.

Mark Chamberlain said that the ICB should not underestimate the positive impact that IRIS could have in encouraging innovation with members of staff.

Other Members added their support to the opportunities presented by the IRIS programme, as well as the need to further strengthen the research connections with the many and substantial commercial companies involved in significant health and care research within the Humber and North Yorkshire area.

**Outcome:**

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| (a) | Board Members noted the contents of the presentation and the verbal update provided. |
| (b) | The ICB agreed to consider creating an innovation group for the Integrated Care System, linked to the Integrated Care Partnership. |
| (c) | The ICB to considered procuring a Continuous Improvement Management |

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| | System. |

**19. Board Assurance Framework Review**

The Chair asked Board Members that in light of discussions held today whether the Board was satisfied that the Board Assurance Framework (BAF) was tracking the right risks in respect of the achievement of the strategic ambition.

The Board broadly agreed this was the case, however it was noted that longer term ambitions around risk needed to be discussed in further detail in due course.

**Outcome:**

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| (a) | Board Members noted the contents of the above. |

**20. Any Other Business**

There were no items of Any Other Business.

**21. Date and Time of Next Meeting**

The next public meeting would be held on Wednesday 10 May 2023 at 09:30.

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**22. 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.