



HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD (HNY ICB)

**MINUTES OF THE MEETING HELD ON WEDNESDAY 10 MAY 2023
THE GUILDHALL, MAIN HALL, ST MARTINS COURTYARD,
CONEY STREET, YORK, YO1 9QL**

Attendees and Apologies

ICB Board Members: "Ordinary Members" (Voting Members)	
Present	
Sue Symington (Chair)	HNY ICB Chair
Stephen Eames	HNY ICB Chief Executive
Amanda Bloor	HNY ICB Deputy Chief Executive / Chief Operating Officer
Dr Nigel Wells	HNY ICB Executive Director of Clinical & Professional Services
Mark Chamberlain	HNY ICB Non-Executive Director
Stuart Watson	HNY ICB Non-Executive Director
Dr Bushra Ali	Primary Care Partner Member
Simon Morritt	Provider Partner Member
Apologies	
Jane Hazelgrave	HNY ICB Executive Director of Finance & Investment
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality
Councillor Jonathan Owen	Local Authority Partner Member
ICB Board Members "Participants" (Non-Voting Members)	
Present	
Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & PR
Jayne Adamson	HNY ICB Executive Director of People
Karina Ellis	HNY ICB Executive Director of Corporate Affairs
Andrew Burnell	Partner Participant (Community Interest Companies)
Cllr Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Helen Grimwood	Partner Participant (Healthwatch)
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Louise Wallace	Partner Participant (Public Health)
Michele Moran	Partner Participant (Mental Health)
Professor Charlie Jeffery	Partner Participant (Further Education)
Shaun Jones	NHS England Locality Director
Mike Napier	Director of Governance and Board Secretary
Apologies	
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire Yorkshire)
"Observers" and Individuals Presenting Items	
Name	Title
Emma Sayner	HNY ICB Deputy Director of Finance and Investment
Paula South	HNY ICB Deputy Director of Nursing Governance
Sasha Sencier	HNY ICB Head of Governance & Development
Mark Bradley	HNY ICB NY&Y Place Finance Director – <i>Item 9 Only</i>
Lisa Pope	HNY ICB NY Place Deputy Director of Primary Care, Community Services, and Integration – <i>Item 9 Only</i>
Emma Jones	HNY ICB Business Support Manager (Secretariat)

1. Welcome and Introductions

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

The Chair expressed gratitude to Professor Charlie Jeffery and to the University of York for the use of the venue for the meeting today.

Particular welcomes were conveyed to Paula South, Deputy Director of Nursing Governance who was deputising for Teresa Fenech and Emma Sayner, Deputy Director of Finance and Investment who was deputising for Jane Hazelgrave.

The Chair mentioned that the results of the recent local authority elections had seen the ICB elected member partner and participants re-elected to their respective local authority appointments and she congratulated them on this achievement.

2. Apologies for Absence

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

ICB Board Members: "Ordinary Members" (Voting Members)	
Councillor Jonathan Owen	Local Authority Partner Member
Jane Hazelgrave	HNY ICB Executive Director of Finance & Investment
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality

ICB Board Members "Participants" (Non-Voting Members)	
Councillor Michael Harrison	Partner Participant (Local Authority: North 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 following Declaration of Interest were received in relation to the business of the meeting as detailed below:

- Andrew Burnell, Partner Participant (Community Interest Companies), declared an interest in Item 8: Chief Executive Update. The Interest declared related to having material shareholdings in private or public companies in the field of health and social care. The ICB Board noted the declaration and no other action was required to be taken as the item was an update from the Chief Executive and no decisions were required to be made by the ICB Board on this occasion.

4. Minutes of the Meeting held on 8 March 2023

The minutes of the meeting held on 8 March 2023 were submitted for approval and agreed by the Board as a true and accurate record.

The Chair noted that on page 11 some 'comments' had been left on the electronic version of the minutes and these should be removed for the final version.

Outcome:

(a)	Board Members approved the minutes of the meeting held on 8 March 2023 and agreed that subject to the above amendment that these would be signed by the Chair.
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5. Matters Arising and Actions

There were no actions arising from the meeting held on 8 March 2023.

Outcome:

(a)	Board Members noted that there were no actions arising from the meeting held on 8 March 2023.
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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:

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

The Chair asked Members to determine whether they were satisfied with the risks detailed on the Board Assurance Framework (BAF) and whether they were satisfied that the risks identified as those that threaten the achievements of the ICB's ambitions were the right ones and were they being managed effectively.

Karina Ellis presented the BAF and the ICB Board were advised that the detailed discussion at the previous meeting had been reflected in the updated document.

It was noted that the Board will be asked to approve the closure of risk A2 (2022/23 Financial Performance) following the successful completion of year-end reporting in July 2023.

A new risk relating to the 2023/24 Financial Plan had been included on the BAF by Jane Hazelgrave and its risk rating had increased from 15 to 25 in recognition of the increased concerns regarding the financial deficit for 2023/24.

Risk F2 (workforce) had also been increased from 15 to 25. Jayne Adamson had increased the risk following discussions with the Board in April and the issues regarding the pause on recruitment due to the financial deficit, together with the ongoing impact of industrial action.

It was noted that following the positive outcome of several audits there would be an

imminent reduction to the risk score for risk F1 (Compliance and Regulatory assurance of the ICB). This included a finding of significant assurance specifically in relation to the BAF.

It was also noted that cyber threats to the ICB were not currently reflected in the BAF and that a discussion should be had outside of the Board meeting to determine how these be included.

Outcome:

(a)	Board Members approved the updated ICB Board Assurance Framework (BAF).
(b)	That cyber risks to the ICB be included on the BAF as a risk and an update on cyber to be brought to the Board.

STRATEGIC CONTEXT

8. Chief Executive Update

Stephen Eames provided a verbal update to the Board on several areas including the recent primary care announcement and the 75th birthday of the NHS.

It was reported that the Integrated Care Board's (ICB's) Operational Plan for the year was submitted on 4 May 2023 and within this the Humber and North Yorkshire (HNY) area had committed to deliver all the required standards and targets for this year, in collaboration with its system partners.

Considerable discussions had been held regarding the 2023/24 financial challenge and a series of meetings had taken place, included a meeting with the national NHS England team around the financial plan. It was important to note that the ICB were able to agree a plan with them that would deliver a £30 million deficit, albeit with a significant degree of risk, followed by a move to deliver financial balance by the end of 2024/25.

There had been settlement for a large proportion of NHS staff to receive a 5% pay increase. The Royal College of Nursing (RCN) and junior doctors remained in dispute and further ballots for industrial action were being held. The outcome of the recent workforce summit held at the end of April 2023, which considered the opportunities to address some of the underlying local workforce issues as well as design an innovative approach to address these, would be considered later in the Board's agenda.

Stephen Eames referenced the outcome of the recent local elections. In North Lincolnshire a conservative majority was maintained. In Hull the Liberal Democrats had increased their majority and East Riding of Yorkshire had moved to no overall majority. In York, a labour majority had been returned.

Emma Sayner advised that with respect to the pay settlement the ICB were anticipating that the settlement would be reflected on a recurrent basis however a query remained regarding the non-recurrent element of the award for non-NHS Providers, specifically Social Enterprises and Community Interest Companies. Discussions were taking place with NHS England (NHSE) regarding the local implications and impact of this.

Andrew Burnell reported that Community Interest Companies (CICs) had previously received every national Agenda for Change (AfC) pay award, uplift, back pay up until this year. The financial impact for City Health Care Partnership (CHCP) CIC this year was £3.7 million, which had not been accounted for. As this was national scheme, this could not be controlled by CHCP and the 5% would be automatically applied. This was having significant business impact and other organisations in Humber and North Yorkshire (HNY) would be equally affected.

It was noted that the NHS would be celebrating its 75th birthday on 5th July 2023 and a summary of the national and regional events to commemorate this was provided. The anniversary also provided an opportunity for reflection, led by the NHS Assembly, to take stock of the many challenges currently faced by the NHS and how best to meet the challenges in health and social care moving forward.

Stephen Eames referred to the £1.4 billion nationally and £240 million regionally being made available as part of the Primary Care Community Pharmacies Initiative. Amanda Bloor reported that the ICB was prepared for these developments and made reference to the Fuller Report and the growing public mood around the 8am telephone demand for service support. A recovery plan had been published today following work undertaken over the past year and there was a multidisciplinary approach to delivering primary care. This promoted a blended model between face to face, online, email and telephone consultations, as well as the use of the NHS App. This multi-mode approach had been helpful in supporting patients.

It was noted that access to services remained a key priority nationally, with a target in the 31 national priorities of the NHS Operating Plan regarding additional capacity and using a blended approach to ensure patients are seen in the right way at the right time by the right person. Board members welcomed the development but noted that there were still significant capacity and modernisation challenges to address.

Andrew Burnell declared an interest to this matter, as a provider of community pharmacy services, and noted that the sector was struggling in several areas, including pricing and contractual issues, together with meeting need in areas of high deprivation. It was commented that most community pharmacies would welcome much more integrated working and it was important that the ICB recognise the stability and sustainability challenges facing the sector.

Clarification was sought in terms of the 'pharmacy voice' on the Board and it was noted that Partner Participant (Community Interest Companies) represented this. Dr Bushra Ali also added that she could also give a voice to some issues for pharmacy, optometry and dentistry as well as general practice.

It was also noted that the ICB was receiving delegated commissioning responsibility for Pharmacy, Ophthalmic and Dentistry (POD) service from July 2023 and this would help with greater line of sight of some of the issues discussed.

Lastly, it was reported that two Chief Executive level recruitment processes would be taking place over the forthcoming weeks for Harrogate and District NHS Foundation Trust (H&DFT) and Hull University Teaching Hospitals NHS Trust (HUTHT)/ Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (NLAG).

Outcome:

(a)	Board Members noted the Chief Executive's update.
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REALISING OUR AMBITIONS AND VISION

9. Catterick Integrated Care Campus – Full Business Case

The Chair welcomed Mark Bradley, North Yorkshire and York Place Director of Finance and Lisa Pope, Deputy Director of Primary Care, Community Services and Integration, to the meeting for this item.

The Chair advised that the Board were being asked to approve the Full Business Case (FBC) in principle, subject to resolution of the following outstanding points before contract award:

- Confirmation of the additional £9 million capital contribution from NHS England (NHSE) to the Ministry of Defence (MoD) via a Section 2 agreement with confirmed profiling of the capital.
- Agreement between the NHS and MoD of the financial profiling of capital transfers (linked to confirmation of item above).
- Confirmation of NHSE regional approval of the FBC with any recommendations incorporated within the final Full Business Case.

Amanda Bloor led the Board through the paper. The capital scheme was £114 million and a large part of this was through the Ministry of Defence (MOD). Catterick was a unique area in terms of his population profile with a lot of deprivation, particularly around the military and wider local population.

There would be an increase of circa 10,000 people into the community over the next few years and the current buildings were not fit for purpose, given rise to the urgent need for the current scheme. From Catterick's perspective and the proximity of primary and secondary schools the MOD tended to put families there that had children with some special educational needs. Reference was also made to the Armed Forces Covenant which sought to remove some of the challenges that serving military personnel and their families could experience.

The previous meeting of the ICB Board on 22 June 2022 had approved a contribution to capital costs of £15.2 million. This contribution had risen to £24.2 million in the subsequent period owing to inflation. The additional £9 million of capital had been secured from NHS England (NHSE) via email confirmation but formal correspondence was still awaited.

Given that the Outline Business Case (OBC) had been approved by the NHS England Region Team in March 2023, the next critical step was FBC submission, with alignment to MOD processes and formal contract award in the Autumn 2023. A further closure paper would be brought back to the Board in the autumn.

Discussion took place and Stuart Watson sought clarification with respect to further inflation pressure and associated costs. Mark Bradley advised that a maximum financial envelope had been agreed with the MOD and any commercial tenderer would be expected work within this envelope, having priced in a level of inflation. The NHS would not exceed their agreed contribution. The re-costing of the scheme had been completed to account for the period of inflation between the OBC and FBC.

Mark Chamberlain referred to new ways of working and sought further information about opportunities relating to additional primary care roles, extended neighbourhood teams, diagnostic facilities and community-based services such as mental health support services.

Dr Nigel Wells confirmed that there were opportunities with the model and with the estate without any market spend to increase services in other towns and to build on the integrated care model.

The Chair made reference to the technology and that this was implicit in the scheme and consideration needed to be given to building those relationships with the Army going forward and it was suggested that all the organisations should have supportive covenants in place.

Stephen Eames confirmed that he sat on the Armed Forces National Operation Group (AFNOG) at the invitation of Catterick and this was an important link and the Army needed to be part of the wider leadership community.

Outcome:

(a)	<p>Board Members noted the contents of the report and Full Business Case and approved this Full Business Case (FBC) in principle and subject to resolution of the following outstanding points before contract award:</p> <ul style="list-style-type: none">• Confirmation of the additional £9 million capital contribution from NHS England (NHSE) to the Ministry of Defence (MoD) via a Section 2 agreement with confirmed profiling of the capital.• Agreement between the NHS and MoD of the financial profiling of capital transfers (linked to confirmation of item above).• Confirmation of NHSE regional approval of the FBC with any recommendations incorporated within the final Full Business Case.
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OPERATION / SYSTEM PRESSURES

10. Quality

Paula South and Mark Chamberlain provided an update regarding quality and patient safety.

The Quality Committee was held on 27 April 2023 and an overview of the assurance, recommendations, actions and escalations were noted.

The Committee approved its Terms of Reference and also looked at the annual report and effectiveness review, reviewed a number of policies and the Patient Safety Incident Response Framework (PSIRF) which had been agreed to move forward and this would be a model for the whole of the patch in particular the learning from incidents and themes.

Reference was made to the Modern Slavery Statement, and it was confirmed that Board Members reaffirmed their support to the Statement. Delegated authority was given to Mark Chamberlain, through the Quality Committee, to confirm any subsequent steps on behalf of the ICB.

The Quality Committee had been assured by the action taken and the learning from

a series of quality incidents and the committee had also considered the National Institute for Health and Care Excellence (NICE) Framework around Domestic Abuse and Serious Violence.

Stuart Watson referred to modern slavery risks with respect to overseas recruitment activities and it was noted that the ICB would follow the statement made around modern slavery. The ICB was also cognisant of existing national safeguards for international recruitment.

Board Members noted the new national framework to deliver improved outcomes in all age autism assessment pathways. It focused on how people were diagnosed with autism in a timely manner and how services were provided, with a specific autism assessment offer and support during and after assessment. The waiting lists had been challenging for autism, particularly for children and work was taking place to keep the waiting lists down. Two pieces of guidance were referred to, national framework and operational guidance which set the general principles to be applied and operational context for autism and was a helpful template to map what was currently being done and to improve.

Reference was made to the Transforming Care Programme (TCP) of work that supported children and adults with learning disability and autism who may be at risk of being admitted to hospital. There was also a program of work to support people while they wait and after they were diagnosed and a program of work to prevent people going into hospital and a focus on discharge. There was a lot of work to do, although several models to build on across the ICB.

Discussion took place and Michele Moran stressed the importance of the document and the need to coordinate the various initiatives being taken forward.

Louise Wallace added that the guidance also required input from local government for adult care and childrens services, particularly in light of the Special Educational Needs and Disability (SEND) requirements. Work was taking place in North Yorkshire to strike the balance between Integrated Care System (ICS) level working and Place in order to reflect the needs of people at local level as well as what could be done once across the ICS.

Cllr Shreeve advised that the advocates of these families were a very vocal group with clear views of what support was required. The importance of effective engagement and consistency within this context was noted.

Jason Stamp stated that the assessment process and the waiting list and expectations needed to be managed as part of the process. There was an opportunity to elevate the voluntary sector support regarding this in terms of potential new models and opportunity to provide a different service.

Stephen Eames emphasised that this was a multi-agency issue and HNY needed to agree collectively the commissioning model to be delivered with partners and the minimum standards that would be expected to be seen, particularly where best to commission services.

Amanda Bloor said that this provided a good example of where partnerships can come together to provide a good solution to transforming care. Examples included within North Yorkshire as well as other Places where partners had worked together to create a development that allowed individuals with autism and others with very

complex needs to live independently.

The Chair expressed thanks for everyone's contributions.

Outcome:

(a)	Board Members noted the contents of the presentation and the update provided.
(b)	Board Members reaffirmed their commitment to Modern Slavery Statement and delegated authority to Mark Chamberlain, Non-Executive Director, to confirm through the Quality Committee any subsequent steps on behalf of the ICB.

11. Finance and Performance

Emma Sayner presented the financial position for the Integrated Care Board (ICB) and the Integrated Care System (ICS) for the period ending 31 March 2023 (Month 12). 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.

It had a positive year for the financial year that had just closed, and the Board were reminded that it had been a challenging year from a financial point of view in terms of the resources available.

There had been three months of the six predecessor Clinical Commissioning Groups (CCGs) annual accounts and nine months as an Integrated Care Board (ICB) which had been submitted in draft form to NHS England (NHSE) and external Auditors for review and these were currently being audited. There was nothing to alert the Board to in this respect.

The financial duties of the ICB and indeed the Integrated Care System (ICS) had been achieved and delivered a small surplus of £665,000 against an allocation of £3.4 billion. The ICB had also delivered a financially balanced capital plan and a slight complication linked to International Financial Reporting Standards (IFRS) 16, which was a technical accounting change.

In terms of the detailed report, Board Members noted the analysis of the ICB's expenditure along with the risks and pressure areas, around continuing healthcare, prescribing and out of area mental health which were expensive packages of care as well as some independent sector activity which was commissioned through separate contracts. Board Members also noted that a significant proportion of ICBs resource was locked into provider contracts.

This report related to the year 2022-2023 and the collective position for the ICS was noted. The ICB had delivered the cash position for the nine months to the end of March 2023 and achieved the better payment practice code for timely invoice payment.

Stephen Eames acknowledged the system achievement and the work undertaken with partner colleagues to get to the position. He reminded the Board of the two-year window to achieve a balanced financial position in order for the historical CCG deficits to be cancelled.

Stuart Watson made reference to the agreed plan with NHS England that still saw the delivery of a £30 million deficit across the system and the Chief Executive reiterated the significant risks associated with delivery of this plan.

Discussion took place regarding the year-end approval processes for the CCG and ICB Annual Report and accounts. It was noted that the Audit Committee had previously considered the drafts in detail and had not identified any matters of significance, either directly or via auditors, to raise with the Board.

A further meeting of the Committee was to be held on the 22nd June 2023, following which an extraordinary meeting of the Board would be convened to approved the Annual Reports and Accounts.

Outcome:

(a)	Board Members noted the financial performance for the financial year ended 31 March 2023.
(b)	An extraordinary meeting of the Board would be convened on 22 nd June 2023 to approve the Annual Reports and Accounts.

12. Clinical and Professional

Dr Nigel Wells presented the Clinical and Professional update. He advised that a Clinical Policy Review Group had been established to review, assess, and prepare draft ICB clinical policies. As part of their development, draft ICB clinical policies are presented to the Clinical and Professional Executive Committee, for review and endorsement. Clinical policies also need to be endorsed by the ICB Quality Committee before they can be formally adopted by the ICB.

Three policies that had been discussed at the recent Clinical and Professional Committee and how these were aligned into the Integrated Care Board (ICB). The policies had also been submitted to the Quality Committee for assessment.

The first policy to be considered was the Continuous Glucose Monitoring Policy and this had received a high level of elected member and diabetes groups' interest. NICE Guidance had been updated to broaden access to Continuous Glucose Monitoring technology for individuals who have Type 1 and Type 2 diabetes. A draft policy has been developed, to supersede legacy CCG policies and respond to this NICE Guidance. Further work was being undertaken to assess the financial implications associated with the policy.

The Health Optimisation Policy - a review has been undertaken of the effectiveness and appropriateness of the policy of health optimisation across the ICB area, which postpones referral for elective intervention for a certain period of time if a patient falls under certain criteria (for instance, the patient has a high Body Mass Index or are a smoker).

Breast Procedures - suite of three existing breast policies have been reviewed and revised draft policies developed for Male Gynaecomastia Reduction Surgery; Breast Prosthesis Removal; and Correction of Congenital Breast Asymmetry. These have been informed by the national Evidence Based Interventions (EBI) programme and the revised draft policies seek to harmonise discrepancies between legacy CCG policies.

The Board were further advised that an appointment had been made to the Innovation, Research and Improvement System (IRIS) Programme Director role and progress was being made in the appointments to the Directorates small team to support the clinical effectiveness function.

Following discussion by members, the need for a framework to progress the health interventions and outcomes work across the ICB through the establishment of a minimum universal standards as well as additional targeting beyond this of the limited resource beyond this was noted. This work would involve the voluntary sector and public health, as well as a variety of other system partners.

Mark Chamberlain confirmed that similar and detailed discussions had taken place at the Quality Committee, especially in relation to the more complicated clinical policies.

Outcome:

(a)	Board Members noted the items discussed at the Clinical & Professional Group and Executive Committee meetings.
(b)	Noted the actions being taken forward by the Clinical Policy Review Group.
(c)	Noted the update on staffing within the Clinical & Professional Directorate.

13. People

Jayne Adamson presented a progress update on the transformation programme and an outline of the 2023/24 collaborative priorities agreed by system partners at a summit event held on 26 April 2023.

It was reported that the first 180 days of the transformation programme had seen great success in building relationships. The focus of the 2023/24 programme was now shifting to outcomes/outputs. The Partner Summit had led to the development of the subsequent Breakthrough Workforce Transformation Programme for 2023/24. This comprised four previous and seven new workstreams, as follows:

- Inclusive health and care careers
- Flexible workforce; agency and bank
- Leadership, talent and succession
- Stay and thrive: retaining our staff
- OD lab for system effectiveness
- Care at Home workforce design
- Children’s and young people’s workforce design
- Oral health workforce design
- Volunteers at the heart of the system
- Enabling colleague movement
- Once system, recruiting together

The transformation methodology was noted which drew on four evidenced transformation processes, ‘big picture’, ‘sprint’, ‘care’ and ‘evolve aspirations. The development of metrics and outcomes were discussed and confirmed as key element of each of the Task and Finish groups.

The Partner Participant for Voluntary, Community & Social Enterprise highlighted the importance of connecting the workforce programme to wider system development.

The benefits of connecting staff across organisational and professional boundaries were already being seen, with fresh and innovative solutions as alternatives to traditional NHS models.

Cllr Stan Shreeve said it was important to understand the underlying causes of the agency spend challenge across the system. It was noted that this was included as part of a task and finish group and from the operational planning analysis being undertaken it could be seen that provider reliance on agenda was improving.

Professor Charlie Jeffery expressed his support to the themes covered in the presentation provided and emphasised the increased importance of transformation in the context of resourcing constraints. Partnership coproduction was essential for successful transformation. He also observed the need for professional accreditation processes to change in the UK and the role of the ICS in advocating for such change.

Stephen Eames enquired about the rationale for maintaining Humber and North Yorkshire geographic arrangements in the programme and it was noted that this reflected a historical position with regards to the practicalities of people meeting together as sub geographies. The arrangements remained under constant review at the Workforce Board however.

The issue of driving efficiency was raised by Andrew Burnell in terms of what the Places and the Providers wanted to deliver, and debate was needed about how best to support effectively the programme of work moving forward. Jason Stamp advised that the programme remained open to adopting alternative delivery models where these added value.

Jayne Adamson reported that some of the Health Education England (HEE) monies had been used to create some infrastructure, which would allow the ICB to work closely with Place and with Collaboratives on local workforce plans.

Michele Moran emphasised the need to support provider organisations to deliver transformation. Workforce was the main issue in all organisations and the ICB needed to support this work and learn from what was happening across various organisations across the Humber and North Yorkshire (HNY).

Outcome:

(a)	Board Members noted the progress and achievements of the first phase of our People strategy implementation: 180 Days of Action on Workforce
(b)	Approve the People transformation programme structure set out by partners for 2023/24.
(c)	Noted the contents of the Workforce Board update.

14. Audit Committee

Stuart Watson presented and updated on the latest meeting of the Audit Committee which was held on the 23 March 2023. The highlights (by exception) of the matters considered were noted by the Board Members.

Outcome:

(a)	Board Members noted the update provided from the Audit Committee Chair.
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DEVELOPMENT OF THE INTEGRATED CARE BOARD

15. Refresh of the Integrated Care Partnership (ICP) Operational Arrangements

The Chair presented the next steps for the development of the Humber and North Yorkshire Integrated Care Partnership (HNY ICP). The ICP was at the heart of the HNY Integrated Care System's (ICS) operating arrangements, ensuring parity with HNY ICB Board in driving system transformation and delivery of the ICS strategy in 2023/24.

The initial focus of the ICP had been to support and approve the ICS Strategy during 2022/23 and had now been completed. The paper presented the next steps in the development of the ICP, together with a set of enabling meetings that directly informed the work of the ICP. The plans were informed by the ICP's self-assessment of effectiveness as part of the recent light-touch governance review, as well as extensive engagement by the ICB/ICP Chair with senior partners in the ICP, ICB Board and beyond.

The Chair emphasised that the ICB wanted to be as creative as possible developing further the local operating arrangements to support the ICP and this had led to the four additional meetings which were summarised as follows:

- The ICS Futures Group – chaired by Professor Charlie Jeffery and comprising senior thought leaders from across the ICS, the Futures Group will provide impetus to the delivery of the long-term strategic ambitions of the ICS and challenge each part of it to think and act innovatively, questioning established thinking where necessary. The group will have particular focus on the strategies for population health and health inequalities; innovation, research and improvement; digital; developing talent; partnerships and anchor organisations; and patient voice.
- A local authority chief executive / ICB executive forum which would be an informal meeting between senior executives of the six local authorities and the ICB (plus ICP chair) to discuss items of their choice. Any feedback from this group will be captured and escalated to the ICP and the ICB, as appropriate.
- A local authority / ICB executive / Place directors forum as a formal meeting at which Place Directors can share thinking relating to opportunities and challenges relating to the partnership at large, or specific places, with senior executives of both the local authorities and ICB.
- A local authority / ICB executive / Place directors / Futures Group meeting – an opportunity for all four groupings to come together on the ICP day to discuss areas of common interest.

The formal ICP would continue to involve the six Health and Wellbeing Chairs, six place leaders and six Place Directors, the ICB Chair and Chief Executive and other Executives from the ICB. The meeting would be moved to quarterly and be livestreamed in public from June onwards.

In addition to this, discussions had taken place regarding the wider leadership across Humber and North Yorkshire and the intention was to bring them together twice a year in a symposium. The ICS Symposium would enable partners from the wider health and social care sectors, along with partners from education, business and other public sector organisations to come together to share knowledge, experience and promote learning and building partnerships through networking.

Its format will include a review of ICS progress across the ICB and ICP ambitions and specific case studies of progress being made and external guest speakers relevant to the themes being considered -such as the Child of the North Report.

With regard to the Futures Group, Professor Jeffery explained his view in terms of the framework that would enable much more systematic thinking beyond the near term as well as being crucial to amplify the region and capability of the system through partnership. It was acknowledged that partnerships with outside organisations could contribute a lot e.g universities, private sector and to mobilise all the relevant partners to draw on capabilities regarding research and innovation, workforce/talent, digital and population health and inequalities.

In response to a question, it was agreed that a report would be provided to the Board from the Futures Group following each of its meetings.

Outcome:

(a)	Board Members approved the refreshed operating arrangements for the Integrated Care Partnership (ICP), including the establishment of an ICS Futures Group which would be accountable to the ICP.
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16. Pharmaceutical Services Regulations Committee (Committees in Common)

Amanda Bloor provided an update regarding the required establishment of a Pharmaceutical Services Regulations Committee (PSRC), following delegation of responsibility of for the commissioning of pharmaceutical services from NHS England to the ICB. This was a highly specialist committee which makes decisions in relation to matters under the Regulations listed in Chapter 3 of the Pharmacy Manual.

It was noted that an urgent decision had been taken to approve the establishment of the committee, in the form of a Committees in Common with West and South Yorkshire ICBs, in accordance with the ICB Constitution’s provisions.

The matter was duly presented to the Board for its ratification of that decision. Further consideration would be given between the ICBs over the summer to maintain the Committees in Common arrangements or propose alternative working arrangements for the committee.

Outcome:

(a)	Board Members noted that an urgent decision was required to be made regarding the establishment of the PSRC, which was made following the processes set out within the Constitution and Standing Orders of the ICB.
(b)	Ratified the urgent decision made to establish the PSRC and approved its terms of reference.
(c)	Noted that the Governance Structure and Handbook of the ICB would need to be updated to reflect the new committee.

17. Summary Year-End Governance Review of ICB Board and its Committees

Karina Ellis presented the key outcomes of the light-touch review of the ICB Board and its nine Committees' governance as part of the 2022/23 year-end processes and comprised of three elements and included a number of appendices.

Thanks were conveyed to Sasha Sencier and Claire Stocks for their support in pulling the review information together.

The full outputs of the Committees reviews and effectiveness terms of reference were set out in the full appendices.

The Board were asked to note the summary of findings of the Board's self-assessment in section 2.2 and a number of areas had been identified for development. Section 2.3 set out the Committees specific changes in their terms of reference and these were summarized in section 2.4 The recommendation from the Finance, Performance and Delivery Committee to appoint an independent member to the Committee was noted.

The Chair conveyed her thanks for the work that had been done.

Outcome:

(a)	Board Members noted the findings of the self-assessed reviews of effectiveness of the Committees of the ICB Board for 2022/23.
(b)	Approve the updates to Board Committees' terms of reference, where applicable.
(c)	Noted the ICB Board Committees' annual reports 2022/23.

18. ICB Risk Management Policy

Karina Ellis presented the Humber and North Yorkshire (HNY) Integrated Care Board (ICB) Risk Management Policy which was integral to the ICB's decision making and management processes and would be embedded at all levels across the organisation. The Risk Management Policy demonstrated the approach to risk management and ensured there was a system for monitoring the application of risk management within the ICB.

It was noted that time had been spent with the Board Members regarding the development of risk management and approach to risk management.

The policy reflected the desire to adopt the effective risk management approach that accounted for the complexity of the ICB landscape as well and set out the ICB's risk management philosophy, roles and responsibilities as well as the concept, such as variable risk appetite and management of risk.

The policy was supported by a risk management framework which would set out all the detailed guidance, concepts and processes to support staff and committees and others to follow as the risk owners.

Thanks were given to Gary Johnson in particular for his input with regard to the development of the policy.

Outcome:

(a)	Board Members approved the Risk Management Policy.
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19. HNY ICB Health and Safety Policy

Karina Ellis presented the mandated policy as an essential part of the safe and effective operation of the Integrated Care Board as a Statutory NHS Body. It set out the health and safety statement, as well as the details of the organisation and arrangements that have been implemented, in order for the ICB to comply with the Health and Safety at work Act (1974). This policy was supported by a number of documents that offer guidance about specific health and safety issues.

This brought the six former Clinical Commissioning Groups (CCGs) Health and Safety policies into single policy and included all the elements mandated by relevant legislation and supported by a number of documents.

Discussion took place and the Chair mentioned that the policy does not reflect the environment that most people work in currently and it was recognised that other policies were in place to support this, and it was suggested that reference be made to these in the policy.

Jason Stamp commented about the need to evaluate risks according to the environment staff operated within and part of the policy needed to mitigate as much as possible. The policy referred to a range of enabling assessments and it was queried whether this documentation should be included. It was confirmed that this information had been completed.

Stephen Eames recommended that a Policy Group should be responsible in terms of the detail included in policies and the Board needed to be reassured that there was a process in place to underpin this work. It was agreed that a revised Policy for the Development of Policies would be brought back to the Board, with updated delegations and signposting of policy approval on a thematic basis.

Outcome:

(a)	Board Members approved the Health and Safety Policy
(b)	That the revised Policy for the Development of Policies be brought back to the Board for approval

20. Let’s Get Better – Launch of a new Public Health and Wellbeing Campaign

Anja Hazebroek presented information with regards to the Let’s Get Better campaign and provided a detailed overview and the campaign and its underlying approach. A key theme was that people wanted to access more information, more readily to manage their own health and wellbeing. Feedback from the primary care community, particularly general practice, and the NHS nationally was that there were some great health awareness campaigns but they were driving people to a service and reinforcing that people needed to do something if they felt unwell e.g. call 111, visit a pharmacy etc. There needed to be a much greater focus on prevention and self-care.

A lot of work had taken place before Christmas to develop the brand and icon for the local campaign and this had involved ICB partners, patients and public groups

The idea was to provide a one stop repository for the information relating to health and service information, as well as supportive tools, advice and guidance that people could use to get better, stay healthy and have a good life.

The Let's Get Better website had launched on 1 April 2023 and included a huge amount of information about service but more importantly provides the advice and guidance and was supported in the main by an awareness raising campaign across the month of April 2023 and getting this in front of people and getting them engaged.

A clinician led Let's Get Talking blog was in place and received positive feedback. The awareness had been amplified by extending the social and digital reach and the ambition was to engage with as many of the 1.7 million population that we could around this agenda.

The Chair welcomed the initiative and stressed the important role that the campaign could have in supporting local people to take more responsibility for themselves.

In response to a question from Mark Chamberlain it was confirmed that the campaign targeting the Facebook and TikTok social media platforms in particular as they were shown to be most used by the main target young audience.

Outcome:

(a)	Board Members noted the contents of the presentation.
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21. 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. There were no further comments.

Outcome:

(a)	Board Members noted the contents of the above.
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22. Any Other Business

There were no items of Any Other Business.

23. Date and Time of Next Meeting

The next meeting in public would be held on Wednesday 12 July 2023 at 09:30.

24. 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.