Humber and North Yorkshire
Health and Care Partnership

NHS
Humber and
North Yorkshire
Integrated Care Board (ICB)

Annual Report
1 July 2022 to 31 March 2023

Contents

Foreword from our Chair

I am delighted to introduce you to the Annual Report 2022-23 for NHS Humber and North Yorkshire Integrated Care Board (ICB).

This has been a significant year for health and care organisations with the passage of the Health and Care Act 2022 establishing ICBs and putting Integrated Care Systems (ICS) on a statutory footing. The purpose of this is to further empower ICSs to better join up health and care services, improve population health, and reduce health inequalities. This is where we can make a real difference to the communities we serve.

Of the 1.7 million people who live in Humber and North Yorkshire, more than 200,000 are living in poverty, with more than 60,000 children living in low-income families. More than 2,400 people each year die from causes considered preventable. Many of our communities with the highest levels of deprivation and the greatest health needs, live on the almost 100 miles of the east coast which stretches from Whitby down to Cleethorpes.

The healthy life expectancy – the number of years a person can expect to live in good health – is just 53.8 years for men in Hull, compared with 67.3 years for men in North Yorkshire.

The ambition of our Integrated Care System is that everyone in Humber and North Yorkshire has an equal chance to live a long, happy and healthy life, and using the collective power and influence of our ICS partners, we are committed to putting in place the building blocks for better health, and by working with partners we understand these to be improved health prevention measures, more locally focused health care, improved access to health care, better housing, transport, education and work opportunities.

Our North Star is to narrow the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increase healthy life expectancy by five years by 2035.

In short, we want every single person in our population of 1.7 million people to start life well, to live well, to age well and, when they reach the end of their life, die well.

Sue Symington
Chair, NHS Humber and North Yorkshire Integrated Care Board

What is NHS Humber and North Yorkshire Integrated Care Board?

The proposals within the Health and Care Act 2022 launched a process of significant organisational change within the NHS, meaning that from 1 July 2022 Clinical Commissioning Groups (CCGs) were dissolved with NHS Integrated Care Boards (ICBs) becoming the organisations with responsibility for NHS functions and budgets.

NHS Humber and North Yorkshire ICB is a statutory organisation accountable for NHS spend and performance for 1.7million people.

The ICB is a core member of the Humber and North Yorkshire Health and Care Partnership, alongside NHS providers, local councils, health, and care providers and voluntary, community and social enterprise (VCSE) organisations.

The Health and Care Partnership is one of 42 Integrated Care Systems (ICSs) which cover England to meet health and care needs across an area, coordinate services and plan in a way that improves population health and reduces inequalities between different groups. The Partnership was first established in early 2016 and since then partners have working together to look for ways to join up health and care services and to make them work better for our local people.

Accountable for NHS spend and performance for **1.7million people.**

One of **42 Integrated Care Systems** in England.

Established in 2016 to look for ways to join up health and care services.

Performance Report

Stephen Eames CBE

Chief Executive (Accountable Officer)
22 June 2023

Performance Overview

Chief Executive statement

Welcome to the first annual report for NHS Humber and North Yorkshire Integrated Care Board (ICB). This report will look at our performance during 2022-23. There have been many things to celebrate across Humber and North Yorkshire this year, and a few selected highlights have been provided below.

The responsibility for this annual report sits with the ICB as the organisation accountable for NHS spend and planning. However, much of our success is achieved in collaboration across our Integrated Care System (ICS) – Humber and North Yorkshire Health and Care Partnership.

Collectively we have resources, a budget of £3.5 billion and more than 50,000 people. However, the most important resource of all is partners who share a deep commitment to making changes that can deliver an improved, joined-up, quality health and social care system for our population.

Our partners include four acute trusts, three mental health trusts, six local authorities, two ambulance trusts and four community interest or not for profit organisations. There are also around 230 GP practices, 550 residential care homes, 10 hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well.

Working together will enable us to have a greater impact and to realise our ambition for everyone in our population to live longer and healthier lives.

2022-23 Highlights

Health and Care Partnership launches new name and look

Ahead of the ICB's establishment in July 2022, we launched a new name for Humber and North Yorkshire Health and Care Partnership in April 2022, replacing the previous name of Humber, Coast and Vale. The new name aligns with that of the ICB and better reflects the geography we serve. It also provided an opportunity to refresh the brand to represent our partnership; working together to create a healthier, happier communities.

Humber and North Yorkshire
Health and Care Partnership

One workforce

More than 50,000 people work in health and care in our region and during 2022 the Partnership developed a 'One Workforce' vision that set out how it would support and develop the current health and care workforce, and how it will shape and grow our future workforce.

To support this vision, 180 Days of Action on Workforce was launched in September 2022, inviting people from across the system to contribute to the task of defining our priorities and plans.

Some 185 individuals volunteered – at a time when our system was working under unprecedented pressure, which was a significant achievement.

Partners have already reflected on the value of coming together to develop ideas and highlight current good practice around the priorities, recognising the importance of developing a shared understanding of what we could do together in the future.

NHS in Humber and North Yorkshire launch Let's Get better

A new website has been launched by the NHS in Humber and North Yorkshire to help people start well, live well and age well. Let's Get Better brings together lots of health and wellbeing information to support people throughout their lives and helps people choose well and get the care they need when they're unwell.

Do visit the website at **www.letsgetbetter.co.uk** for more information.

Diagnostic capacity increased for Lung Health Check programme

An extra 7,000 people in Humber and North Yorkshire could receive potentially life-saving lung scans every year, following the acquisition of another CT scanning unit by partners working together to deliver the NHS Targeted Lung Health Check programme in the region.

The CT scanning unit will be used to check the health of people's lungs as part of the NHS Targeted Lung Health Check programme, which was recently expanded to North East Lincolnshire and has been running in Hull for approximately two years. The programme will be rolled out in other parts of Humber and North Yorkshire in the coming years.

Humber and North Yorkshire confirmed as National Discharge Frontrunner Site

In January 2023, Humber and North Yorkshire Health and Care Partnership was selected by the NHS, Department for Health and Social Care (DHSC) and Department for Levelling up, Housing and Communities (DLUHC) to become a national Discharge Frontrunner site, leading the way in developing and testing radical new approaches to discharging people from acute care.

After a competitive selection process, over a number of months, Humber and North Yorkshire was one of only a handful of sites selected nationally. The scheme will run for 12 months and presents a unique, system approach to discharge transformation via the use of technology and wider pathway transformation. Being a frontrunner site will bring further pace into transforming pathways of care as well as the greater understanding of shared resource across the system and how to use it wisely.

NHS Humber and North Yorkshire praised for 'pioneering' work to help people stop smoking.

Working together with our local authority, hospital trust, community stop smoking services and Primary Care partners, we have launched a comprehensive tobacco control programme which aims to drive down smoking rates in Humber and North Yorkshire.

It includes providing incentives for pregnant women to stop smoking, offering vapes as the first- line quit aid in local stop smoking services, lung health screening and more joined up services which aim to tackle the trade in illicit tobacco.

This is a true embodiment of partnership working in healthcare, connecting services and support to create a seamless level of care for our communities.

Whitby Hospital refurbishment complete

The completion of the refurbishment of Whitby Hospital in October 2022 was praised as a great example of a willingness to put money behind a project to ensure its long-term future.

The need to redesign services in Whitby and surrounding areas had been a priority of NHS and Council commissioners for several years. In 2012, the former local CCG started a period of engagement with stakeholders to inform the vision called, "Fit 4 the Future" which outlined a blueprint for community hospitals to develop modern, locally sustainable community services that would meet local need, delivered in a wider range of settings.

Bridlington now has two larger GP practices

In a move that will see future improvements being made to GP services, a total of 16,000 patients safely transferred across in March 2023 to Drs Reddy and Nunn GP practice in Bridlington. This means that the town now has two larger GP practices providing care for local residents.

The Bridlington Primary Care Network is confident that having two larger practices will make it easier to share learning, clinical leadership, and mentorship, and to provide opportunities to bring in more clinical roles.

New Northern Lincolnshire Emergency Departments Open

During 2022-23, Northern Lincolnshire Emergency Departments have been transformed and have opened their doors to patients in Scunthorpe and Grimsby.

The project has modernised and doubled the size of the previous Accident and Emergency units and is part of a wider £101 million programme to improve facilities across the Northern Lincolnshire and Goole NHS Foundation Trust to meet the needs of our communities now and in the future.

The new departments have doubled the capacity of the waiting areas and there are now dedicated waiting areas for younger patients. There are more cubicles available within the departments which can be used flexibly to help to manage surges in patient numbers and a new dedicated ambulance bay which will reduce the time to transfer patients arriving by ambulance into the hospital.

Centre of Excellence in Tobacco Control

Tobacco use is recognised as the single largest preventable cause of ill health, responsible for half of the difference in life expectancy between the least and most deprived for our population. Our efforts to tackle this burden of ill health are twofold. Firstly, through our successful Treating Tobacco Dependency Programme we are embedding smoking cessation into maternity, acute and mental health pathways in the region, as well as into Lung Health checks. So far, from September 2022 until May 2023, 1126, patients have received an intervention, and of the 549 outcomes that are due, 245 (45%) have been quits. Secondly, financial resource has been secured in 2022-23 to establish a comprehensive tobacco control programme – the Centre for Excellence in Tobacco Control. This will enable us to plan a comprehensive tobacco control approach going forward, beyond cessation service provision.

Stephen Eames CBE
Chief Executive, NHS Humber and North Yorkshire Integrated Care Board

Purpose of overview section

The overview section sets out the purpose and objectives of the organisation, describing the activities, model, and structure of the ICB. It demonstrates how the ICB has led the NHS and wider system and become an anchor institution. It sets out how the ICB discharges its duty to have regard to the effect of its decisions (the 'triple aim') is embedded within the ICB and how it operates as an Integrated Care System. It sets out the progress that the ICB has made in 2023/23 in establishing its operating model and ways of working to meet key statutory duties. This section includes a performance appraisal which sets out a fair assessment as to how the ICB has addressed key NHS operational objectives and delivered performance. This section provides a summary and assessment of the current progress and position of the ICB as a maturing organisation.

Statement of purpose

In 2022-23 the ICB has established itself as a strong leader within the system, setting out partnership ways of working, ensuring effective decision making and placing itself at the heart of local strategy and planning.

The Humber and North Yorkshire Health and Care Partnership comprises of the NHS, the top tier local authorities and other health and care providers, including the voluntary, community and social enterprise sectors. It covers a large geographical area which includes cities, market towns and remote rural and coastal communities. The Partnership operates as an Integrated Care System (ICS) and collaborates to achieve the triple aim of:

a) better health and wellbeing for everyone,
b) better care for all people, and
c) the sustainable use of resources.

The vision of the Partnership is to improve the health and wellbeing of our people and address inequalities in our communities, with the aim of ensuring that local people can start well, live well, age well and die well.

As a Partnership, our endorsed and agreed operating arrangements are based on an NHS Integrated Care Board

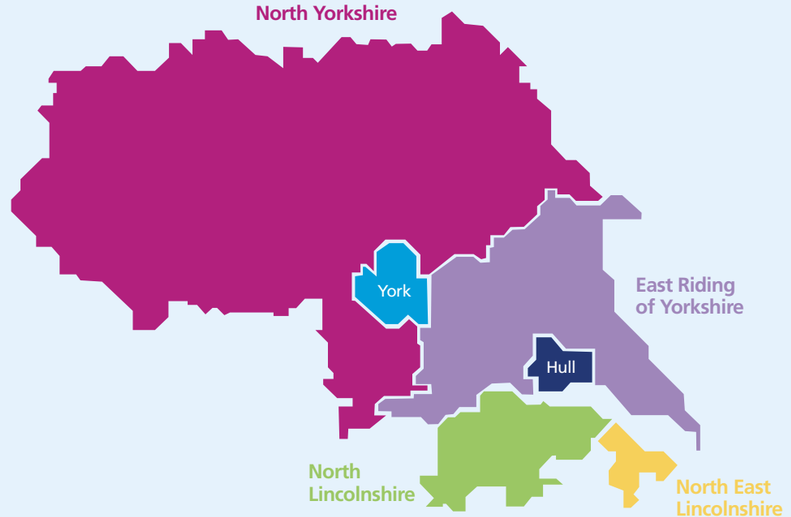
a) Six places, namely:

- East Riding of Yorkshire
- Hull
- North East Lincolnshire
- North Lincolnshire
- North Yorkshire (excluding Craven) and
- The City of York

b) Five sector collaboratives, namely:

- Mental Health, Learning Disabilities and/or Autism
- Collaborative of Acute Providers
- Community Health and Care
- Primary Care and
- Voluntary Community and Social Enterprise sector

c) A Humber and North Yorkshire Integrated Care Partnership – operating as a partnership between the NHS Humber and North Yorkshire Integrated Care Board and the Local Authorities, with wider system partners, adopting a collective and symbiotic approach to decision making and facilitating mutual accountability across the ICS.



6 Local Authorities (Upper tier and unitary authorities)

550 care homes and 180 home care companies

Second largest Integrated Care Board in England with a population of 1.7million

3 mental health trusts

4 acute hospital trusts (Operating across 9 sites)

42 Primary Care Networks (181 GP Practices)

1000s of voluntary and community sector organisations

c.50,000 staff across health and adult social care

Total budget of approx. £3.5bn pa

10 hospices

2 ambulance trusts

4 community / not for profit providers

NHS Humber and North Yorkshire Integrated Care Board (ICB) is a statutory NHS body with those functions and duties conferred to it as set out within the Health and Care Act 2022.

Integrated Care Strategy

The Integrated Care Strategy published in 2022-23 sets out our ambition for everyone in our population to live longer, healthier lives, by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

To reach that ambition our **vision** is to ensure that all our people:

The strategy was developed by working with, and building up from, each of our six places in Humber and North Yorkshire. Each place engaged with their communities and partners, reflecting Joint Local Health and Wellbeing Strategies. The ICS Strategy has been signed off at our Health and Wellbeing Boards and forms the basis of the Joint Local Health and Wellbeing Plans.

The Integrated Care Strategy was the outcome of an ongoing conversation with patients and the public across the ICB, utilising the strong relationships and existing networks. The ICB engagement strategy was developed with all the partners that make up the Humber and North Yorkshire Integrated Care System, this includes engagement and patient experience professionals, people from voluntary and community groups, Healthwatch, and patients and members of the public. This strategy was approved by the Humber and North Yorkshire Integrated Care Board on 1st July 2022 and will be reviewed by the end of June 2023.

Operating model

The ICB operating model has been established to effectively lead the system through strong partnership working and support effective decision making ensuring that the ICB has regard to the effect of its decisions (the 'triple aim') as an anchor organisation in the wider health and care system.

The ICB operating model has been operational since 1 July 2022. The purpose of the model is to support the principles of subsidiarity and delegation, ensuring that we adopt the principles of local decision making and autonomy to meet population needs while creating a whole system approach to maximise efficiencies by 'doing things once' where appropriate.

The aim was to emphasise the importance of place-based partnerships by ensuring that place and sector collaboratives was at the core of the delivery mechanism of the ICB, within an overall single operating model. Place based partnerships create the right conditions for change, ensuring local system conversations can develop plans to address local priorities and health inequalities within the overall ICB strategy. This is led by facilitating and negotiating close partnership working with local providers, local authorities, voluntary and community sector partners and populations to agree priorities within the Integrated Health and Care Strategy and the Joint Local Health and Wellbeing Strategies. The operating model embeds the 'triple aim' through place-based delivery to consider the effects of decisions of:

- The health and wellbeing of local populations.
- The quality of services provided or arranged by both them and other relevant bodies.
- The sustainable and efficient use of resources by both them and other relevant bodies.

In 2022-23 the ICB has continued to reflect on and refine the model. The Deputy Chief Executive has held planning sessions with all Place and Collaborative Directors to review current ICB ways of working and how this might shape the future operating model.

Overall, it is felt that the current model has worked well, but further maturity is needed to embed decision making between place, sector and ICB executive. There was strong agreement that place is best placed to directly manage and co-ordinate services and decisions that:

- Are delivered solely or predominantly within a specific place geography.
- Require an integrated approach to achieve effective delivery.
- Where there are key established relationships that can drive active engagement with communities.

In 2022-23 there have been good examples of where the model of place led system and collaborative working has created the right strategic environment for delivery and service transformation:

- Agreeing local priorities with partners at each place, aligned to ICB priorities.
- Early engagement through place and sector collaboratives to respond to urgent care pressures and improve pathways for discharge through developing local plans for £18.1m Adult and Social Care Discharge Funding.
- Developing integrated models of care with Local Authorities to reduce health inequalities.

- Working across place and sector collaboratives alongside local partners on the configuration of mental health services.

Sector collaboratives bring the provider delivery partners together to transform services at scale, doing things once to share learning and reduce variation, working closely with place partners. The sector collaboratives are responsible for:

- Delivery on key targets.
- Act between provider members, place, and other delivery partners to deliver transformation at scale, as part of the ICB strategy.
- Provider and service strategic transformation.

In 2022-23 Responsibility Agreements set out the areas of accountability and responsibility for the six places and five sector collaboratives. Resources were delegated to NHS place directors to be discharged through the Place Committee/Board arrangements. These committees included a wide range of health and care partners and operated in accordance with the Scheme of Reservation and Delegation and Operational Scheme of Delegation. Throughout 2022-23 places have been engaged in discussions about local autonomy and delegation of local decision making. A maturity matrix was also completed by each place to inform intentions for 2022-23. Five places confirmed that delegation will continue through place director, discharged through the local place committee. North East Lincolnshire wish to establish a Joint Committee. These will be developed over time and assurance will be given to both the ICB executive and Council's Cabinet.

Joint Forward Plan

In 2023-24 the ICB will publish its first Joint Forward Plan which will set out how the NHS will deliver the aims and ambitions set out in our wider system Integrated Care Strategy. Joint Forward Plans must set out how ICBs intend to discharge their duty to have regard to the wider effect of decisions about the provision of health and care.

Our belief is that through integrated care we will give people the support they need and join up services with local councils, other NHS and non-NHS organisations.

We have created the Joint Forward Plan from a 'bottom up' approach – seeking to bring together place and collaborative plans to describe how all parts of our ICB are working together with partners to deliver our ambitions through NHS commitments and to meet the needs of our local populations. Our Joint forward plan brings into focus in one place:

- What the NHS will deliver, fully aligned to wider system partnership ambitions.
- How we are making an impact through place strategies, partnerships, and plans, building on continuous engagement with our populations.
- Ensuring that we are delivery focussed by including specific objectives for 2023-24.

In bringing these existing plans and strategies into one place, the ICB can hold itself to account for our actions to support system and partners strategic aims and can ensure that we understand our progress and adjust throughout the five years to ensure we deliver our shared vision.

The plan sets out our stall as to how the ICB will work to improve outcomes for our population, tackle health inequalities, improve productivity and make connections between health and wider issues including how the ICB will work with partners to address local social, environmental, and economic conditions which impact on health and wellbeing. The plan will be submitted to NHS England in June 2023, but our planning activities will continue beyond this. We will use the plan to track our progress and ensure continuous engagement through partners and with the public so that we build an ongoing five-year programme to deliver our strategic aims.

This plan forms the basis of the ICB becoming a partner in the Humber and North Yorkshire system, providing transparency about how the ICB will empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending. This will enable us to deliver on the promise of system working, as described in the Hewitt Review of integrated care systems.

Clinical and professional leadership

In 2022-23 the strong foundations for clinical and professional leadership have been laid through the Executive Director of Clinical and Professional Services.

In 2022-23 the Executive Director of Clinical and Professional Services has led a programme to align commissioning statements and policies. To ensure that the ICB takes appropriate advice, and engages appropriately with clinical professional leads, a professional clinically led group has been established by the ICB, comprised of experts from former CCGs, and GPs representing each local area, to lead the review of all clinical policies. This group is working to a review programme and aims to prepare commissioning policies for approval taking a phased approach. An Ethics Committee has been established to provide guidance and advice to support this programme.

The Innovation, Research, and Improvement System (IRIS) has been established in Humber and North Yorkshire under the Director of Clinical and Professional Services to promote and facilitate research within the ICB. It aims to increase opportunities in the ICB for research and innovation by:

- Ensuring a single front door into/ out of the HNY ICS for innovation, research, and improvement
- Communicating ICS 'grand challenges' to researchers and innovators
- Providing structure, process and (some) capacity and in time governance
- Drawing on external expertise
- Ensuring close working with digital innovations

Performance appraisal

NHS objectives and performance against NHS plan (data includes from end of March 2023)

Elective services

The establishment of the ICB on 1 July 2022 inherited significant challenges in all elements of elective services, (outpatients, day cases and inpatients), in terms of the size of the overall waiting lists, and the length of time people wait for treatment in Humber and North Yorkshire. Pressures were apparent, for both the overall volume of patients and the time to treatment, prior to the onset of covid, which have been exacerbated in the last few years.

However, to combat that, inroads have been made over the last year despite the continuing presence of covid and the disruption caused by a significant period of industrial action. Our Trusts have consistently ring-fenced facilities to minimise the impact of cancellations due to emergency service pressure, provided mutual aid at a specialty level to improve access for those waiting longest, increased capacity within the Trusts by running additional hours weekday and at weekends, as well as using the capacity available from independent sector providers.

The combination of these initiatives has resulted in three patients waiting more than 104 weeks on 31 March 2023 compared to 649 patients on 31 March 2022. Similarly, the number of patients waiting more than 78 weeks is 321 on 31 March 2023 compared to 2009 patients on 31 March 2022.

In 2022-23, more patients have been treated as outpatients, day cases and in patients than in 2021/2022, but not enough to maintain the overall size of the waiting list or the number of patients waiting over 52 weeks as both indicators have worsened.

To address this, with the remaining challenges across the system, we have also developed plans to increase facilities and capacity at all our Acute hospital sites which will come online during 2023/2024 and 2024/2025. A range of indicators for elective services is shown in the table below.

Elective Care			
Metric	**21-22**	**22-23**	**Summary**
Number of Referrals	586k	590k	Increased
Total Patients awaiting Treatment	161k	181k	Deteriorated
Patients waiting longer than 104 Weeks	649	3	Improved
Patients waiting longer than 78 Weeks	2,009	321	Improved
Patients waiting longer than 52 Weeks	8,573	9,730	Deteriorated
Number of Elective and Day Cases Delivered	286k	309k	Improved
Number of Outpatients Delivered	1,936k	2,033k	Improved

Urgent and Emergency Care

Urgent and Emergency Care remains challenging across the system. While the demand in Emergency Departments has increased from 671,000 attendances in 2021-22 to 692,000 in 2022-23, we have also seen a deterioration in the number of patients waiting over 12 hours for a bed from 3155 in 2021-22 to 22,802 in 2022-23 and the percentage of patients meeting the 4- hour standard has deteriorated from 62.6% to 61.6%. We have also experienced an increasing number of delays to ambulances over the year.

In 2022-23 the ICB has established robust arrangements through the UEC Board with an improvement action plan in place. The ICB is exiting the year with improved performance in Ambulance handover times, and overall performance for the 4-hour standard, and with bed occupancy reducing, although there is variation across the geography. The position has improved as two emergency departments have been expanded, additional staff have been recruited to cohort patients as they arrive, and additional General and Acute (G&A) bed capacity and bed equivalents come on stream, using the demand and capacity money received. Concurrently, work continues providing patients and healthcare professionals with alternative routes to the Emergency Department with GP, Community and Mental Health out of hospital initiatives.

There has been substantial focus on improving flow and discharge processes across the health and care system with improvements in the number of patients waiting over seven and 21 days, although this remains a challenging area.

A range of indicators across Urgent and Emergency Care is shown below.

Urgent Care			
Metric	**21-22**	**22-23**	**Summary**
Number of Attendances in A&E	670k	692k	Increased
Patients waiting longer than 12 hours for a bed	3,155	22,802	Deteriorated
% of Patients being treated within 4 hours	62.3%	61.6%	Deteriorated
Number of Patients in Beds Longer than 7 days	1,308	1,219	Improved
Number of Patients in Beds Longer than 21 days	525	457	Improved
Number of General & Acute Beds	2,760	2,992	Increased
Number of UCR Contacts	1,490	9,612	Increased

Cancer

The Cancer Alliance is part of the ICB Collaboration of Acute Providers and continues to lead on overseeing cancer services across the ICB. One of our four Acute Trusts Harrogate District Foundation Trust is part of the West Yorkshire Cancer Alliance, and this requires oversight across two Alliances.

The improvements seen in the cancer domains is notable given the pressures in other parts of the system. The ICB has seen increasing cancer referrals recovering to the pre covid position and numbers of patients waiting for treatment after 104 days has reduced from 178 patients on 31 March 2022 to 108 patients on 31 March 2023. Similarly, the number of patients waiting more than 62 days for treatment has reduced from 633 patients on 31 March 2022 to 539 patients on 31 March 2023.

Whist the number of cancer treatments provided is not yet back at pre covid levels the improvements are notable and diagnosing patients earlier in their pathway is enabling earlier treatment should this be necessary.

However, there are significant capacity gaps in several of our diagnostics services and there remains a workforce challenge in Oncology. Improvements have been implemented across the system, and more activity completed, by increasing capacity and providing more mobile MRI and CT scanners, but this remains a challenging area. In 2022-23 plans to develop Community Diagnostic Centres have been put forward. The Centre at Scunthorpe which has been approved will start to come online in 2024-25.

A range of indicators across Cancer care is shown in the table below.

Cancer Care			
Metric	**21-22**	**22-23**	**Summary**
Patients waiting longer than 62 days for treatment	633	539	Improved
Patients waiting longer than 104 days for treatment	178	108	Improved
Patients being Treated within 62 days of GP Referral %	67.53%	57.23%	Deteriorated
Number of Patients Treated for Cancer	9,857	9,612	Deteriorated
% of Patients seen within 2 weeks from Referral	86.04%	87.09%	Improved

Mental health and Learning Difficulties

There are challenges across a wide range of performance measures for mental health and learning disabilities. Improvements have been seen in all areas; however, Humber and North Yorkshire remains a distance from long-term plan (LTP) targets. Most significant movement in trajectories has been seen in community mental health (now 10% away from LTP, which is below the regional average). Dementia has moved from 57.9% to 64.4%, perinatal access is 19% from LTP target, which is the strongest position in the region with current plans.

Learning difficulties and autism reliance on inpatient facilities is well above plan. However, access to Children's and young people services and routine referral to treatment times for children and young people with an eating disorder and the estimated diagnosis rate for people with dementia all remain adverse to plan.

Projects that have improved outcomes for people with MH/LD:

- The development of dynamic support registers (DSR) Huddles and network across North Yorkshire and York (NYY) which have helped reduced the numbers of people with LD coming into hospital and supporting them to stay in their own communities.
- Increased uptake of annual health checks (AHC) for people with a LD across NYY and are expecting to exceed the national target of 75% in both localities.
- Bridlington Well-being pilot - LD health and wellbeing hub launched in October 2022. Exemplar site model shared across TCP to encourage further roll out. The Hub delivered 83% annual health checks (AHC), pre check questionnaires, information leaflet, four wellbeing sessions plus greater understanding of barriers to LD AHC.
- The Autism In Schools Programme in North East Lincolnshire Place has worked with 13 local mainstream schools to improve the way they support children with autism and deliver better outcomes. The voice of the child and parents/carers has been central to the programme with progress made in understanding local needs, providing training and per support, raising awareness, and developing a stronger local offer for neurodiversity.

Maternity Care

The ICB supports the Local Maternity and Neonatal System (LMNS) in the coordination of provision, oversight and service user input into maternity and neonatal units and services across provider sites and places. The LMNS has several key workstreams that support the key requirements outlined in 'Better Births', the 'NHS Long Term Plan', 'Ockenden' and 'East Kent' reports and regular MBRRACE reports focussing on maternal mortality and morbidity. There is also significant emphasis on the provision of choice and personalisation of care, and on prevention workstreams to support healthy pregnancies and post-natal physical and mental health support.

Safety and Quality

The LMNS supported and oversaw visits of all Trusts during 22-23 to assess their compliance against the first part of the Ockenden report and make recommendations about next steps based on the document review, staff interviews and service user input. The clinical leads in obstetrics and neonates supported guideline development, reviewed serious incidents across the region for themes and trends, fed into investigations into complex incidents and supported colleagues in individual issues. All this is contributing to the national ambitions to reduce stillbirths and brain injury in neonates. Additionally, the clinical lead for Maternal Medicine Networks supported the introduction of these across Yorkshire and the Humber and ensured local units were well linked into this regional priority. Targets and standards were supported across the following areas:

- Pre-term birth – review of the implementation of LMNS wide capacity escalation, significant improvement in the numbers of babies receiving the British Association of Perinatal Medicine 7 key interventions, input into the regional intra-utero transfer guidance.
- Maternal Medicine Network – supported and implemented regionally, with significant input from the HNY ICB area.
- Maternal Enhanced and Critical Care – ongoing work to provide appropriate training for staff who care for women who have significant medical episodes during birth requiring High Dependency or Intensive Care.

- Monitoring against the continued improvements against key safety pieces such as the Ockenden review recommendations, the Saving Babies Lives Care Bundle v3 and Maternity Incentive Scheme (as part of the Clinical Negligence Scheme for Trusts) took place across the year, with the core LMNS coordinating and facilitating check and challenge meetings, oversight of compliance and areas of linked provision of guidance and protocols underpinned all the work taking place.

Choice and Personalisation

- Introduction of translation, interpretation, and accessibility services across all the LMNS websites (covering maternal medicine, smoking cessation, and maternal mental health) to ensure informed choice is possible for many of our communities.
- Production of unit introduction videos for maternity and neonates addressing issues raised in the 21-22 NHS Maternity Survey to ensure families understand what facilities are available at each site.
- Continuity of Carer teams were maintained at Northern Lincolnshire and Goole NHS Foundation Trust's Grimsby site supporting women and birthing people living in areas of deprivation, despite ongoing staffing challenges.
- Provision of continuous glucose monitoring devices offered to all those with Type 1 diabetes and pregnant to support the evidence-based improvements to both mothers and babies.
- Continued attainment against the UNICEF Baby Friendly Initiative (BFI) for all maternity and neonatal units, as well as council and health visiting teams to ensure support for breastfeeding.

Enablers – workforce

The LMNS and ICB workforce teams have produced a workforce strategy to drive the next steps in recruitment, retention, support for international and newly qualified midwives and other key professionals within the workforce. All areas now have recruitment and retention midwives, working alongside colleagues to provide practice learning facilitators, be part of the Clinical Placements Expansion Programme and the Learning Environments Assessment and Placements, and link into the implementation of the workforce strategy.

Enablers – prevention

Smoking cessation as part of the NHS Long Term plan has been fully implemented across two Trusts, and partially in the other two in the financial year, with our first baby being born to a mother who had quit smoking with the team, in March 2023. Further work is ongoing to support an LMNS wide incentive scheme; these schemes are proven to boost the numbers of women and their family members who stop smoking during pregnancy and stay stopped. The ICB has supported other programmes through the breastfeeding strategy and research on effects of consumption of alcohol during pregnancy.

Digital

The LMNS completed digital strategies across all Trusts in the area. During 2022-23 Harrogate and District NHS Foundation Trust and York and Scarborough Teaching Hospitals NHS Foundation Trust commenced the implementation of a new Maternity IT System to support these ambitions. The possibilities of then linking the new Maternity IT System into health visiting, mental health and other support for parents such as user apps, patient held electronic notes, and provision of a digital 'Red Book' were all progressed.

Primary Care

Enhanced Access services are in place across the ICB providing a variety of appointments for our population outside of General Practice core hours. Enhanced Access is available from 6.30 until 8 pm Monday to Friday and 8am until 8pm Saturday and Sunday.

The ICB has commissioned through non recurrent funding additional appointments across all six Places to support Acute on the day Primary Care access across winter to support all patients who require an appointment on the day to be seen reducing with the demand through the Urgent and Emergency Care system.

Online Consultations including Video Consultations are available across the ICB.

Communication campaigns have focussed on digital access through the NHS App for repeat prescriptions, booking appointments and contacting your GP Practice for an online consultation as well as promoting the use of NHS 111 freeing up the telephone lines for those patients who need them.

We have promoted Pharmacy First to our population for low acuity conditions that can be managed through our Community Pharmacy providers and mobilised the Community Pharmacy Consultation Service enabling GP practices to refer appropriate patients into Community Pharmacy.

Collaboration between Optometry and Community Pharmacy to proactively case find Hypertension within the community during eye examinations with onward referral to GP Practices or the Urgent Care System as appropriate.

Population Health Management (PHM)

The Population Health and Prevention Executive Committee has been established, based on the ICS operating of six Places, five Collaboratives and partnership with local authorities. The executive oversees a population health intelligence programme that includes focused work on PHM. We are clear that PHM is defined as quality improvement efforts directed at population health, supported by intelligence.

2022-23 saw the start of a two-year programme to build PHM capacity at Primary Care Network (PCN), Place, and Systems levels. The programme consists of high-level data diagnostics, facilitated workshops which can be tailored to best meet each place and PCNs needs, online training sessions and resources and the establishment of a community of practice to share learning and best practice. The training includes an Introduction to PHM, PHM Insight systems, effective evaluation approaches, as well as analytical approaches to turn data into insight. Quarterly update sessions are also being run to maintain/ encourage engagement with the programme and share further learning.

A launch event was held in October 2022, followed by an expression of interest process with all 43 PCNs. The first PHM workshop was held on 2 February 2023.

Key issues and risks

The approach taken by the ICB around the management of risk is set out in the annual governance statement. The key issues and risks that the ICB have been managing during 2022- 23 have been included in the Board Assurance Framework which included 8 principal risks which threaten the achievement of organisational strategic objectives as set out below:

1. Failure of the ICB to align with the wider partnership vision and priorities and therefore not transforming services to achieve enduring improvement to the health and wellbeing of our population and local communities.
2. Failure to effectively recognise, monitor and affect fundamental standards of local care will impact on patient safety and positive health outcomes for local people and communities.
3. Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development will prevent the ICS from providing integrated, coordinated and quality care.
4. Failure to develop digital maturity will prevent the ICS from delivering against its core purposes.
5. Failure to connect and build relationships with all partners and stakeholders around meeting the wider needs to the population will lead to fragmentation and reduce the impact on wider determinants that affects the population.
6. Failure to operate within the ICB's available resources in 2022-23 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.
7. Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will prevent the ICB meeting regulatory and compliance standards and threaten organisational sustainability and undermining confidence in the ICS leadership.
8. Failure to recruit and retain staff of the right calibre will prevent the ICS from delivering against its core purposes and to promote and support a value-based culture, development opportunities. Lack of effective succession planning will prevent the sustainable future of the ICS. Finite local workforce available from which to draw from for multiple, and often competing, demands.

In addition to managing the risks identified as a threat to the delivery of the strategic objectives, during 2022-23, the NHS Humber and North Yorkshire Integrated Care Board has been monitoring and managing the risks and issues relating to the delivery of priority operational issues of Planned / Elective Care, Urgent and Emergency Care including Ambulance and Discharge, Cancer, and specific quality issues in provider organisations.

Performance analysis

Purpose of the section and its structure

This section sets out an analysis of the mandatory requirements for performance analysis or ICBs. It explains how the ICB has discharged its general duties as set out in the National Health Service Act 2006 (as amended).

How does ICB measure its performance

During 2022-23 the ICB has developed an approach that enables an understanding of how we are delivering against our purpose, vision, objectives and key performance standards across our health and care system. It is a critical element of good governance, accountability and supports decision making.

To enable the ICB to perform its responsibility we have developed an Integrated Board Report. The performance framework in 2022-23 has been built around two of the four core purposes and is aligned to the operating model and governance arrangements (six Places, five collaboratives, the ICB and its committee structure).

The work is underpinned by several principles to ensure:

- we reduce duplication and we develop one version of the truth, that can be used by multiple elements of the system.
- that the information and assessment is as timely as possible
- that we balance quantitative assessment (e.g., benchmarking, performance against target/trajectory) with qualitative / narrative assessment.
- that our reporting is automated insofar as possible – allowing time for analysis and a focus on narrative that describes the story.

In 2022-23, the focus has been on the key performance measures relating to the two core purposes of improving outcomes and services, enhancing quality and productivity as set out in the system oversight framework and operational plan metrics, over 225 indicators. An online full report has been developed using validated data and using the statistical process control (SPC) analytical technique to show the performance overtime and variation in performance. This is available for the Board and relevant committees, Place, and sector collaboratives to access. In addition, for the Board a summary report is prepared to bring to their attention the key performance indicators where there is concerning variation. These indicators are supported with narrative that provides the most up to date position and the actions being taken to improve the position.

The areas of most attention during 2022-23 have been Elective and planned care, Cancer and Urgent and Emergency Care including ambulance and discharge performance, and Mental Health and Learning Difficulties. See further detail under the performance appraisal section.

Mental Health

ICB statement on mental health spending

The table below shows that the ICB increased it spend on Mental Health as a proportion of its overall programme allocation (was 8.07% in 2021-22 raising to 8.25% in 2022-23)

Financial Years	2021-22 £000's	2022-23 £000's
Mental Health Spend	265,946	284,242
ICB Programme Allocation	3,294,560	3,443,986
Mental Health Spend as a proportion of ICB Programme Allocation	**8.07%**	**8.25%**

Children and Young People (CYP) safeguarding

The ICB is a strong system leader supporting the needs of children and young people.

The children and young people's alliance meets every 2 months and membership comprises of multiple stakeholders across the ICS. The alliance oversees the delivery of the service innovation and improvement described in the LTP and the CYP national transformation programme with a specific focus on integration and long- term conditions such as asthma, diabetes, and epilepsy. Population health data and analysis combines feedback with each of our six places across our footprint to inform the strategies required. This includes addressing health inequalities and inequalities, an example of which is the diabetes poverty proofing projects underway in two of the most deprived areas in Humber and North Yorkshire, the learning from which will be utilised system wide. The ICB has a CYP asthma taskforce which aims to deliver the improvements set out in the national bundle of care for CYP with asthma and is active across the whole ICS. For CYP with epilepsy, the ICB is supporting system providers to improve the first year of care will be trialling new approaches to psychology support to improve their emotional wellbeing. Another system wide project aims to improve the care and support of CYP with palliative and end of life care needs and their families.

Clinical leadership in all alliance projects areas are in place and provide expertise to ensure strategies and operational delivery are realistic and achievable.

Alignment with adult programmes has begun to ensure parity of esteem for CYP and most recently this includes urgent and emergency care. In addition, the CYP alliance links with LMNS and with CYP mental health programme and there are plans to create an overarching CYP board / Start well board in 2023 to improve connectivity, work in partnership where it makes sense to do so, reduce duplication and improve ICB/ICS system understanding of the needs of CYP population. Additional capacity and resource has also been allocated to the CYP structure to improve delivery of improvements in quality and patient experiences.

CYP engagement currently is underway and evidenced through each of our six place footprints however plans to develop a whole system CYP voice strategy are underway, to ensure consistency and reduce duplicity.

The governance arrangements are currently that CYP reporting is through System Quality Group, the executive board and NHSE. CYP also feature in the governance structure of the population health and prevention executive committee.

Humber and North Yorkshire Integrated Care Board has a statutory responsibility to ensure robust safeguarding arrangements are in place for the ICB, and the health services it commissions, all statutory duties previously held by CCG's have been conferred to the ICB in relation to safeguarding and children looked after.

The context of safeguarding continues to change in line with listening to the lived experience of people both locally and nationally, large scale inquiries and legislative reforms, and ICB safeguarding arrangements have been designed to respond to these changing circumstances and ensure the principles and duties of safeguarding children and adults are holistically, and consistently applied, and the wellbeing of those children and adults is at the heart of what we do.

Senior leadership and accountability for safeguarding across the ICB sits with the Executive Director of Nursing. Safeguarding teams based in each Place support the delivery and oversight of statutory duties working closely with NHS providers, statutory partners in the Local Authority and Police, and wider system partners. Robust governance arrangements including the appointment of a Strategic Safeguarding Lead and the establishment of the ICB Safeguarding Committee facilitates the monitoring of areas of risk, oversees the adoption and spread of learning and best practice and receives Place-based assurance.

Formation of a virtual safeguarding hub brings together the safeguarding resource across the ICB, formalising existing collaborative ways of working and allowing for consistent approaches to policy and process development and broader dissemination of learning across the health economy.

Statutory Reviews

Statutory reviews are processes for learning and improvement following a significant event, and all NHS agencies and organisations must participate in a statutory review if requested to do so.

There have been an increasing number of statutory reviews undertaken and contributed to throughout 2022-23 which are at various stages of completion and are set out in the table opposite.

Rapid Reviews (RR)	13
Safeguarding Children Practice Review (SCPR)	3
Safeguarding Adults Review (SAR)	21
Domestic Homicide Review (DHR)	21
Mental Health Homicide Review (MHR)	3
Independent Investigation (II)	1

Themes and trends arising from these reviews have included, but are not limited to, a lack of professional curiosity and professional challenge, the need for improved information sharing, injuries to non-mobile infants, and the identification of and working with, neglect.

Examples of applying the learning into practice have included:

- Through the review processes, North East Lincolnshire identifying child neglect as a priority area of focus for Safeguarding Children Partnership (SCP) and the Deputy Designated Nurse leading on the revision of the neglect strategy on behalf of the SCP.
- All ICB areas rolling out and promoting the ICON strategy to support parents with infant crying in a bid to prevent injuries to babies.
- A "Person Approach" was developed in partnership with City of York and North Yorkshire Councils, to raise awareness of standards of care for professionals visiting care homes and support the early identification of issues and the need to share relevant information with partners.

Sadly, across some areas of the ICB there has been an increasing number of suspected suicides during the last 18 months, which identified a potential correlation with domestic abuse. Suicide prevention has been identified as a priority theme and has gathered a multi-agency response to raise awareness of this issue and begin to understand and identify associated themes and trends.

Action planning and learning from reviews is monitored and shared through local Safeguarding Boards and Partnerships and the Designated Professionals share and adopt elements of good practice through the safeguarding hub with new initiatives and learning cascaded across the ICB.

Compliance with Safeguarding Accountability and Assurance Framework (SAAF)

ICB confirmatory statement that statutory assurance processes set out in the Safeguarding Accountability and Assurance Framework (SAAF) have been followed.

The purpose of the Safeguarding Accountability and Assurance Framework is to set out clearly the safeguarding roles and responsibilities of individuals working in NHS funded care settings and NHS commissioning organisations. The Executive Director of Nursing for Humber and North Yorkshire ICB ensures adherence to the Safeguarding Accountability and Assurance Framework through the development of effective local safeguarding arrangements which seek to prevent and protect individuals from harm or abuse regardless of their circumstances. Safeguarding governance arrangements have been developed to ensure all elements of the statutory assurance processes set out in the Safeguarding Accountability and Assurance framework are acted upon and reported in line with national guidance. In accordance with the statutory functions of the ICB and underlying legal duties, Humber and North Yorkshire ICB undertakes statutory commissioning assurance functions of NHS safeguarding arrangements to ensure services commissioned are safe and effective, and that organisations work together to seek solutions to the changing context of safeguarding and to deliver the NHS long-term plan.

Regular audits of safeguarding arrangements are undertaken at the request of NHS England to demonstrate compliance with SAAF requirements, these are collectively responded to across the ICB, using the identified single point of contact for each area of focus. Examples of recent audits undertaken include domestic abuse, female genital mutilation, and Liberty Protection Safeguards/Mental Capacity Act and Deprivation of Liberty Safeguards and learning from national safeguarding children practice reviews. Outputs from the audits are utilised for local assurance and to drive improvements in practice across the ICB. Quarterly submissions to NHS England have demonstrated confidence in ICB safeguarding arrangements, rating them as green throughout 2022-23.

A programme of safeguarding assurance and improvement work has continued through 2022-23 examples include:

- Assurance of providers safeguarding arrangements on a quarterly basis alongside an annual self-declaration which benchmarks the provider against the requirements of the SAAF.
- Designated Professionals provide bespoke safeguarding training across the health economy, as well as contributing to multi-agency safeguarding training in each Place area.
- A new post has been introduced in East Riding of Yorkshire to improve health outcomes for children who are at risk of being received into care.
- Across the Humber, health colleagues contribute to the PitStop to provide a multi-agency early intervention with families where domestic abuse may be a concern but does not reach statutory threshold for intervention.
- Establishing the evidence base for developing a Forensic Service in Safeguarding Adults
- Safeguarding Lead Nurses in Primary Care to support timely information sharing from primary care into multi-agency safeguarding processes.

Looking to 2023-24 plans are in place to focus on:

- Improving outcomes for Unaccompanied Asylum-Seeking Children
- Further developing programmes that contribute to the Serious Violence Duty.
- Support to the safeguarding professionals workforce to ensure retention of staff and pathways for succession planning.

Links to local safeguarding arrangements

Place	Adult safeguarding	Children's safeguarding
North Yorkshire	NYSAB: **https://safeguardingadults.co.uk/**	North Yorkshire and York CDOP Annual Report 2021-22: **https://www.safeguardingchildren.co.uk/wp-content/uploads/2022/08/FINAL-CDOP-Annual-Report-2021-2022.pdf**
	Published Safeguarding Adult Reviews: **https://safeguardingadults.co.uk/learning-research/nysab-learning**	Link to local arrangements for NYSCP: NYSCP-MASA.pdf **(safeguardingchildren.co.uk)**
	North Yorkshire Domestic Homicide Reviews and publications: **www.nypartnerships.org.uk/dhr**	
York	The Board: **www.safeguardingadultsyork.org.uk/us**	City of York Safeguarding Children Partnership – Safeguarding Arrangements: **https://www.saferchildrenyork.org.uk/Downloads/CYSCP%20Safeguarding%20Arrangementsdraft%20updatesJune%202023%20final.pdf**
	York Safeguarding Adults Reviews and Publications: **https://www.safeguardingadultsyork.org.uk/us**	North Yorkshire and York CDOP Annual Report 2021-22: **https://www.safeguardingchildren.co.uk/wp-content/uploads/2022/08/FINAL-CDOP-Annual-Report-2021-2022.pdf**
Hull	Hull Safeguarding Adults Partnership Board: **https://hull.connecttosupport.org/hull-safeguarding-adults-partnership/about-the-partnership/**	The Partnership – Hull Safeguarding Children's Partnership (HSCP Executive Board – Hull Safeguarding Children's Partnership **(hullscp.co.uk)**
		Hull Children's Safeguarding Partnership Arrangements 2021: **https://www.hullscp.co.uk/wp-content/uploads/2021/09/HSCP-Arrangements-Update-June-2021.pdf**
East Riding	**www.ersab.org.uk/**	**www.erscp.co.uk/**
North Lincs	NLSAB-Partnership-Agreement- Final.pdf **(northlincssab.co.uk)**	Multi-Agency Safeguarding Arrangements **(northlincscmars.co.uk)**
		Local Arrangements **(northlincscmars.co.uk)**
North East Lincs	**www.safernel.co.uk/safeguarding-adults-board/**	**www.safernel.co.uk/safeguarding-children-partnership/**
	www.safernel.co.uk/safeguarding-reviews-and-audits/	**www.safernel.co.uk/safeguarding-reviews-and-audits/**

Links to safeguarding partnership annual reports

Place	Adult safeguarding	Children's safeguarding
North Yorkshire	Annual reports: **https://safeguardingadults.co.uk/about-us/annual-reports/**	North Yorkshire Safeguarding Children's Partnership Annual Report 2021-22: **https://www.safeguardingchildren.co.uk/wp-content/uploads/2022/10/NYSCP-Annual-Report-2021-2022.pdf** NYSCP (**safeguardingchildren.co.uk**)
York	Safeguarding Adults York Annual Report: **https://www.safeguardingadultsyork.org.uk/us/annual-report**	City of York Safeguarding Children Partnership – Assurance Report: **https://www.saferchildrenyork.org.uk/Downloads/CYSCP%20Assurance%20Report%202022%20WEB.pdf**
Hull	Safeguarding Adults Annual Report 2020-21: **https://hull.connecttosupport.org/media/ousekxo1/hsapb-annual-report-2020-21-final.pdf**	HSCP-annual-report-April21-April22-.pdf (**hullscp.co.uk**)
East Riding	**www.ersab.org.uk/more/about-ersab/**	ERSCP Annual Report 2021-22.pdf (**eastriding.org.uk**)
North Lincs	SAB-Annual-report-2021-2022-FINAL.pdf (**northlincssab.co.uk**)	PowerPoint Presentation (**northlincscmars.co.uk**)
North East Lincs	North East Lincolnshire Safeguarding Adults Board – Annual Report 2021-22: **https://www.safernel.co.uk/wp-content/uploads/2023/03/SAB-Annual-Report-2021-22-FINAL.pdf**	North East Lincolnshire Safeguarding Children Partnership – Annual Report 2020-21: **https://www.safernel.co.uk/wp-content/uploads/2022/07/SCP-Annual-Report-2020-2021-Revised-FINAL-2.pdf**

Environmental matters

At Humber and North Yorkshire ICB, we not only recognise our legislative duties in respect of responding to climate change but aspire to move faster and further becoming recognised as national leaders in responding to the climate emergency through increased mitigation, investment and at the same time ensuring a just and inclusive transition – ensuring no one is left behind.

Providing system leadership, we recognise that as a new organisation we are at the early stages of this journey and have been working with partners across the region in the coordination and emerging delivery of our duties to:

Net Zero: In line with '**Delivering a 'Net Zero' National Health Service**' HNY aims to achieve net zero carbon emissions for our NHS carbon footprint by 2040, with an ambition to reach an 80% reduction by 2028 to 2032, meaning that we will reduce its greenhouse gas emissions to as close to zero as possible. For those emissions we can influence (our Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039.

Climate Resilience (Climate Adaptation): working to ensure people and organisations across the system in Humber and North Yorkshire are prepared to cope with the impacts of climate change, such as flooding, heatwaves, wildfires and sea level rise.

Nature and Biodiversity: ensuring that climate actions are sustainable and bring benefits to nature and local wildlife.

Just and Inclusive Transition: ensuring that no-one and no-where is left behind in this shift to a greener economy. Helping to create a fairer, more equal society, reducing inequalities as we take the necessary measures to respond to and tackle the climate crisis.

During 2022-23 HNY has started to establish dedicated functions and governance as well as identifying the required resources commensurate with the scale of the challenge of discharging our duty to climate change in line with our local priorities.

In 2022-23 the **Humber and North Yorkshire – Climate Change and Sustainability Group** continued to facilitate successful monthly meetings attended by a wide range of stakeholders including trust and social enterprise sustainability leads, Academic Health Science Network (AHSN), NHS Property Services and representatives from place, primary care and key ICB workstream colleagues (procurement, EPRR, Medicines etc).

Dedicated to this work is the **HNY Sustainable Medicines Group** a healthcare professional group led by senior pharmacy colleagues, commissioners and other associated healthcare professionals working across the system on reducing the environmental impacts of medicines (that account for 25% of emissions within the NHS). Work locally is focussed on anaesthetic gases (2%) and inhalers (3%) where emissions occur at the point of use.

As the Net Zero agenda features in every facet of our NHS, sustainability features as a standing item on a growing range of dedicated meetings including the Local Health Resilience Partnership (LHRP) (particularly looking at the long-term impacts of climate change – Adaptation), HNY Capital and Estates and Primary Care Estates Forum.

During the last year work towards an environmentally sustainable region has been gathering pace, projects of note include:

Renewable Energy Generation – work completed in 2022 saw the installation of 11,000 ground mounted solar panels on land adjacent to **Castle Hill Hospital** in East Riding. This £4.2 million project means that during Summer this Hull University Teaching Hospital site is completely self- sufficient for power. As well as contributing to the decarbonisation of the site this also represents millions of pounds of financial saving and energy resilience to the trust which will last for the lifespan of the panels for decades into the future.

Sheep Shed Green Award Programme – 2022 saw HNY ICB partnering with the Yorkshire and Humber Academic Health Science Network to deliver the **Sheep Shed Green Award Programme**. The awards are designed to promote sustainable practice within the Humber and North Yorkshire region and aim to help progress carbon reduction projects into action.

An initiative to support structured conversations about asthma care and encourage a shift towards lower carbon inhalers, a project to help protect the environment calling on people to recycle tablet blister packs and an ingenious solution to power vehicles with used cooking oil are some of the winners of this unique award programme delivering projects across the region throughout 2023.

Developing resilient future leaders – a partnership between Health Education England (HEE) and Humber and North Yorkshire piloting a ground-breaking initiative to create resilient leaders that have a set of skills and values to allow then to work across traditional boundaries tackling a range of issues including a future where we will live with the impacts of climate change.

The **"Enhance" Generalist School** led locally by Miss Helen Cattermole, Consultant Orthopaedic Surgeon, is enabling our future healthcare workforce to deal with increasing complexity and key to this is a comprehensive understanding of Environmental Sustainability.

Benefiting from the Greener NHS "**Healthy Futures Action Fund**", Humber and North Yorkshire saw funding directed to reducing the environmental impact of inhalers in both North East Lincolnshire and the Vale of York. Working alongside respiratory and pharmacy colleagues since October 2022 this project, led by Net Zero GP Lead for Humber and North Yorkshire, Dr Aarti Bansal has seen incredible results with carbon impact of inhalers falling sharply.

Improve Quality

ICB's have a duty under the Health and Care Act 202 to improve quality of care, securing continuous improvement in quality of services and outcomes.

The ICB in collaboration with its system partners and a focus on places and local populations is the driving force for improvement.

ICB quality governance structures have been established in line with national guidance - **Guidance on System Quality Groups.**

The ICS Quality Committee provides the ICB with assurance that it's delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care. The Quality Committee is chaired by a non-executive member of the ICB; with membership from ICB senior quality leaders. provider quality lead members and those with lived experience.

The ICB continues to implement our system approach to quality management in accordance with National Quality Board Guidance including managing performance as set out in the guidance.

Quality Risk Response and Escalation in ICSs.

HNY ICB has four providers in enhanced/ intensive quality assurance and improvement where the quality risks are complex, significant and/ or recurrent and require action/ improvement plans and support. These are:

- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Hull University Teaching Hospital NHS Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Tees, Esk and Wear Valleys NHS Foundation Trust (shared with North East/North Cumbria ICB who lead)

Support to these providers is via a Quality Improvement Group which meet every month with the senior executives to evidence improvements are being made.

Quality Improvements to local services/improving outcomes

Below are some examples of quality improvements being made across the ICS:

Hydration project in care home settings to improve the hydration of residents to reduce instances of urinary tract infections (UTIs) and dehydration. Achievement of the objective will see a reduction in the number of residents with a UTI requiring antibiotics. The pilot demonstrates reduction in UTIs and avoidable harm. This is a collaborative project across the ICS.

Through improving recognition and response to hydration needs of residents in care homes, it is anticipated that the following outcomes might be achieved:

- Reduce avoidable harm caused through poor hydration.
- Enhance clinical outcomes (reduce need for antimicrobial treatment, hospital conveyance/ admissions).
- Improve experience for residents in care homes.
- Improve staff experience/ safety culture.
- Improve antimicrobial stewardship.

Partnership Integrated Triage (PiTstop) is a programme of work initiated by the police to focus on the welfare of children and vulnerable adults through multiagency targeted approach where there are low levels of concern that would not meet children social care threshold.

#Hull together Campaign – Cost of living campaign | Hull City Council was launched in 2022. This is a significant 'cost of living rescue package' of measures in response to the cost-of-living emergency.

- dedicated telephone hotline, online hub and email address to help local residents access.
- advice, information, and support, including how to check they are claiming any benefits they are entitled to, food bank details, grants and more.
- work with local businesses and local community and voluntary organisations to create warm spaces. These are free to use places where people can stay warm, charge phones and have hot drinks.
- The council is working with partners in the Hull Cost of Living Network, including Citizen's Advice Bureau (CAB) and voluntary sector support group Forum to agree the emergency support.

iSTUMBLE

In seeking to find drivers to reduce system pressures and reduce unnecessary hospital admissions, North Lincolnshire and North East Lincolnshire places supported a project to address falls within care homes. The project worked with care homes within each place selected as they had the highest number of calls to the ambulance service relating to falls during a given time period within 2022.

Evidence from other Regions demonstrates a considerable reduction in unnecessary ambulance attendances to uninjured care residents who have fallen. This in turn is reported to have knock- on system wide benefits – releasing ambulance resource, reducing adverse consequences of residents laying on the floor for long periods whilst waiting for ambulance to attend and reducing calls to 111 for initial advice.

Accelerated Home First Approach (North Lincolnshire)

Health and social care system coming together to address significant pressures to look at reducing admissions, freeing up beds and increasing patient flow as part of an escalation process.

Engaging people and communities

The Integrated Care Board has a legal duty under section 14Z45 of the Health and Care Act 2022 to involve individuals, their carers and representatives in the planning, development and consideration of changes which may impact upon them. However, our desire to keep our residents involved in planning, re-designing and commissioning goes much deeper than fulfilling our statutory obligations.

Wide involvement with people in our communities, who use our services, or may need them in the future, is essential for us to build a sustainable health and care system. It is vital that we actively listen and openly share. Our public engagement approach enables a candid relationship of equals, where constructive and transparent conversations help us understand the key opportunities to improve health and social care services and outcomes for the 1.7 million people we serve. Together we can identify issues and opportunities, and then work collectively and collaboratively, to build the health and care system our population wants to see and experience.

We also have a strong commitment to tackling inequalities in health outcomes, experience, and access. To do this we must make sure we are doing everything we can, at every level, to hear from those we may not have heard from before and hearing everyone's voice.

Our Engagement Strategy – Working with People and Communities – has been developed with partners across Humber and North Yorkshire Health and Care Partnership, this includes engagement and patient experience professionals, people from voluntary and community groups, Healthwatch, and patients and members of the public.

This strategy was approved by the Humber and North Yorkshire Integrated Care Board on 1st July 2022 and will be reviewed by the end of June 2023.

Engagement Strategy: Working with People and Communities can be found at: **www.humberandnorthyorkshire.icb.nhs.uk/documents-and-publications**.

Patient and public involvement highlights 2022-2023

During 2022-23, we have engaged with thousands of residents, patients, clinicians, and professionals through a variety of different methods to ensure they contribute to plans, proposals, and decisions about services in Humber and North Yorkshire. Key Highlights include:

The Humber Acute Services Programme held evaluation workshops involving patients and service-users, clinicians, staff and partners across the health and social care sector, local authorities, voluntary and community sector organisations, the public and their representatives. Staff drop-in sessions took place across different hospitals to ensure staff could ask questions about and influence the developing proposals. Engagement events also took place across Lincolnshire's coastal villages and towns, where many people who access our services live, to hear from women who have used maternity services and to learn about their experiences.

Over 12,000 people have been engaged with since the programme launched in 2018 and there is a commitment to ensuring this process of listening continues throughout all stages of the programme. Further information about the Humber Acute Services Programme is available at: **www.humberandnorthyorkshire.org.uk/our-work/humber-acute-services-review.**

Health and Wellbeing Zone at Hull Pride to connect with members of the LGBTQ+, and wider community. The Zone provided a safe space where more than 1000 people talked about their health and wellbeing with professionals, linked with health services in the city, and had the opportunity to give their views and experiences to ensure that services are accessible for all.

Development of Youth Advisors and Parent and Carer Representatives to support a transformational project across Hull and East Riding to improve access to emotional wellbeing and mental health support. Advisors and representatives will play a critical role in shaping and developing the project, supporting the involvement of the public, and making key decisions.

Feedback about urgent care services in North and North East Lincolnshire from patients, carers, staff working in the services and other stakeholders to inform a revised model for October 2022.

Community People's Panels were a part of the recruitment process to appoint the new Director and Assistant Director of Adult Services for North East Lincolnshire. Community representatives were given the opportunity to ask candidates questions and score their responses during interview and recruitment processes.

Qualitative insight to improve eating disorder services in North Lincolnshire. Through in-depth one to one interviews, we asked patients about the support they had been given, their experience of the pathway from referral to discharge and what could be done to improve the experience for others.

Improving primary care services in Bridlington. Since September 2022, the ICB has been working with the Bridlington Primary Care Network, GP practices and patient representatives to help secure the future sustainability of primary care in Bridlington. Following two, very successful, public events around 16,000 patients were safely transferred across to Drs Reddy and Nunn practice, creating two larger and more resilient practices for the town from April 2023.

All the information needed to support patients through the changes was co-produced with the involvement of the local patient participation groups, Healthwatch and Bridlington Health Forum members. This included media releases, social media information, letters to patients, information leaflets, etc.

Catterick Integrated Care Campus. During 2022-23 we continued to work with programme partners to develop a brand-new joint Ministry of Defence and NHS hub delivering a range of health and social care services to improve the health and wellbeing of the people of Catterick Garrison, Richmondshire and beyond. Known as the 'Catterick Integrated Care Campus', this ambition would ensure local patient/service users, their carers and families have access to the right care, at the right time, in the right setting, delivered by the right professionals to enhance their wellbeing and independence, and improve their overall quality of life.

Some of the more recent engagement on this project has included holding an event designed to obtain stakeholders' input to help shape the CICC operating model in February 2023 and a presentation to members of the Richmond Rotary Club and their guests in March 2023. You can find out more about the work we do to engage with people and communities at **www.humberandnorthyorkshire.icb.nhs.uk/engagement**.

Duty to promote involvement and duty as to patient choice:

In 2022-23 the ICB has:

- published a co-produced vision for engagement, aligns with the principles described in 'Building strong integrated care systems everywhere'. It describes what engagement and involvement is and how we will achieve it, building on the best practice already in place across our six places.
- established our approach to personalised care which will define and deliver patient experience priorities including place-based programmes of service user involvement, patient experience improvement, inclusion, and personalisation activities.

Based on these enabling activities going forward the Population Health and Prevention programme have endorsed a principle of co-production in the commissioning of Inclusion Health Services. The ICB has also participated in the NHS E regional programme for the expansion of patient choice in acute hospitals for 2023/24 to further promote, publicise and enable patient choice.

We will continue to work across the system and with NHS E regional and national colleagues to ensure that patient choice requirements as set out in the regulations are embedded across our services.

Reducing health inequality

The ICB has an established Population Health and Prevention Executive Committee that oversees the ICB's ambition to improve outcomes in population health and healthcare, including a reduction in health inequalities. 2022-23 has been a moment for the Committee to identify its shared priorities, establish ways of working that create connections across the system, and begin delivering ambitious programmes that maximise the opportunities of our Integrated Care System. We have seen Places, Providers and Collaboratives enhance their individual and collective responsibilities towards health inequalities via resources, governance and actions.

The Committee has identified six Workstreams which are being used to deliver on the vision, approach to prevention and approach to health inequalities.

- Workstream 1: Core20PLUS5 Adults
- Workstream 2: Core20PLUS5 Children and Young People
- Workstream 3: Prevention and Risk Factors
- Workstream 4: Public Health Functions
- Workstream 5: Population Health Intelligence
- Workstream 6: ICP Building Blocks

Inherent to the Committees way of working in the ICB is a due regard to Place priorities, derived from Joint Strategic Needs Assessments and Health and Wellbeing Strategies.

The main responsibilities of the Executive Committee are to:

- Oversee the Health and Care Partnership approach to the Adults and Children and Young Peoples Core20Plus5
- Develop a strategy that enables all people in Humber and North Yorkshire to live longer and healthier lives.
- Respond to local and national priorities aligned to improving outcomes in population health and healthcare, prevention, and tacking health inequalities.
- Address health disparities in coastal and port communities, through development of a strategy, where we have some of our most significant health inequalities within Humber and North Yorkshire and developing a plan for delivery of the strategy during 2023/24.
- Strengthen our engagement and participation so that the voices of people with lived experience influence all our population health strategies and plans.
- Deliver the three Regional Prevention Programmes – Tobacco, Alcohol and Obesity/Digital Weight Management Programme (DWMP).
- The duties of the Executive Committee will be driven by the organisation's strategic objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks.

The work of the Executive Committee is a central part of the ICB Board's governance and assurance arrangements. As a result of the activity undertaken by the Executive Committee, improvements have been made to the ICBs control framework and assurances have been obtained and communicated to the ICB Board as follows:

- Creation of a robust governance structure which will help deliver the principles and areas of focus for the Population Health and Prevention Programme
- The team from the Tobacco Programme have attend and presented to the National Prevention Board on the progress we have been making in HNY, the executive committee members continually congratulate the team on the progress they have made and how it sets a great example for other larger programmes.
- Through the support of the executive committee and its co-chairs HNY have been successful in becoming a part of the Core20 Accelerator Programme and the Digital Weight Management Programme Acute Waiting List pilot.

Using various data sources, we are adopting a population health approach to identifying our Core20PLUS5 populations and health inclusion groups (prioritised at Place) to identify solutions to health inequalities in access, outcomes, and experience.

The ICB have developed several schemes in 22-23 in collaboration with Local Authority partners and have a quantifiable allocation and measurable impact:

- Expanded Tobacco Control Programme
- Perinatal Weight Management project trial
- Programme management support to coordinate the CVD prevention pathway and activities within the NHS and across the system
- Addressing Premature Births through a Maternal Wellbeing Programme
- Care and support for victims/survivors of Domestic Abuse
- Inclusion Health – Weight Management
- GP Drop-in Service in Rainbow Children's Centre
- Family and School Links project: Supporting Children and Young People with anxiety related school absence
- GP outreach Urgent Care/Dental Care Service for Sex workers
- Cultural Community café and recreation facilities for asylum seekers – adults and children.

To help understand the vaccination shortfalls, in Humber and North Yorkshire for particularly at-risk groups we have comprehensive data for our at-risk groups and work with each place lead to ensure that we target low uptake areas and groups. This includes targeted vaccinations of homeless, sex workers and rough sleepers using outreach vaccinations at various community venues. There has also been several pop-ups Covid booster vaccination clinics and where possible we have co-administered the flu vaccination.

Going forward into 2023-24, the Committee plans to accelerate these programmes and seek further alignment to the newly developed Integrated Care Strategy. We take a partnership approach to usage and allocation of our health inequalities monies and moving into 23-24 we will embed a systematic approach to allocation of funding to deliver the population health and prevention elements of our integrated care strategy.

The Elective Programme is aligned to the ICS Population Health and Prevention Committee, to ensure connectivity between the programmes. All Trusts have reviewed and analysed their waiting lists by deprivation and ethnicity. A Task and Finish Group has been established within the Collaboration of Acute Providers to explore the prioritisation of patients with LD on the waiting list. The system has access to the NECS RAIDR waiting well dashboard and analysis of the health inequalities of the population. In 2023-24 the System is working to support acute provider patient level access to the dashboard to facilitate waiting list prioritisation processes.

Patients living in the most deprived areas make up 13% of the waiting list compared to 13.9% of the population, and patients from a Black or Minority Ethnic background account for a reported 2.2% of the total waiting list compared to 5.5% of the population. There is more work to do on data quality for equalities characteristics and connection of data between primary and secondary care. The ICB is working to enable secondary care access to the Waiting Well Dashboard to bring together primary and secondary care data to develop targeted programmes of support.

All Trusts have developed Board reports to analyse waiting lists by deprivation and ethnicity. All Trusts have an Executive lead for Health Inequalities with working groups established within Trusts to review the current action and develop action plans. The Collaborative of Acute Providers have commenced a workstream for health inequalities with a view to develop the acute element of the Health Inequalities Strategy. The task and finish group to prioritise patients with LD on the waiting list has commenced in a consistent way across the Trusts. Through accessing the waiting well dashboard and further supporting its development, this will allow a more targeted approach to identify patients on the long waiting list that could benefit through further optimisation.

The Humber and North Yorkshire Waiting Well board will focus on the following five areas to:

1. Orthopaedics/ Obesity pilot funding by the Personalised Care programme: Supporting P4

complex orthopaedic patients with high BMI through social prescribing, voluntary sector support, weight loss programmes.

2. Orthopaedic/ GP pilot within three East Riding of Yorkshire surgeries to utilise GP designed surgery referral form to identify patients not suitable for surgery due to high BMI and to place these patients on appropriate weight loss programmes or signpost to digital weight management programs/Apps whist they remain on the waiting list.
3. Hull University Teaching Hospital NHS Trust pilot of national Digital Weight Loss Programme led though NHS England.
4. York Waiting Well Service pilot in conjunction with Nimbus Care – Adopting simple volunteer led approach to identify and address non-clinical needs for P4 patients on the waiting list that may need support e.g., mobility loss, mental health, chronic pain.
5. Learning Disabilities Prioritisation on the waiting list – Achieving earlier treatment times for this vulnerable population group. Task and Finish group is established led by an Acute Trust Medical Director with engagement from the regional elective inequalities group.

In 2022-23 the Humber and North Yorkshire Digital Inclusion Group continued to facilitate successful monthly Steering Groups attended by members of the HNY ICB. Stakeholders include representatives from Place, Voluntary Sector, Local Authority and Community Groups.

The Digital Inclusion Steering Group has continued to provide support to ICB organisations on their Digital Inclusion agenda to ensure that services across the Humber and North Yorkshire Care System are designed to be as inclusive as possible. The Digital Inclusion Steering Group ensures there are strategies in place to work with people who are willing but need additional help to be digitally included, work with those who wish not to engage digitally and encourage more people to use digital tools to stay healthy and age well. The Digital Inclusion Principles were developed in 2021 to provide guidelines for ICB Stakeholders and organisations to follow when implementing Digital Projects. In 2022-23 the Digital Inclusion Strategy was created to provide further insight into Digital Inclusion within the Humber and North Yorkshire ICB. Four strategic pillars have been created, covering the four key areas of Digital Inclusion: Education, Experience and Agility, Access and Performance and Intelligence.

During 2022-23 the Digital Inclusion Steering Group has funded the following projects:

1. Digital Inclusion Network Manager: A Digital Inclusion Network Manager was recruited and employed by Humber and Wolds Rural Alliance to create and maintain a Digital Inclusion Network within Humber and North Yorkshire ICB.
2. Digital Inclusion Tool: East Riding of Yorkshire Council are working in partnership with LGA to create a Digital Inclusion Tool to support service users to find the right digital support to suit their needs. The project started in January 2023 and will run until December 2023. The Holderness ward within East Riding will be used as the test area for the project. East Riding of Yorkshire Council Services, GP Practices and Community Groups will test the tool and evaluate it before wider rollout.
3. Digital Prescribers: The City Health Care Partnership were awarded funds to support two Digital Prescribers to work within Primary Care Practices in Hull and with the wider ICB to support service users to access digital tools. The Digital Prescribers will also work with Barclay's Digital Eagles to provide practice staff with enhanced training on digital tools and the chance to complete Digital Champion Certification.
4. Barclays Digital Eagles: The Barclays Digital Eagle programme provides free digital training for members of the public. Barclays Digital Eagles have partnered with the Humber and North Yorkshire Digital Inclusion Steering Group and their project partners to provide bespoke digital training to GP Practice staff within the ICB.

The Digital Inclusion Steering Group continues to grow and support the Humber and North Yorkshire ICB with further plans in 2023-24 to expand and support stakeholders in knowledge sharing and networking.

Health and wellbeing strategy

During 2022-23, the ICB through its six Places has continued to deliver the plans set out in the local Health and Wellbeing Strategies. Each of our six Places has a strong connection with their relevant local council(s) around the delivery and assurance of health and wellbeing priorities through their respective jointly agreed Place operating arrangements. In addition, the development of Place strategic intents and delivery plans to support the development and building of the Integrated Care Strategy from Place has been key to ensuring that the ICB is taking steps to work in partnership to deliver local health and wellbeing strategies.

Over the course of the last six months of 2022-23 the establishment of the Integrated Care Partnership which includes the Health and Wellbeing Board Chairs from each of the six Places has overseen the development of the Humber and North Yorkshire Health and Care Strategy 'Reimagining Health and Care'. This has been built from Place, based on the needs of the population and the strategic intents they have developed in each of the six Places. The Place delivery plans have also been reviewed these revised plans for 2023-24 onwards forming a core section of the Joint Forward Plan to make that connection between the strategy and delivery at both Place and system level. The Health and Care Strategy, the strategic intents and delivery plans have all been approved by the Health and Wellbeing Boards.

The ICB in its wider role supporting health and wellbeing has continued to build on the foundations that had been developed before the 1 July 2022 and strengthen its role as an anchor organisation and working with partners as an anchor network to support economic and social development within each of the six Places and across the ICB. We have developed a strong connection with our Local Authorities through the Integrated Care Partnership with support from the Population Health and Prevention Executive Committee.

There has been a focus on the cost of living both to support our population but also our workforce in Humber and North Yorkshire through our People workstream on one workforce and skills development, as well as the support we have provided to our workforce through the Resilience Hub, ensuring people are able to remain in work or return to work and therefore earning.

We continue to support and build the role of our Voluntary and Community Sector Collaborative; building relationships with key organisations including academia, Police Crime Commissioners, and local business to consider opportunities.

The ICB has supported with other ICBs in the North a Northern Opinion piece that sets out the opportunities for health and care to support economic and social development and how we might achieve this.

Financial review

Following the establishment of the Humber and North Yorkshire Integrated Care Board (ICB) the financial position presented covers the nine-month period from 1 July 2022 to 31 March 2023.

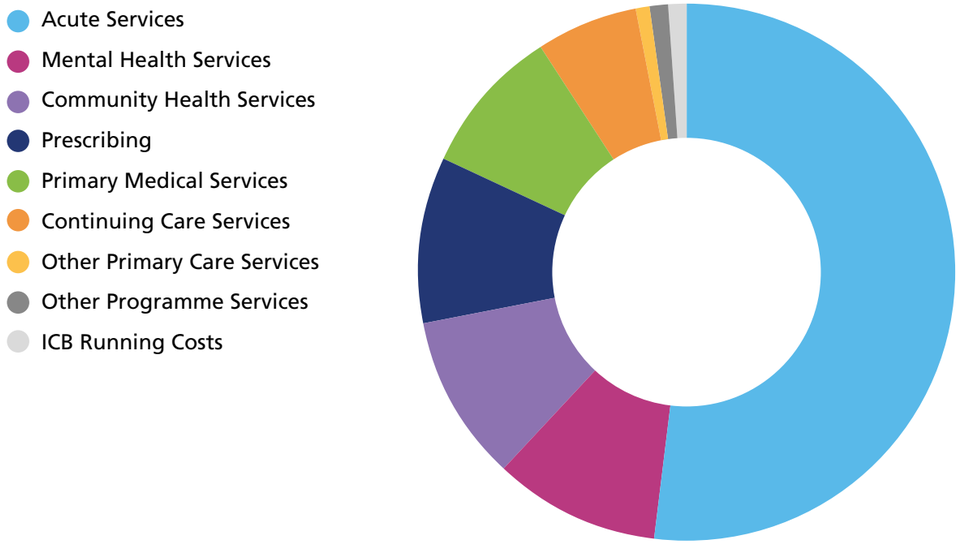
Having a financial year split into two parts causes significant challenge in terms of the operational reporting and transactional impact for any organisation and this is especially the case when the creation of the ICB has involved bringing six statutory organisations into one.

From a finance perspective 2022-23 has therefore been very much focussed on setting up the new organisation; stabilisation and keeping a firm grip on financial performance to ensure the ICB could deliver its statutory financial duties for the period.

The annual accounts presented indicate the ICB has delivered the statutory financial performance duty in the form of a small surplus of £219k (£235k exc. IFRS 16) against a total resource limit of £2,671,207k for the nine-month period.

The following chart demonstrates how the ICB resources have been used across the service lines during the period:

ICB Expenditure By Category - July 22 to March 23



As a statutory public body there is also responsibility to contain administrative costs within the "running cost" allocation for the organisation. The ICB has spent £ 25 , 117 k on the administration of the organisation in 2022 / 2023 which is significantly below the running allocation available of £28,093k.

The accounts have been prepared under a direction issued by the NHS Commissioning Board (NHS England) under the National Health Service Act 2006 (as amended).

There are significant financial challenges to the overall NHS, and the huge impact the COVID-19 pandemic had continues to be particularly difficult to recover from across all areas of healthcare. The different financial regime that we have been working within has enabled systems to maintain delivery of services, however the financial pressure that is being faced to achieve recovery targets is substantial.

During the pandemic and over the last few years there were significant levels of non-recurrent funding made available and whilst this was welcome the underlying financial pressure within organisations and budgets is evident.

In order to focus on delivering treatment as quickly as possible the previous system of efficiency in NHS Commissioning, namely the Quality, Innovation, Productivity and Prevention or QIPP programme, was suspended. Despite this the ICB has focussed on delivering value for money and ensuring robust financial control whilst dealing with changing and unpredictable circumstances.

Humber and North Yorkshire Integrated Care Board Annual Report and Accounts have been prepared on a Going Concern basis.

Managing our resources 2023-24 and beyond

The annual NHS finance and operational planning round requires the Integrated Care Board (ICB) to work together to produce balanced plans for the financial year 2023-24 both for the ICB and the wider Integrated Care System that includes providers within the geographical boundary. At the time of writing this remains work in progress in line with the national planning timelines as set out by NHS England.

The planning round for 2023-24 has been particularly challenging as the system faces the removal of large non recurrent sources of income; excess inflation across all areas of expenditure; significant workforce challenges as well as issues of quality.

One of the new obligations under the Health and Care Act 2022 for Integrated Care Boards (ICBs) and partner NHS trusts and NHS foundation trusts is to prepare a Joint Capital Resource Use Plan.

The plans are intended to ensure there is transparency for local residents, patients, NHS health workers and other NHS stakeholders on how the capital funding provided to ICBs is being prioritised and spent to achieve the ICB's strategic aims. This aligns with ICBs' financial duty to ensure that their allocated capital is not overspent and their obligation to report annually on their use of resources.

2022-23 represents a transitional year and for this year only ICBs are required to prepare the plans for the financial year 2022-23 as soon as reasonably practicable after the Secretary of State issues the direction. Lord Markham's letter set out these directions on the 2nd March 2023.

The ICB had a choice between providing a nine month (from establishment of the ICB) or 12-month plan (April 22 to March 23). HNY have chosen to provide narrative explanations on the full 12 months period from April 2022 to March 2023.

NHS England have kept the requirements to a minimum for 2022-23, whilst still meeting the requirements of the Act. NHS England have provided the information summarised at system level asking systems to simply provide a short narrative on the main categories of expenditure.

A copy of the published plan is available on our website.

There has never been a greater need for organisations to work together to ensure maximum value is achieved from every £ that is spent, and the following guiding principles remain a key focus for the ICB:

- decisions taken closer to the communities they affect are likely to lead to better outcomes
- collaboration between partners in a place across health, care services, public health, and voluntary sector can overcome competing objectives and separate funding flows to help address health inequalities, improve outcomes, and deliver joined-up, efficient services for people; and
- collaboration between providers (ambulance, hospital, and mental health) across larger geographic footprints is likely to be more effective than competition in sustaining high quality care, tackling unequal access to services, and enhancing productivity.

To respond to the significant financial and quality challenges facing the NHS, Humber and North Yorkshire has launched a system wide approach to quality, efficiency, and productivity (QEP) which seeks to:

Align costs to strategy: Look across the whole system and differentiate the strategically critical 'good costs' i.e., waiting list reduction / targeted health inequalities funds from the non-essential 'bad costs' i.e., workforce duplication/contracting costs/locum costs.

Harness the value of the ICS operating model: do once where it makes sense (not just replicating the commissioner provider split at six places)/act as a system facilitator/deliver service transformation through a) place (with LAs Primary Care and Social Care and Community) b) sector collaboratives.

Aim high: use technology, innovation, and new ways of working to radically reduce and streamline the cost base/ increase capacity i.e., Out-patient follow up/system reform actions/system first/ one workforce.

Set direction and show leadership: Deliver cost optimisation as part of a strategic, business transformation programme = HNY Quality Efficiency Productivity Programme.

Create a culture of continuous improvement for our staff: '100 ways '– no stone unturned, improving efficiency and reducing costs, encourage calculated risk, no blame culture.

Despite the huge challenges facing the system, 2023-24 will be the first full financial year of the ICB and it will be exciting to see what can truly be achieved by working together to systematically reduce health inequalities, achieve maximum value and reduce waste across Humber and North Yorkshire.

Accountability Report

Stephen Eames CBE

Chief Executive (Accountable Officer)
22 June 2023

Accountability Report

The Accountability Report describes how we meet key accountability requirements and embody best practice to comply with corporate governance norms and regulations.

It comprises three sections:

The **Corporate Governance Report** sets out how we have governed the organisation during the period 1 July 2022 to 31 March 2022, including membership and organisation of our governance structures and how they supported the achievement of our objectives.

The **Remuneration and Staff Report** describes our remuneration polices for executive and non-executive directors, including salary and pension liability information. It also provides further information on our workforce, remuneration and staff policies.

The **Parliamentary Accountability and Audit Report** brings together key information to support accountability, including a summary of fees and charges, remote contingent liabilities, and an audit report and certificate.

Corporate Governance Report

Members Report

The Members' Report contains details of our Board membership and where people can find Board member profiles and the register of interests.

Composition of Governing Body

The main function of the Board is to ensure that the organisation has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically, and complies with such generally accepted principles of good governance as are relevant to it.

Membership of the Board is reflected in the table opposite:

(All memberships run from 1 July 2022 – 31 March 2023 inclusive unless stated otherwise)

Member profiles

Board Member profiles can be found **here**.

Details of Board membership, attendance, quoracy, outcomes from agenda items discussed, how conflicts of interest (where applicable) have been managed and the results of an assessment of effectiveness can be found in the Board Effectiveness report **here**.

Director Report Extract – Board Membership 1st July 2022 to 31st March 2023

Note – NHS Humber and North Yorkshire Integrated Care Board operated in shadow form from 1 April 2022 until its formal establishment on 1 July 2022.

Members	From – To	Declared Interests
Sue Symington, Chair, Humber and North Yorkshire ICB	01/07/2022 – 31/03/2023	• Director of Lodge Cottages Ltd • Director of The Beverley Building Society
Executive Team		
Stephen Eames CBE, Chief Executive	01/07/2022 – 31/03/2023	• Chair of the Cancer Alliance Board
Amanda Bloor, Chief Operating Officer	01/07/2022 – 31/03/2023	• NIL
Jane Hazelgrave, Executive Director of Finance, and Investment	01/07/2022 – 31/03/2023	• NIL
Teresa Fenech, Executive Director of Nursing and Quality	01/07/2022 – 31/03/2023	• Trustee, Community Integrated Care. Social Care charity delivering supported living for people with LD/ASD/MH • Husband is Consultant Physician HUTH.
Dr Nigel Wells, Executive Director of Clinical and Professional	01/07/2022 – 31/03/2023	• GP Partner - Beech Tree Surgery, Selby • Director - Beechtree Eyecare Ltd • Director - Selby Healthcare UK Ltd • Director - KMNW Ltd
Jayne Adamson, Executive Director of People	01/07/2022 – 31/03/2023	• Board Member of Hull & East Riding Local Enterprise Partnership (LEP) • Chair of Employment & Skills Board (a Committee of the Hull & East Riding Local Enterprise Partnership) • Managing Director of Reach Innovation Limited • Founder of a Social Movement entitled 'Be the ripple' promoting kindness. • Daughter employed as Administrative Assistant at Hull University Teaching Hospitals NHS Trust
Karina Ellis, Executive Director of Corporate Affairs	01/07/2022 – 31/03/2023	• Trustee of Harbour Learning Trust a Multi Academy Trust that has responsibility for Secondary and Primary Schools that fall with the boundary of Humber and North Yorkshire • Spouse is the Strategic Lead Business Practice and Performance (Data Protection Officer and Statutory Complaints Manager) at North East Lincolnshire Council
Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations	01/07/2022 – 31/03/2023	• Member of the Marketing Humber Advisory Board. Marketing Humber is a Not-for-Profit organisation responsible for the Humber region's economic place marketing

Members	From – To	Declared Interests
Non-Executive Directors		
Mark Chamberlain, Chair – Remuneration Committee	01/07/2022 – 31/03/2023	• Director and joint owner of OMC (UK) Ltd, a consultancy business providing services to the health, legal and technology sectors. No work with clients in the ICB footprint • Associate, Capsticks LLP. Conducting HR investigations and related work in health and other sectors. No work with clients in the ICB footprint. • Associate, Whitecap Consulting. Occasional consultancy assignments, outside the NHS. • Chair, Harrogate Integrated Facilities Ltd, providing Estates and Facilities services to Harrogate & District NHS Foundation Trust • Member of The Court of the University of Leeds • Daughter is a first-year medical student at Hull York Medical School
Stuart Watson, Chair – Audit Committee	01/07/2022 – 31/03/2023	• Non-Executive Director, Vp plc (specialist equipment rental group) • Non-Executive Director, Flowtech Fluidpower plc (supplier of fluid power products and solutions) • Chairman, Gateways Educational Trust • Special Advisor with Panmure Gordon (UK based investment bank) • Consultant for Strategy Unlocked • Regional Chair, Wooden Spoon Children's Charity
Partner members of the Board		
Simon Morritt, NHS Trusts and Foundation Trusts Partner Member	01/07/2022 – 31/03/2023	• Trustee of Medicinema
Dr Bushra Ali, Primary Care Partner Member	01/07/2022 – 31/03/2023	• GP Partner and Medical Director of Modality Partnership Hull • GP Partner at Modality Partnership Hull which has a financial association with Modality LLP Community Services (Birmingham) who are currently sub- contracted to Hull University Teaching Hospitals NHS Trust to deliver some Out- Patient services. • Member of Royal College of General Practitioners • Member of British Medical Association • Spouse is a Consultant in the Interventional Radiology Department at Hull University Teaching Hospitals Trust • Registered with the General Medical Council (number 7015250) • Member of Board of Governors Keldmarsh Primary School
Councillor Jonathan Owen, Local Authority Partner Member	01/07/2022 – 31/03/2023	• NIL

Members	From – To	Declared Interests
Participant Members of the Board – see website		
Councillor Michael Harrison, Local Government Participant Member – North Yorkshire County Council	01/07/2022 – 31/03/2023	• NIL
Andrew Burnell, Chief Executive, City Health Care Partnership CIC – Community Interest Participant Member.	01/07/2022 – 31/03/2023	• Shareholder and MD City Health Practice Ltd. GMS provider. Shareholder CHCP CIC and employee. NHS Contract holder • Director of CHCP CIC, CHP Ltd
Michele Moran, Chief Executive, Humber Teaching NHS Foundation Trust - Mental Health, Learning Disabilities and Autism Participant Member	01/07/2022 – 31/03/2023	• Chief Executive – Humber Teaching NHS Foundation Trust • Chair of Yorkshire & Humber Clinical Research Network • Lead for the Mental Health/Learning Disabilities Collaborative Programme • IMAS partner • Corporate Trustee of Humber Teaching Foundation Trust Charity Health Stars • Appointed as a Trustee for the RSPCA Leeds and Wakefield branch • Non-Executive Director DHU Healthcare
Jason Stamp, Chief Officer, North Bank Forum - Voluntary and Community Sector Participant Member	01/07/2022 – 31/03/2023	• Chief Officer of Forum, a VCSE infrastructure organisation working across Yorkshire and the Humber managing health and social care contracts • Independent Chair of the Patient and Public Voice Assurance Group for Specialised Commissioning, NHS England • Chair of the HNY Workforce Board • Partner is employed as a Senior Care Worker with CHCP
Louise Wallace, Director of Public Health, North Yorkshire County Council – Public Health Participant Member	01/07/2022 – 31/03/2023	• Paid employee of North Yorkshire County Council as Director of Public Health • Fellow of the Faculty of Public Health • Registrant on the UK Public Health Register as professional registration body for generalist specialist in Public Health
Helen Grimwood, Chief Executive, Hull CVS – Patient Advocacy Participant Member	01/07/2022 – 31/03/2023	• NIL
Shaun Jones, NHS England and Improvement Locality Director Participant Member	01/07/2022 – 31/03/2023	• NIL

Statutory Committees

In accordance with its Constitution, the ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub- committees and arrange for the functions exercisable by the committee to be exercised by those subcommittees; these are outlined within our Scheme of Reservation and Delegation (SoRD). At present, there are three statutory committees, specifically:

- Audit Committee
- Remuneration Committee
- Quality Committee

The **Integrated Care Partnership** operates as a standalone joint statutory committee, bringing together the NHS and local authorities as partners to focus more widely on health, public health and social care. The ICP includes representatives from the ICB, local authorities and other partners such as NHS providers, public health, social care, and voluntary, community and social enterprise (VCSE) organisations.

The 2022-23 committees Annual Reports and Effectiveness Reviews which include details of membership, attendance, quoracy, outcomes from agenda items discussed, how conflicts of interest (where applicable) have been managed and the results of an assessment of effectiveness can be found **here.**

Register of Interests

Please refer to the **Annual Governance Statement** of this Annual Report for a link to our published Register of Declared Interests.

Personal data related incidents

The ICB currently utilises a number of different legacy incident reporting tools to assess any matters involving potential data loss to the organisation.

As reported in our **Annual Governance Statement** to this Annual Report, the ICB has reported two data security incidents to the Information Commissioners Office (ICO) in 2022-23, however, the ICO did not feel these required further investigation beyond the steps already taken by the ICB.

The ICB recognises the importance of maintaining data in a safe and secure environment and we place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information.

Modern Slavery Act

NHS Humber and North Yorkshire ICB fully supports the Government's objectives to eradicate modern slavery and human trafficking. Our Slavery and Human Trafficking Statement for the period ending 31 March 2023 is published on our **website** following approval by the Quality Committee.

Statement of Accountable Officer's Responsibilities

Under the National Health Service Act 2006 (as amended), NHS England has directed each Integrated Care Board to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the NHS Humber and North Yorkshire Integrated Care Board and of its income and expenditure, Statement of Financial Position, and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- Observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis.
- Make judgements and estimates on a reasonable basis.
- State whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Prepare the accounts on a going concern basis; and
- Confirm that the Annual Report and Accounts as a whole is fair, balanced, and understandable and take personal responsibility for the Annual Report and Accounts and the judgements required for determining that it is fair, balanced and understandable.

The National Health Service Act 2006 (as amended) states that each Integrated Care Board shall have an Accountable Officer and that Officer shall be appointed by NHS England.

NHS England has appointed Stephen Eames CBE, Chief Executive to be the Accountable Officer of NHS Humber and North Yorkshire Integrated Care Board. The responsibilities of an Accountable Officer, including responsibility for the propriety and regularity of the public finances for which the Accountable Officer is answerable, for keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Integrated Care Board and enable them to ensure that the accounts comply with the requirements of the Accounts Direction), and for safeguarding the NHS Humber and North Yorkshire Integrated Care Board's assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities), are set out in the Accountable Officer Appointment Letter, the National Health Service Act 2006 (as amended), and Managing Public Money published by the Treasury.

As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Humber and North Yorkshire Integrated Care Board's auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

Governance Statement

Introduction and context

NHS Humber and North Yorkshire Integrated Care Board (ICB) is a statutory NHS body established by NHS England on 1st July 2022 under the National Health Service Act 2006 (as amended). The NHS Humber and North Yorkshire Integrated Care Board's statutory functions are set out under the National Health Service Act 2006 (as amended).

The ICB's general function is arranging the provision of services for persons for the purposes of the health service in England. The ICB is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its population.

The NHS Humber and North Yorkshire ICB is accountable for NHS spend and performance of the health and care services delivered to the for 1.7million people across a region which covers a large geographical area. The ICB is a core member of the Humber and North Yorkshire Health and Care Partnership, alongside NHS providers, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations.

Between 1 July 2022 and 31 March 2023, the Integrated Care Board was not subject to any directions from NHS England issued under Section 14Z61 of the of the National Health Service Act 2006 (as amended).

Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Humber and North Yorkshire Integrated Care Board's policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in the NHS Humber and North Yorkshire Integrated Care Board's Accountable Officer Appointment Letter.

I am responsible for ensuring that the NHS Humber and North Yorkshire Integrated Care Board is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the ICB as set out in this governance statement.

Governance arrangements and effectiveness

The Health and Care Act 2022 set out plans to put Integrated Care Systems on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities. From 1 July 2022, Integrated Care Systems were established, led by an **NHS Integrated Care Board (ICB)**, an organisation with responsibility for NHS functions and budgets, and an **Integrated Care Partnership (ICP)**, a standalone joint statutory committee between the ICB and the six Local Authorities bringing together all system partners to produce a health and care strategy.

Good governance is central to the running of NHS Humber and North Yorkshire ICB. It helps us to meet our legislative responsibilities and provides assurance that we are conducting the duties required of a public body in an efficient and effective manner. Our governance processes ensure that we are an accountable, transparent, ethical and well- led organisation. It not only gives our communities confidence in the ICB but also helps improve faith that staff, the public, NHS England and the Government have in us and our decision-making processes.

The ICB is committed to reviewing its governance arrangements throughout the financial year, but particularly at year-end for assurance purposes. It is also timely to set out a programme of review during the latter stages of the inaugural year of ICB operation.

Integrated Care Board (ICB)

The main function of the Board is to ensure appropriate arrangements for ensuring that it exercises its functions effectively, efficiently, and economically, and complies with such generally accepted principles of good governance as are relevant to it. This includes the Seven Principles of Public Life (the Nolan Principles) and any governance guidance issued by NHS England.

As such, we have considered how the ICB applies the principles in order to deliver our strategic aims for patients, carers, and the public.

The ICB maintains a Constitution and Standing Orders, which has been approved by the ICB Board and has been certified as compliant with the requirements of NHS England.

The Scheme of Reservation and Delegation (SoRD) and Operational Scheme of Delegation (OSD) are supporting documents of the Constitution that defines those decisions that are reserved to the ICB, the ICB Committees, individual officers, and other employees.

The Constitution includes:

- Core purpose of the ICS
- Composition of the Board of the ICB
- Appointments process for the Board
- Arrangements for the exercise of our functions
- Procedures for making decisions.
- Arrangements for conflicts of interest management and code of conduct and behaviours
- Arrangements for ensuring accountability and transparency.
- Arrangements for determining terms and conditions of employees.
- Arrangements for public involvement
- Appendices include definitions and the Standing Orders

The ICB is mandated by NHS England (NHSE) to maintain and publish its Constitution and Standing Orders. Together, these set out the ICBs membership and the formal means and processes through which the ICB is governed. The Board approve any amendments prior to submission to NHS England for their approval. In March 2023, the Board approved further changes as follows:

- **Constitution and Standing Orders** - Inclusion of minor NHSE technical updates previously issued to ICBs, further clarity on the reporting arrangements for ICB committees to the Board, an update to the description of the area served by the ICB to reflect the change of North Yorkshire County Council to a unitary authority and inclusion of new participants of the Board.
- **Scheme of Reservation and Delegation (SoRD)** - updated in the light of the first years' experience of its operation and as well as to reflect the further delegations that are known for the ICB; and
- **Operational Scheme of Delegation (OSD)** – Updates to the contractual and procurement elements of the OSD in order to support the 2023/24 contract round (approved in February 2023), reference to the ICB's Budgetary Control Framework as an additional key mechanism of financial control within the ICB and introduction of delegations associated with Continuing Healthcare to reflect the new ICB structures.

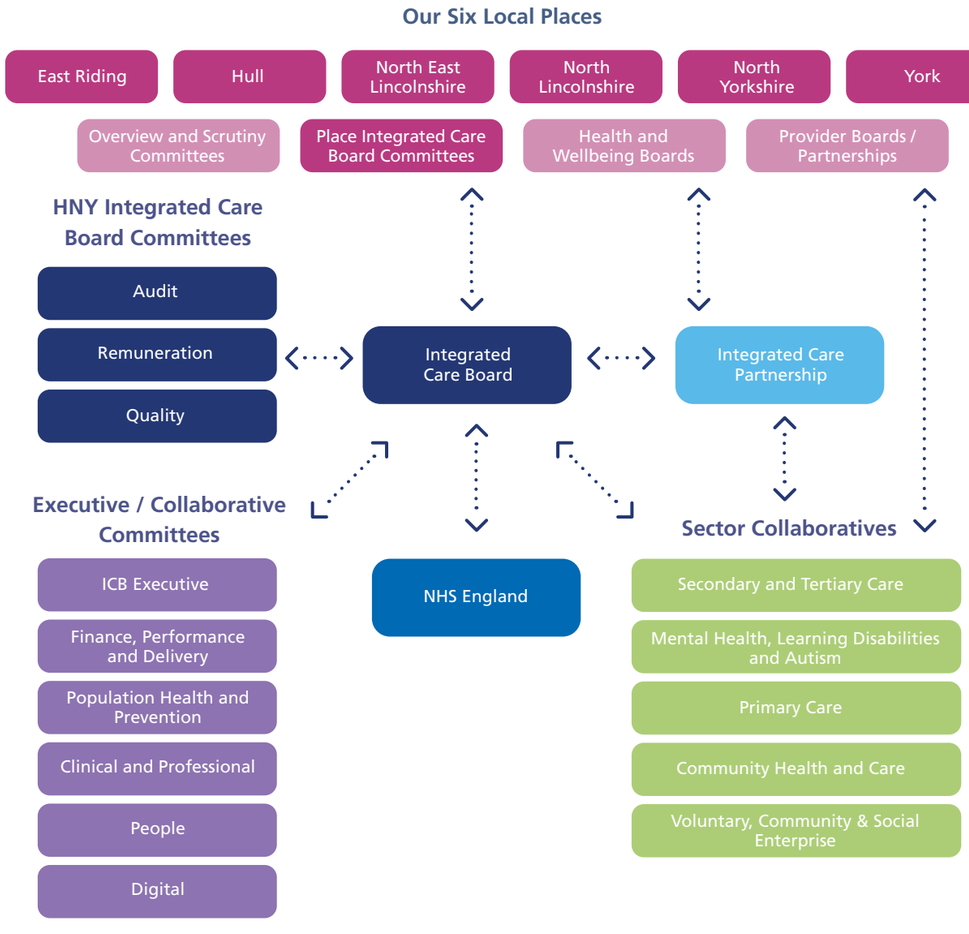
ICB Board and Committee Structure

The ICB Board comprises a diverse range of skills from Executive, Clinical, Non- Executive Directors, and key stakeholders across the Integrated Care System. There is a clear division of the responsibilities of individuals with no one individual having unregulated powers of decision.

The ICB Board has responsibility for leading the development of the vision and strategy. It has established several committees to assist in the delivery of the statutory functions and key strategic objectives of the ICB Board. It receives regular opinion reports from each of its committees. These, together with a wide range of other updates, enable the ICB Board to assess performance against these objectives and direct further action where necessary.

The structure below details the governance structure of the ICB Board and its Committees. An annual report has been produced for each committee which includes key responsibilities, membership, attendance, and highlights of their work over the year. The HNY ICB Committees Annual Reports are published on the HNY ICB **website**.

Governance structure of the ICB Board



ICB Board Effectiveness

The HNY ICB Constitution sets out the composition of the Board and identifies certain key roles and responsibilities required. There is also a formal competency-based assessment process for appointments of Board Members.

All members of the ICB Board are able to demonstrate the leadership skills necessary to fulfil the responsibilities of these key roles and have established credibility with all stakeholders and partners.

The ICB Board membership is subject to statutory/mandatory training. Additional training and development is provided on a group basis through Board workshops and through individual need as identified through appraisals.

The ICB Board is provided with a range of strategic information covering finance, performance, strategy, policy, risk, and quality assurance at all meetings.

The ICB Board is committed to reviewing its own performance and has undertaken an assessment utilising Healthcare Financial Management Association (HFMA) Audit Committee Handbook guidance to determine if the ICB Board has carried out its duties effectively. The Board reviewed the outcome of the assessment at their meeting in March 2023 which determined that the ICB Board has carried out its duties effectively in 2022-23.

In additional to the Board effectiveness review, each Committee of the Board has completed a review of effectiveness for 2022-23 and this is reported to the Board alongside the Committees Annual Reports in May 2023.

The ICB Board met throughout 2022-23 and a record of attendance was produced which demonstrated that meetings were quorate and that there was a high level of attendance from all Members throughout the year.

Committees and sub-committees

In accordance with its Constitution, the ICB may appoint committees and arrange for its functions to be exercised by such committees. Each committee may appoint sub- committees and arrange for the functions exercisable by the committee to be exercised by those subcommittees; these are outlined within our SoRD.

At present, there are three statutory Committees, specifically:

- Audit Committee
- Remuneration Committee
- Quality Committee

Integrated Care Partnership (ICP)

The Integrated Care Partnership operates as a standalone joint statutory committee, bringing together the NHS and local authorities as partners to focus more widely on health, public health and social care. The ICP includes representatives from the ICB, local authorities and other partners such as NHS providers, public health, social care, and voluntary, community and social enterprise (VCSE) organisations.

The ICP is responsible for developing an integrated care strategy to set out how the wider health and wellbeing needs of the local population will be met. The intention is to extend the responsibilities of the Humber and North Yorkshire ICP to reflect the core aims of the ICS, including improving our population's health, address inequalities, and contribute to the wider socio-economic challenges we face, such as unemployment and securing inward investment.

Audit Committee

The Audit Committee (the Committee) is established by the Integrated Care Board (the Board) as a Committee of the Board in accordance with its Constitution. Its Terms of Reference (ToR), set out the membership, the remit, responsibilities, and reporting arrangements of the Committee and may only be changed with the approval of the Board. The Committee is an independent non-executive committee of the Board and its members, including those who are not members of the Board, are bound by the Standing Orders and other policies of the ICB.

The overall purpose of the Committee is to contribute to the overall delivery of the ICB's objectives by providing oversight and assurance to the Board on the adequacy of governance, risk management and internal control processes within the ICB.

Remuneration Committee

The Remuneration Committee (the Committee) is established by the Integrated Care Board (the Board) as a Committee of the Board in accordance with its Constitution.

The Committee's main purpose is to exercise the functions of the ICB relating to paragraphs 17 to 19 of Schedule 1B to the NHS Act 2006. In summary, to confirm the ICB Pay Policy including adoption of any pay frameworks for all employees including senior managers/directors (including board members) and Non-Executive Directors excluding the Chair.

The Board has also delegated oversight of executive board member performance to the Remuneration Committee.

Quality Committee

The Quality Committee (the Committee) is established by the Integrated Care Board (the Board) as a Committee of the Board in accordance with its Constitution.

The Quality Committee has been established to provide the ICB with assurance that is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care. The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high-quality care.

The duties of the Quality Committee are driven by the organisation's objectives and the associated risks. An annual programme of business will be agreed before the start of the financial year; however, this will be flexible to new and emerging priorities and risks. The Quality Committee has no executive powers, other than those delegated in the SoRD and specified in these terms of reference.

Other Important ICS features are:

- **Place-based partnerships** between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families – these partnerships will lead design and delivery of integrated services in their local area.
- **Provider collaboratives:** bringing NHS providers together across one or more ICSs, working with clinical networks, alliances and other partners, to benefit from working at scale.

UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance. However, we have reported on our corporate governance arrangements by drawing upon best practice available, including those aspects of the UK Corporate Governance Code we consider to be relevant to the ICB Board.

For the financial year ended 31 March 2023, and up to the date of signing this statement, the ICB Board has aligned with the provisions set out in the UK Corporate Governance Code as demonstrated below.

Leadership

The strategic and operational management of the ICB is led by the ICB Board. The ICB Board comprises a diverse range of skills from Executive, Clinical, Non-Executive Directors, and key stakeholders across the Integrated Care System, plus other attendees as appropriate.

The ICB Board has a clear delegation of responsibilities to its formal Committees and its Officers and a clear process for decision making.

Individual members of the Board bring different perspectives, drawn from their different professions, roles, background and experience. These differing insights into the range of challenges and opportunities facing the ICB, together, ensure that the ICB takes a balanced view across the whole of its business.

Accountability

The ICB Audit Committee is chaired by the Non-Executive Director for Audit.

The ICB has a series of robust controls in place, including the Scheme of Reservation and Delegation (SoRD), the Operational Scheme of Delegation (OSD).

The ICB has a robust Board Assurance Framework (BAF) framework in place to manage any risks that may impact on the delivery of its strategic objectives. The ICB Board has also approved its risk appetite across 8 domains in 2022-23. For 2022-23, Internal Audit completed an audit of the ICB Board's Board Assurance Framework and provided an opinion of significant assurance.

The ICB has approved a Conflict-of-Interest Policy and a Code of Conduct and Behaviours Policy.

The Audit Chair held the position of Conflicts of Interest Guardian throughout 2022-23 and has been supported by the Board Secretary / Head of Compliance in the day-to-day management of managing conflicts of interest throughout 2022-23.

For 2022-23, Internal Audit completed an audit of how the CCG manages conflicts of interest and provided an opinion of **significant assurance**.

The ICB is in the process of establishing an Information Governance Steering Group, reporting into the ICB Audit Committee, which will oversee the improvements required to ensure the CCG achieves its information governance goals.

The ICB appointed Internal Auditors, Audit Yorkshire.

External Auditors, Mazars LLP, were appointed on behalf of the ICB. Both Internal Audit and External Auditors report to the Audit Committee.

Remuneration

The Remuneration Committee's main purpose is outlined earlier in this report.

The Remuneration Committee has delegated authority from the ICB Board on the oversight of executive board member performance.

The Remuneration Committee does not include Members that are fulltime employees or individuals who claim a significant proportion of their income from the ICB. Conflicts of Interest are managed so that no individual is involved in deciding their own remuneration.

Relations with Stakeholders

The ICB Board meetings are held 'in public' and papers are published on the ICB website five working days before meetings are held, this includes minutes of all meetings held 'in public' for accountability and transparency purposes.

The ICB Constitution clearly details the decision-making process and voting rights.

The ICB will use its Annual General Meeting (AGM) to communicate with stakeholders and the public and encourage their participation. At the AGM, the Chair, Chief Executive, and members of the ICB including the Chairs of the Audit Committee and Remuneration Committee will be available to answer questions.

Discharge of Statutory Functions

The NHS Humber and North Yorkshire ICB has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislation and regulations. As a result, I can confirm that the ICB is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead Director. Directorates have confirmed that their structures provide the necessary capability and capacity to undertake all of the ICB's statutory duties.

Risk management arrangements and effectiveness

The ICB has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk. The Board Assurance Framework and Corporate Risk Register are essential elements of a robust and comprehensive internal control framework for the ICB.

The ICB Executive Team oversees the development of the wider risk management strategy and framework of which the BAF and Corporate Risk Register are important elements. The Place Health and Care Committees of the ICB have oversight of the shared risks within the Place Based Corporate Risk Registers and ICB Committees will also receive the Corporate Risk Register.

Board Assurance Framework

NHS Humber and North Yorkshire Integrated Care Board (ICB) has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk, which could affect patients, staff, public resources, and the function of the ICB. This includes both the risk to the organisation and the risk to those individuals to whom the ICB owes a duty of care.

The Board Assurance Framework (BAF) provides the organisation with a simple but comprehensive method for the effective and focused management of the principal risks that may impede or assist in the ICB in meeting its strategic objectives and statutory obligations. In so doing, the BAF is also a primary source of evidence in describing how the ICB is discharging its responsibility for internal control.

The BAF serves as the key document to assure the Board that risk management is firmly embedded in the organisation. One of the primary purposes of the Board Assurance Framework is to identify gaps in control or assurance in relation to these principal risks. It also provides a structure for the evidence to support the Annual Governance Statement. This simplifies Board reporting and the prioritisation of action plans which, in turn, allow for more effective performance management.

During the transition to the Integrated Care Board and in a development session of the shadow Board, members were given the opportunity to consider the strategic objectives of the ICB and identify what they felt were the principal risks that could impact on the achievement of those objectives. The BAF further sets out the controls in place to manage these risks and the assurances available to support judgements as to whether the controls are having the desired impact. It additionally describes the actions to further reduce each risk.

The BAF has been designed to ensure that there are clear links between the governance responsibilities of the Board, the lines of accountability across the Executive Directors, and the assurance activities of the Board's Governance Committees. The Audit Committee will oversee the development of the wider risk management strategy and framework of which the BAF will be an element. The Audit Committee will also maintain oversight of the development of the BAF.

The ICB's Board Assurance Framework submitted to the Board for consideration and approval in March 2023 is available on our **website.**

All BAF risks, including risk scores, positive assurances, gaps in control and mitigating actions are regularly updated, as appropriate, with sign off by the Executive Director Leads / Deputies and are taken through the Executive Committee for assurance before being submitted to the ICB Board for approval.

The ICB's risk register is linked to the agreed risk appetite by risk type to support the effective management of risks across the organisation. Risk appetite is aligned to the 8 risk domains included in the table below. The resultant heat maps allow the ICB Board, committees, and staff to more effectively focus resources and attention on key risks that are 'out of appetite'.

The ICB has undertaken a Board session on risk appetite to establish a clear corporate approach (and ownership) to risk taking, tolerances and control. Setting of risk appetite will undoubtedly drive organisational behaviours and allow us to develop confidence, competence, and resilience on an incremental basis. Risk is unavoidable but the ICB's risk appetite has been informed by experience and knowledge.

Domain	Risk Appetite	Threshold Score
1. Clinical Quality & Safety	CAUTIOUS (to be kept under review)	6
2. Patient Experience	BALANCED	8
3. Workforce	BALANCED	8
4. Financial / Value for Money	BALANCED	8
5. Compliance / Regulatory	BALANCED	8
6. Reputation	BALANCED	8
7. Transformation Delivery	OPEN	12
8. Partnership	OPEN	12

Risk Appetite	Description
Minimal	Avoidance of any risk or uncertainty. Every decision will be with the aim of terminating the risk.
Cautious	Preference for safe delivery options but is able to tolerate low level risk and uncertainty. Every decision will be with the aim of mitigating the level of risk.
Balanced	Will consider all options and tolerate a modest amount of risk if the reward is demonstrated. Acceptance that some loss may occur in pursuit of the reward.
Open	Open to consider all options and take a greater degree of risk and tolerate higher uncertainty to achieve a bigger reward. Likely to choose an option that had a greater reward and accepts some loss.
Hungry	Eager to be innovative and take on risk to achieve strategic objectives. Will chose the option with greater reward and will accept any loss as the price for the reward.

The ICB's BAF (as of March 2023) includes nine principle risks which threaten the achievement of organisational strategic objectives. Of these, five are managed 'out of appetite' and four are managed within appetite; the five risks managed out of appetite are as follows:

Strategic Objective	Domain	Principle Risk	Initial Risk Rating	Current Risk Rating	Risk Appetite	Status
Improving outcomes in population health & healthcare	Clinical & Quality Safety	Failure to effectively recognise, monitor and affect fundamental standards of local care will impact on patient safety and positive health outcomes for local people and communities.	20	20	6 Cautious	OUT
	Patient Experience	Failure to effectively engage and deliver our legal duty to involve patients and the public in decision making and service development will prevent the ICS from providing integrated, coordinated and quality care.	16	12	8 Balanced	OUT
Delivering our operational plan	Financial / Value for Money	Failure to operate within the ICB's available resources in 2023/24 will cause financial instability leading to poorer outcomes for the population and threaten organisational sustainability undermining confidence in the ICS leadership.	20	15	8 Balanced	OUT
Developing our ICS	Compliance / Regulatory	Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will prevent the ICB meeting regulatory and compliance standards and threaten organisational sustainability and undermining confidence in the ICS leadership.	20	12	8 Balanced	OUT
	Workforce	Failure to recruit and retain staff of the right calibre will prevent the ICS from delivering against its core purposes and to promote and support a value-based culture, development opportunities. Lack of effective succession planning will prevent the sustainable future of the ICS. Finite local workforce available from which to draw from for multiple, and often competing, demands.	20	12	8 Balanced	OUT

The 4 risks managed within appetite include:

Strategic Objective	Domain	Principle Risk	Initial Risk Rating	Current Risk Rating	Risk Appetite	Status
Realising our vision	Transformation Delivery	Failure of the ICB to align with the wider partnership vision and priorities and therefore not transforming services to achieve enduring improvement to the health & wellbeing of our population & local communities.	20	12	12 Open	IN
Tackling inequalities in outcomes, experience and access and delivering ouroperational plan	Transformation Delivery	Failure to develop digital maturity will prevent the ICS from delivering against its core purposes.	20	12	12 Open	IN
Supporting broader social and economic development	Partnership	Failure to connect and build relationships with all partners and stakeholders around meeting the wider needs to the population will lead to fragmentation and reduce the impact on wider determinants that affects the population.	16	12	12 Open	IN
Delivering ouroperational plan	Financial / Value for Money	Failure to ensure the ICB maintains robust governance processes and effective control mechanisms will prevent the ICB meeting regulatory and compliance standards and threaten organisational sustainability and undermining confidence in the ICS leadership.	20	6	8 Balanced	IN

Corporate Risk Register

The Corporate Risk Register (CRR) is an important means through which key threats to the Integrated Care Board's (ICB) achievement of its objectives – and those it shares with its Integrated Care System (ICS) partners – are consistently identified, quantified, mitigated, or eliminated. Since its establishment, the initial focus of the ICB's risk management work has been to monitor and maintain the myriad of active risks it inherited from the six predecessor Clinical Commissioning Groups CCGs). In practice this has required ongoing support to several hundred risks across the six Places, each of whom has operated to different risk management arrangements.

At the same time, effort has also been made to design and support a phased transition to a new single and consistent ICB-wide risk management approach. Key facets of which include:

i. To maintain a bottom-up approach to risk, with the primary building block for the ICB risk management process being the six Places of the ICB together with further contributions from the directorates, collaboratives, committees, and all other aspects of the ICB
ii. The designing of the ICB risk management framework around the principle of variable risk appetite, which balances the ICB's tolerance to risk against the delivery of its vision and ambitions
iii. The management and oversight of risks should be carried out as close to the source of the risk as possible, with onward reporting and assurance being undertaken in accordance with the Board defined out of appetite risk thresholds
iv. The adoption of a single ICB methodology to enable the consistent recording and appraisal of risk, irrespective of its source
v. The ability to recognise the continued move to a shared responsibility model within the ICS and therefore distinguish in future between those risks that are directly within the control of the ICB and those that are shared and therefore to be managed between system partners
vi. Development of ICB risk management software that enables real-time addition and analysis of risk across the ICB at the level of granularity required – including Place, committee, and collaborative level.

NHS England (NHSE) recognises that a new approach is required for a fully embedded ICB specific risk management framework and the ICB is part of a specialist group working with NHSE to develop national advice for this purpose.

Capacity to Handle Risk

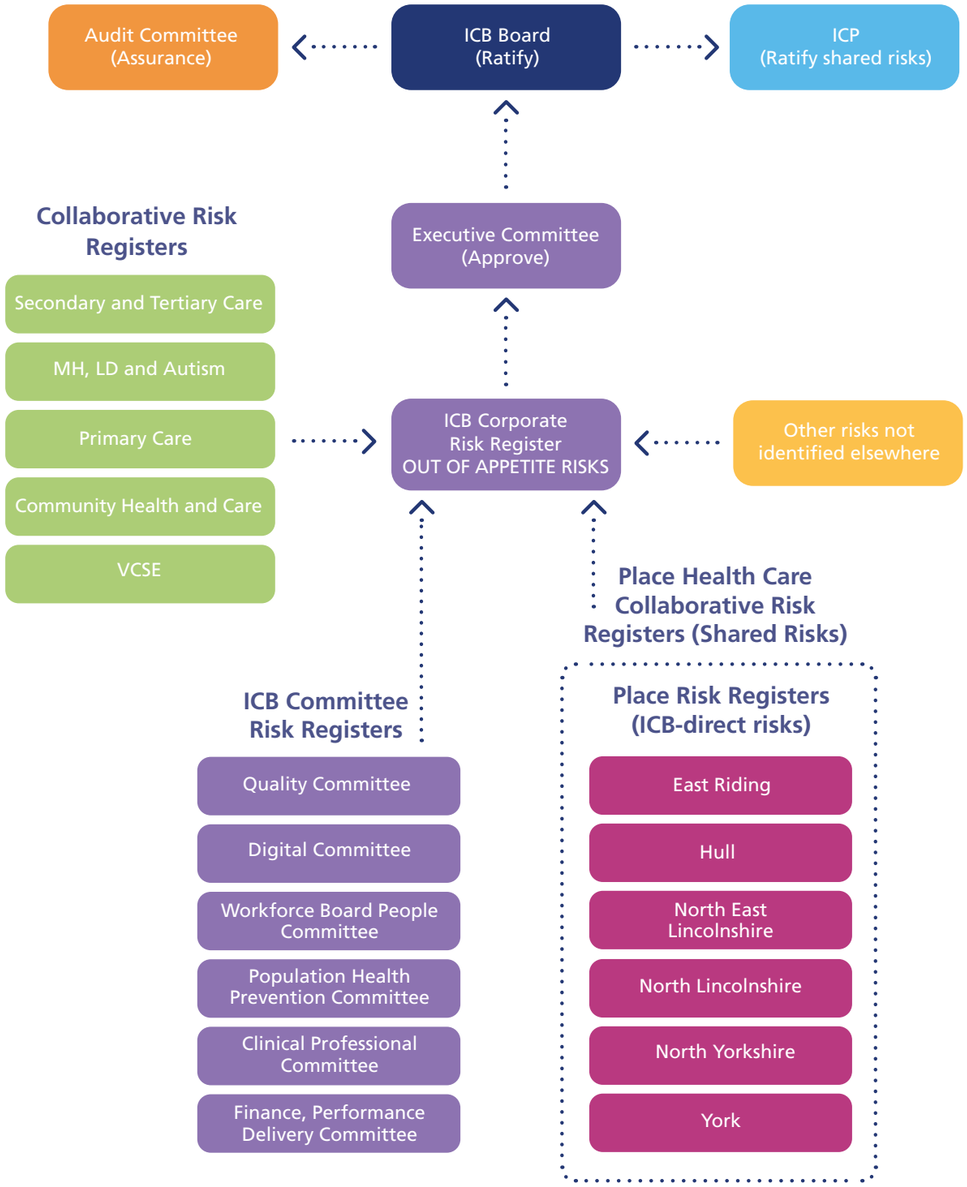
As identified earlier, leadership to the risk management process is delivered by the ICB Executive Team which oversees the development of the wider risk management strategy and framework of which the BAF and Corporate Risk Register are important elements. The Place Health and Care Committees of the ICB have oversight of the shared risks within the Place Based Corporate Risk Registers and ICB Committees will also receive the Corporate Risk Register.

The processes we have established ensure there are clear links between the governance responsibilities of the Board, the lines of accountability across the Executive Directors, and the assurance activities of the Board's Governance Committees, specifically the Audit Committee will oversee the development of the wider risk management strategy and framework. The Audit Committee will also maintain oversight of the development of the BAF.

Our risk management arrangements continue to evolve rapidly with Phase 3 of our risk register reporting cycle fully operational by September 2023, as demonstrated in the schematic overleaf:

HNYICB Corporate Risk Register Reporting Cycle

Phase 3 – September 2023 and beyond



Risk Assessment

The ICB's risk identification involves examining all sources of risk, both internally and externally and though a variety of sources.

The Board Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achievement of its strategic objectives and to map out key control that should be in place to manage those risks effectively.

All significant risks that have an impact on the ICB's strategic objectives are managed through the Board Assurance Framework. The Board Assurance Framework was last assessed by the ICB Board in March 2023.

All identified risks have key controls, how assurance will be given, gaps in assurance, action plans to address gaps and detail the risk leads and alignment to committees.

During 2022-23, the ICB has maintained sound risk management and internal control systems of its significant risks detailed within the Board Assurance Framework. This is recognised in the outcome of the Internal Audit of the Board Assurance Framework of which an opinion of **significant assurance** was given.

Other sources of assurance

Internal Control Framework

A system of internal control is the set of processes and procedures in place in the NHS Humber and North Yorkshire Integrated Care Board to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively, and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The ICB has a number of internal control measures in place monitored by the ICB Board and Audit Committee, these include: the risk management, scheme of reservation and delegation, operational scheme of delegation, physical controls, management controls, security controls, accounting controls, policies, and mandatory training.

In addition, the Board Assurance Framework is the key document which provides an overview of the controls and assurances in place to ensure that the ICB is able to achieve its strategic objectives and manage the principal risks identified.

The governance structure within the ICB provides the control mechanism through which the monitoring and mitigation of risks are managed and escalated to the Board.

Each Committee produces an annual report which provides the Board with a summary of the work done and in particular how Committees have discharged their responsibilities in supporting the ICB's Annual Governance Statement and Assurance Framework.

Annual audit of conflicts of interest management

The revised statutory guidance on managing conflicts of interest (published June 2016) requires commissioners to undertake an annual internal audit of conflicts of interest management. To support the ICB to undertake this task, NHS England has published a template audit framework.

Audit Yorkshire (the ICB's Internal Auditors) has undertaken a review of our arrangements with the aim of ensuring that 'The ICB demonstrates that they are acting fairly and transparently and in the best interests of their patients and local populations through managing conflicts of interest as part of their day-to-day activities'. The audit has offered **significant assurance**, concluding that the ICB can demonstrate that there are, in the main, effective arrangements in place to manage potential conflicts of interest during the performance of the ICB's

business, whilst acknowledging that the ICB is a maturing organisation at the time of the audit, with systems, processes and the staffing structure under development.

There is potential for conflicts of interest in both the public (like the NHS and Local Authority) and private sectors (businesses). While it may not be reasonable or efficient to remove the risk of conflicts of interest entirely, we recognise the risks and have put measures in place to identify and manage conflicts if they arise. The measures outlined in our policy are aimed at ensuring that decisions made by the ICB will be taken, and be seen to be taken, uninfluenced by external or private interests. The ICB Constitution states that registers of interest should be maintained for Members of the ICB, Members of the board's committees and sub-committees, and its employees. All relevant persons (as per sections 6.1.3 and 6.1.5) must declare any conflict or potential conflict of interest relating to decisions to be made in the exercise of ICB commissioning functions.

The ICB maintains a Conflicts of Interest Register and, in accordance with guidance, has published all declarations of interest for individuals deemed as 'decision makers' on our **website**. The ICB is also required to formalise arrangements to manage conflicts of interest, which is documented within a Board approved Conflicts of Interest Policy.

Data Quality

The Board and its committees receive monthly performance and quality reports which contain a significant range of data which officers ensure is the most up to date available and from reliable sources such contract data sets, nationally published data etc.

The Board, as part of the monthly discussions on all reports, seek assurance on the accuracy and timeliness of the data and have found it acceptable.

Information Governance

The NHS Information Governance Framework sets the processes and procedures by which the NHS handles information about patients and employees, in particular personal identifiable information. The NHS Information Governance Framework is supported by an information governance toolkit (now called the Data Security and Protection Toolkit) and the annual submission process provides assurances to the ICB, other organisations and to individuals that personal information is dealt with legally, securely, efficiently and effectively.

In previous years each CCG has completed their own Data Security and Protection Toolkit (DSPT) submission, this year only one submission is required on behalf of NHS Humber and North Yorkshire ICB, however, this still requires evidence to be gathered from all 6 Places for each of the 113 assertions. All CCG Toolkits submitted in 2021-22 were published as 'Standards Met' therefore we did not have any serious concerns transitioning to a single submission. Staff with responsibility for IG meet on a regular basis to discuss progress and ensure any issues identified are mitigated prior to the deadline for the 2022-23 submission. An audit of the evidence items commenced 03/04/23.

There is a joint Information Governance Steering Group (IGSG) across Hull and East Riding Places.

North Lincolnshire and North East Lincolnshire Places currently have separate IGSGs as they have two different IT providers, the ICB will look to combine these groups if North Lincolnshire and North East Lincolnshire Places feel this is appropriate and would work well. North Yorkshire and York Places are in the process of re-establishing their IGSG after these groups were stood down following issues with capacity. The aim is also to have a joint meeting across the two areas.

There will be an overarching Integrated Care Board IGSG group established to ensure there is oversight of the Place groups with the ability to escalate issues to the Board as required by the Data Security and Protection Toolkit.

The ICB has published a temporary Privacy or Fair Processing Notice on its website **Privacy Policy - Humber and North Yorkshire Integrated Care Board (ICB)** this links back to previous CCG Privacy Notices that have more detail. The temporary notice is due to be replaced with a final in-depth version in the coming weeks following approval from relevant committees. All Information Governance Policies are under review and are in the process of being updated and standardised across the ICB.

We ensure staff undertake annual information governance training, which is monitored regularly, we maintain a staff information governance handbook to ensure staff are aware of their information governance roles and responsibilities and we provide regular IG training sessions and IG updates through staff meetings and staff briefings.

The ICB has reported two data security incidents to the Information Commissioners Office (ICO) in 2022-23, however, the ICO did not feel these required further investigation beyond the steps already taken by the ICB. The ICB recognises the importance of maintaining data in a safe and secure environment and we place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information.

Business Critical Models

The ICB recognises the principles reflected in the Macpherson Report as a direction of travel for business modelling in respect of service analysis, planning and delivery. An appropriate framework and environment is evolving to provide quality assurance of business-critical models within the ICB. The ICB has and continues to adopt a range of quality assurance systems to mitigate business risks notwithstanding that organisational and system maturity continues to develop.

These include:

- Stakeholder experience including patient complaints and serious untoward incident management arrangements
- Risk Assessment (including risk registers and a board assurance framework)
- Internal Audit Programme and External Audit review
- Executive Leads with clear work portfolios
- Policy control and review processes
- Public and Patient Engagement, and
- Third Party Assurance mechanisms.

We can confirm that all of these quality assurance processes are used across our business-critical areas as appropriate.

Third party assurances

During 2022-23 the ICB has contracted with a number of external organisations for the provision of back-office services and functions. Assurances on the effectiveness of the controls in place for these are received in part from an annual Service Auditor Report from the relevant service, for 2022-23 these included:

Capita Business Services Ltd Primary Care Support England (PCSE) – this ISAE 3402 Type II Report provided by Mazars for the period 1 April 2022 to 31 March 2023 offered a qualified opinion. Capita provide a range of payment and pensions administration services under the PCSE contract. Within the scope of their work, External Audit have identified a qualification relating to 2 out of 15 control objectives during the period. The opinion has been formed on the basis of the matters outlined in their report.

In their opinion, in all material respects, except for the matters outlined in their report, Mazars conclude that the controls tested, which were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period from 1 April 2022 to 31 March 2023.

CSU Collaborative, led by South Central West CSU (SCW) to manage the national Calculating Quality Reporting Service (CQRS National) - Report on Internal Controls (Type II) - this report, covering the period 1 April 2022 to 31 March 2023, has been prepared by Deloitte in accordance with the International Standards on Assurance Engagements 3000 (revised) and 3402 ("ISAE 3000 and 3402") and the Institute of Chartered Accountants in England and Wales Technical Release AAF 01/20 ("AAF 01/20"). CQRS National is an approvals, reporting and payments calculation system for General Practitioner (GP) practices. It helps practices to track, monitor and declare achievement for the Quality and Outcomes Framework (QOF), Direct Enhanced Services (DES) and Vaccination and Immunisation (V&I) programme. The report offers a qualified opinion due to weaknesses in the controls that ensure that 'system changes are recorded, impact assessed and authorised before they are implemented' and 'administrative access to systems is restricted in line with user roles and responsibilities.

In their opinion, in all material respects, except for the matters outlined in their report, Deloitte's conclude that the controls that were tested were operating with sufficient effectiveness to provide reasonable assurance that the related control objectives stated in the description were achieved throughout the period from 1 April 2022 to 31 March 2023.

NHS Business Services Authority provision and maintenance of the Electronic Staff Record system – the ISAE 3000 Type II Controls Report prepared by PricewaterhouseCoopers LLP provided a qualified opinion. The ESR solution is a single payroll and Human Resources (HR) Management system that has been fully implemented across the whole of the NHS in England and Wales. The basis for this opinion is:

- The controls related to the authorisation and revocation of logical access did not operate effectively during the period evaluated (1 April 2022 to 31 March 2023)
- Controls related to the tracking and resolution of NHS Hub availability issues were not suitably designed during the period 1 April 2022 to 31 March 2023
- For the Newcastle data centre, there was no available evidence of control relating to physical security and maintenance of environmental conditions and controls related to periodic testing of the back-up power generators did not operate effectively from 1 April 2022 to 7 September 2022. Furthermore, controls were not in place to monitor the data centre physical security and environmental controls designed and operated by the carved-out Subservice Organisation, Crown Hosting Date Centres Limited.

In their opinion, in all material respects, except for the matters outlined in their report, PricewaterhouseCoopers LLP conclude that controls tested, which together with complementary user entity controls referred to in their report, if operating effectively, where those necessary to provide reasonable assurance that controls operated effectively during the period 1 April 2022 to 31 March 2023.

Report on NHS England's description of its Control System for traction and Processing of General Practitioner Data Services in England – the Type II ISAE 3000 Report for General Practitioners Payment Services and Extraction and Processing of General Practitioner Data services for the period 1 April 2022 to 31 March 2023 prepared by PricewaterhouseCoopers LLP provided a qualified opinion. The basis for this qualified opinion was:

- In a number of instances, controls related to approval of new user access to DPS and removal of leavers from GPDC, DPS and PDS did not operate effectively. As a result, controls did not operate effectively during the period 1 April 2022 to 31 March 2023
- Controls were not in place to provide appropriate segregation of duties between the production and the development environments of the GPDC application. As a result, controls were not suitably designed during the period 1 April 2022 to 31 March 2023.

In their opinion, in all material respects, except for the matters outlined in their report, PricewaterhouseCoopers LLP conclude that the controls tested, which, together with the complementary user entity controls referred to in the scope paragraph of their assurance report, if operating effectively, were those necessary to provide reasonable assurance that the control objectives stated in the description were achieved, operated effectively throughout the period 1 April 2022 to 31 March 2023.

NHS Shared Business Services Limited's Control System for Finance and Accounting Services and on the Suitability of Design and Operating Effectiveness of its Controls – this ISAE 3402 report by PricewaterhouseCoopers LLP for the period 1 April 2022 to 31 March 2022 provided an unqualified opinion.

NHS Business Services Authority: Prescription Payments Process – this Type II ISAE 3402 Report for the period 1 April 2022 to 31 March 2023 by PricewaterhouseCoopers LLP provided a qualified opinion as controls relating to periodic review of user access to applications did not operate effectively, and in a number of instances the controls related to timely removal of leavers' access to applications and the network did not operate effectively. As a result, controls did not operate effectively during the period 1 April 2022 to 31 March 2023.

NHS Business Services Authority: Dental Payments Process - this Type II ISAE 3402 Report for the period 1 April 2022 to 31 March 2023 by PricewaterhouseCoopers LLP provided a qualified opinion as controls relating to periodic review of user access to applications did not operate effectively, and in a number of instances the controls related to timely removal of leavers' access to applications and the network did not operate effectively. As a result, controls did not operate effectively during the period 1 April 2022 to 31 March 2023.

Control Issues

As described elsewhere in this Governance Statement, the ICB has identified a number of 'out of appetite' risks which could threaten the achievement of specific strategic objectives.

With the exception of the risks associated with these areas, the ICB overall has a sound internal control framework which includes robust governance and risk management systems that support the achievement of its policies, aims and objectives. We continue to put in place mitigating actions to address those risks that have been identified.

From a 'control' aspect, 2022-23 has been a positive first year with no significant control issues identified in year, other than those issues highlighted elsewhere in this statement.

Review of economy, efficiency, and effectiveness of the use of resources

As described earlier in this Governance Statement, the ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body for the purposes of the 2006 Act. The main powers and duties of the ICB to commission certain health services are set out in sections 3 and 3A of the 2006 Act. These provisions are supplemented by other statutory powers and duties that apply to ICBs, as well as by regulations and directions (including, but not limited to, those made under the 2006 Act).

The ICB must act in a way that is consistent with its statutory functions, both powers and duties. Many of these statutory functions are set out in the 2006 Act but there are also other specific pieces of legislation that apply to ICBs. One of these duties includes exercising its functions effectively, efficiently, and economically (section 14Z33 of the 2006 Act).

The Board has overarching responsibility for ensuring that the ICB has appropriate arrangements in place to exercise its functions effectively, efficiently, and economically and in accordance with the organisations principles of good governance.

The ICB closely monitors budgetary control and expenditure. The annual budget setting process for 2022-23 was approved by the board and was communicated to all budget holders within the ICB. The Board receives a Finance update from the Executive Director of Finance and Investment at every Governing Body meeting which presents the financial position for the ICB and the ICS.

The Audit Committee has the responsibility to scrutinise in detail the ICB's financial statements, together with the report from external audit, before these are presented to Board. The ICB has received internal audit reports offering **significant** assurance on the controls in place for ensuring good governance of its financial systems.

The Audit Committee, which is accountable to the Board, provides the Board with an independent and objective view of the CCG's financial systems, financial information and compliance with the laws, regulations and directions governing NHS bodies. The ICB develops its control framework based on the opinion and recommendation of Internal Audit and External Audit during the year and ensures that controls operate effectively and continuously identify areas for improvement. Audit action plans are monitored, and implementation reviewed by the Directors and reported to the Audit Committee. Internal Audit plans, approved by the Audit Committee at the outset of the year, are linked to the ICB's assurance framework with a particular focus on financial and corporate governance.

The Board receives regular reports from the Audit Committee and Finance, Performance and Delivery Committee and its other Committees. The Governing Body forward plan and agenda provides an opportunity for the Chair of each Committee to report at each meeting and raise any matters of concern.

The ICB is subject to an annual assessment of its performance by NHS England, which is also required to publish a report containing a summary of the results of its assessment. The performance assessment will assess how well the ICB has discharged its functions during that year and will, in particular, include an assessment of how well it has discharged its duties.

Delegation of functions

The arrangements made by NHS Humber and North Yorkshire Integrated Care Board for the reservation and delegation of decisions are set out in this scheme of reservation and delegation (SoRD). However, the ICB remains accountable for all its functions, including those that it has delegated.

The SoRD should be read in conjunction with the Operational Scheme of Delegation which supports the SORD and sets out approved financial delegated limits and detailed operational delegations to ICB staff.

The Board monitors this through regular reports from the ICB's Officers and its committees. These reports cover use of resources and responses to risk.

As previously described, processes are in place which includes risk assessment, management, and monitoring in relation to collaborative commissioning. This is part of the overall framework of risk management of the ICB. In addition, where delegated arrangements are in place, these are supported by:

- Board Assurance Framework
- Corporate Risk Register
- Consistent and regular reporting through Committees of the Board
- Consistent and regular reporting through management board arrangements.

In the context of commissioning support services, these are supported by robust service specifications and formal contact management arrangements.

Counter fraud arrangements

The ICB has a team of accredited Local Counter Fraud Specialists (LCFSs) that are contracted to undertake counter fraud work proportionate to identified risks. In January 2021, the NHS Counter Fraud Authority (NHSCFA) rolled out new counter fraud requirements for NHS-funded services in relation to the Government Functional Standard GovS 013: Counter Fraud (Functional Standard). From April 2021 all NHS services were required to provide assurance against the Functional Standard. This should be overseen by the organisation's accountable board member and audit committee/governing body and in line with the organisation's existing approach to assurance against counter fraud requirements. The work plan for 2022-23 followed the requirements of the standard and described the tasks and outcomes that informed anti-fraud activity.

There are 12 components within the Functional Standard which are sub divided as:

- Governance which outlines how the organisation supports and directs counter fraud, bribery and corruption work undertaken to create a strategic organisation-wide response when combating fraud, bribery, and corruption
- Counter Fraud Bribery and Corruption Practices, which outline the organisations operational counter fraud activities undertaken during the year when detecting and combating fraud.

The ICB's counter fraud arrangements are underpinned by the appointment of accredited LCFSs, the ICB-wide countering fraud and corruption policy, the nomination of the Executive Director of Finance and Investment as the executive lead for counter fraud and a Counter Fraud Champion at a strategic level, providing access to relevant staff groups, and encouraging staff to engage with fraud awareness initiative.

The ICB's Audit Committee reviews and approves an annual counter fraud work plan identifying the actions to be undertaken to create an anti-fraud culture, deter, prevent, detect and, where not prevented, investigate suspicions of fraud. The counter fraud team also produces an annual report for each organisation and regular progress reports for the review and consideration of the Executive Director of Finance and Investment and the Audit Committee.

The ICB completed an online Counter Fraud Functional Standard Return (CFFSR) to assess the work completed around anti-fraud, bribery and corruption work and assessed itself as a 'Green' rating for 2022-23. This self-assessment (CFFSR) detailing our scoring was approved by the Executive Director of Finance and Investment and Audit Committee Chair prior to submission.

Head of **Internal Audit Opinion**

Following completion of the planned audit work for the period 1st July 2022 to 31st March 2023 for the ICB, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the ICB's system of risk management, governance and internal control. The provision of the HoIA opinion is a requirement of Public Sector Internal Audit Standards (PSIAS). The HoIA opinion is the rating, conclusion and/or other description of results provided by the HoIA addressing, at a broad level, governance, risk management and/or control processes of the organisation and, for 2022-23 has concluded that:

The overall opinion for the 2022-23 reporting period provides Significant Assurance, that there is a good system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

Significant Assurance

The **basis** for forming the opinion is as follows:

- An assessment of the design and operation of the underpinning Board Assurance Framework and supporting processes
- An assessment of the range of individual opinions arising from risk-based audit assignments contained within internal audit risk-based plans that have been reported throughout the year. This assessment has taken account of the relative materiality of these areas and management's progress in respect of addressing control weaknesses; and
- An assessment of the organisation's response to Internal Audit recommendations, and the extent to which they have been implemented.

Unless explicitly detailed within our reports, third party assurances have not been relied upon.

The audit coverage in the plan agreed with management has been deliberately focused on key strategic and operational risk areas; the outcome of these audit reviews may therefore highlight control weaknesses that impact on the overall assurance opinion.

During the period, Internal Audit issued the following audit reports:

Audit Area	Audit Assurance
Governance & Risk Management	
Risk Management	Significant
Board Assurance Framework	Significant
Governance Framework	Significant
Decision Making and Conflicts of Interest	Significant
Quality and Safety	
Quality Assurance Framework and Improvement	Significant
Safeguarding Children	Advisory – No opinion offered
Serious Incidents	Advisory – No opinion offered
Performance and Operations	
Emergency Preparedness, Resilience and Response (EPRR) / Business Continuity	Significant
Commissioning and Contracting	
Operating Plan	High
Contract Management	Significant
Primary Care Commissioning	Significant
Stakeholders and Partnership	
Partnership Working	High
Workforce	
Staff Wellbeing	Significant
People Plan	High
Financial Governance	
Financial Ledger and Transactions	Significant
Payroll	High
NHSE/I Financial Sustainability	N/A – No opinion offered

The following potential opinion levels are available when determining the overall HoIA opinion. These levels link closely with Audit Yorkshire's standard definitions for report opinions:

Opinion Level	HoIA Opinion Definition
 High Assurance	High assurance can be given that there is a strong system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are being applied consistently in all areas reviewed.
 Significant Assurance	Significant assurance can be given that there is a good system of governance, risk management and internal control designed to meet the organisation's objectives and that controls are generally being applied consistently.
 Limited Assurance	Limited assurance can be given as there are weaknesses in the design and/or inconsistent application of the framework of governance, risk management and internal control that could result in failure to achieve the organisation's objectives.
 Low Assurance	Low assurance can be given as there is a weak system of internal control and/or significant weaknesses in the application of controls that will result in failure to achieve the organisation's objectives.

Where limited or low assurance is given the management of the Board must consider the impact of this upon their overall Board Assurance Framework and their Annual Governance Statement.

Review of the effectiveness of governance, risk management and internal control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers, and clinical leads within the ICB who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the ICB achieving its principles objectives have been reviewed.

I have been advised on the implications of the result of this review by:

- The board
- The audit committee
- Other relevant committees e.g., quality committee / finance, performance, and delivery committee
- Internal audit
- Other explicit review/assurance mechanisms.

Conclusion

I am assured, by the detail in this Annual Governance Statement and by the Head of Internal Audit Opinion statement, that for 2022-23 the ICB has operated within a robust system of internal control and no significant internal control issues have been identified.

Remuneration and Staff Report

Remuneration Committee

Membership of the NHS Humber and North Yorkshire ICB Remuneration Committee is comprised of the following (All memberships run from 1 July 2022 to 30 March 2023 unless stated otherwise).

Name	Title
Mark Chamberlain	Non-Executive Director, Chair Remuneration Committee
Sue Symington	Chair, Humber and North Yorkshire ICB
Dr Bushra Ali	Primary Care Partner Member

Only members of the Committee have the right to attend Committee meetings, but the Chair may invite relevant staff to the meeting as necessary in accordance with the business of the Committee.

Meetings of the Committee may also be attended by the following individuals who are not members of the Committee for all or part of a meeting as and when appropriate. Such attendees will not be eligible to vote:

- Executive Director of People or their nominated deputy
- Executive Director of Finance and Investment or their nominated deputy
- Executive Director of Corporate Affairs or their nominated deputy
- Chief Executive or their nominated deputy

An annual report has been produced for each of the ICB's committees which includes key responsibilities, membership, attendance, and highlights of their work over the year. The HNY ICB Committees Annual Reports (including that of the Remuneration Committee) are published on the HNY ICB **website**.

Policy on the Remuneration of Very Senior Managers

The ICB has set pay rates for its Very Senior Managers' taking into account guidance received from NHS England.

The ICB follows appropriate guidance on setting remuneration levels for Very Senior Managers and takes into account the prevailing financial position of the wider NHS and the need for pay restraint. Performance of Very Senior Managers will be monitored in line with the organisation's objective setting and appraisals processes.

Very Senior Managers are employed on substantive and permanent contracts. They are required to give and are entitled to receive three months' notice. Any termination payments will be made in line with the individual's contract of employment and terms and conditions of service.

Very Senior Managers Performance Related Pay (not subject to audit)

No performance related pay was paid to any senior manager of the ICB in the period 1st July 2022 to 31st March 2023.

Very Senior Managers Service Contracts (not subject to audit)

No senior managers for the ICB have been engaged under service contracts in the period 1st July 2022 to 31st March 2023.

1st July 2022 to 31st March 2023 Very Senior Manager Remuneration (subject to audit)

Salaries and Allowances						
Name and Title	(a) Salary (bands of £5,000)	(b) Expense payments (taxable) to nearest £100	(c) Performance pay and bonuses (bands of £5,000)	(d) Long-term performance pay and bonuses (bands of £5,000)	(e) All pension related benefits (bands of £2,500)	(f) Total (bands of £5,000)
	£000	£000	£000	£000	£000	£000
Mrs S Symington Chair	55-60	-	-	-	-	55-60
Mr S Eames Chief Executive	200-205	23	-	-	-	200-205
Mrs A Bloor Chief Operating Officer	130-135	-	-	-	137.5-140.0	270-275
Mrs J Hazelgrave Exec Director of Finance & Investment	140-145	-	-	-	-	140-145
Mrs T Fenech Exec Director of Nursing & Quality	110-115	-	-	-	-	110-115
Dr N Wells Exec Director of Clinical & Professional	145-150	-	-	-	-	145-150
Mrs J Adamson Exec Director of People	115-120	-	-	-	142.5-145.0	260-265
Mrs K Ellis Exec Director of Corporate Affairs	85-90	-	-	-	295.0-297.5	380-385
Mrs A Hazebroek Exec Director of Communication	85-90	-	-	-	22.5-25.0	110-115
Mr M Chamberlain Non-executive Director	10-15	-	-	-	-	10-15
Mr S Watson Non-executive Director	10-15	-	-	-	-	10-15
Dr B Ali Primary Care Partner Member Commenced 5th September 2022	5-10	-	-	-	-	5-10

1st July 2022 to 31st March 2023 Pensions Benefits (subject to audit)

Name and Title	(a) Real increase in pension at pension age (bands of £2,500)	(b) Real increase in pension lump sum at pension age (bands of £2,500)	(c) Total accrued pension at pension age at 31 March 2023 (bands of £5,000)	(d) Lump sum at pension age related to accrued pension at 31 March 20223 (bands of £5,000)	(e) Cash Equivalent Transfer Value at 1 July 2022	(f) Real Increase in Cash Equivalent Transfer Value	(g) Cash Equivalent Transfer Value at 31 March 2023	(h) Employers Contribution to partnership pension
	£000	£000	£000	£000	£000	£000		
Mrs A Bloor Chief Operating Officer	2.5-5.0	2.5-5.0	70-75	140-145	1,281	-	1,395	-
Dr N Wells Exec Director of Clinical & Professional	0.0-2.5	-	10-15	30-35	271	-	274	-
Mrs J Adamson Exec Director of People	5.0-7.5	-	35-40	-	503	-	630	-
Mrs K Ellis Exec Director of Corporate Affairs	10.0-12.5	-	15-20	-	-	134	191	-
Mrs A Hazebroek Exec Director of Communication	0.0-2.5	-	0-5	-	-	6	20	-

Further Pension Declaration Notes

a) Mrs A Bloor opted out of the pension scheme on the 1st October 2022.

b) Dr N Wells opted out of the pension scheme on the 30th June 2022. Contributions to the GP SOLO pension scheme started on the 1st July 2022 with employers contributions within the pension bands of £20,000-£25,000.

c) The pensions figures stated above are based on annual 2022/23 pension contribution/ movements and then adjusted to cover the reporting period 1st July 2022 to 31st March 2023.

d) Certain staff members of the ICB do not receive pensionable remuneration therefore there are no entries in respect of pensions noted above. For our ICB this applies to the posts of Chair, Non-Executive Directors and Primary Care Partner Member.

Cash Equivalent Transfer Values (CETV)

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's (or other allowable beneficiary's) pension payable from the scheme.

A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figures and the other pension details include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Benefits and related CETVs do not allow for any potential future adjustment arising from the McCloud judgement.

The method used to calculate CETVs has changed to remove the adjustment for Guaranteed Minimum Pension (GMP) on 8 August 2019. If an individual was entitled to a GMP, this will affect the calculation of the real increase in CETV which has been reported. This is more likely to affect individuals who are members of the 1995 Section and 2008 Section of the NHS Pension Scheme.

Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation or contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement).

Compensation on Early Retirement or for Loss of Office (subject to audit)

No payments have been made to any senior managers of the ICB for loss of office during 1st July 2022 to 31st March 2023.

Payments to Past Members (subject to audit)

No payments have been made to any past senior managers of the ICB during 1st July 2022 to 31st March 2023.

Fair Pay Disclosure (subject to audit)

Pay Ratio Information

As at the 31st March 2023, remuneration ranged from £267,500 (mid-point in the £5,000 banding) to £18,399 based on annualised, full-time equivalent remuneration of all staff (including temporary and agency staff). Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

Remuneration breakdown is shown in the table below:

Year	25th percentile	Median	75th percentile
2022/23	£68,017	£49,975	£35,730

The ratios of staff remuneration against the mid-point of the banded remuneration of the highest paid director, is illustrated in the table below.

Year	25th percentile pay ratio	Median pay ratio	75th percentile pay ratio
2022/23	3.93:1	5.35:1	7.49:1

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director / member in their organisation against the 25th percentile, median and 75th percentile of remuneration of the organisation's workforce. Total remuneration is further broken down to show the relationship between the highest paid director's salary component of their total remuneration against the 25th percentile, median and 75th percentile of salary components of the organisation's workforce.

The banded remuneration of the highest paid director/member of the Governing Body of the ICB in the accounting period to 31st March 2023 was £265,000-£270,000 and the relationship to the remuneration of the organisation's workforce is disclosed in the below table.

Year	25th percentile total remuneration ratio	25th percentile salary ratio	Median total remuneration ratio	Median salary ratio	75th percentile total remuneration ratio	75th percentile salary ratio
2022/23	3.93:1	3.93:1	5.35:1	5.35:1	7.49:1	7.49:1

No employees received remuneration in excess of the highest-paid director/member.

Staff Report

Please see table below for information on the number of Senior Managers by band and analysed by 'permanently employed' and 'other' staff for NHS Humber and North Yorkshire Integrated Care Board between 01 July 2022 and 31 March 2023.

Pay band	Total
Band 8a	80
Band 8b	57
Band 8c	38
Band 8d	21
Band 9	4
VSM	28
Governing body	11*
Any other spot salary	64*
Assignment category	**Total**
Permanent	623
Fixed term	58
Statutory office holders	11
Bank	28
Honorary	21*

*GP, Lay and other non-ICB staff members as at 31 March 2023.

Staff Composition

Pay band	Female	Male
Band 8a	63	17
Band 8b	43	14
Band 8c	26	12
Band 8d	12	9
Band 9	4	0
VSM	19	9
Governing body**	7	4
Any other spot salary	34	30
All other employees (including apprentice if applicable)	365	73

Sickness Absence Data

The sickness absence data for NHS Humber and North Yorkshire ICB between 1 July 2022 and 31 March 2023 is below:

Average sickness: **2.81%**

Total number of FTE days lost: **4651.44**

The ICB regularly reviews reasons for absence and all sickness is managed in line with the organisation's **Attendance Management Policy**.

Turnover

The average staff turnover for NHS Humber and North Yorkshire ICB between 1 July 2022 and 31 March 2023 is below:

11.59%

Average turnover rates within ICB's are not currently known according to the latest data available from NHS Digital as of February 2023 as data has not been collected for more than 12 months. There is ongoing work to improve staff engagement, health and wellbeing and organisational culture in order to support the key commitments in the NHS People Plan, particularly in respect of staff retention.

Staff engagement, workforce health and wellbeing

A staff engagement survey was carried out across the six places in April 2022. The survey was designed to obtain anonymous feedback on staff experience of working for the organisation over the previous 12 months. The questions covered the following areas together with the opportunity to provide feedback via a free text question:

- Your job
- Your team
- People in your organisation
- Your managers
- Your health, wellbeing, and safety at work
- Your personal development
- Your organisation
- Your experience during the COVID-19 pandemic.

An average of 64% of NHS Humber and North Yorkshire ICB staff participated in the survey. Results were analysed at place level, wider area level i.e., Humber and North Yorkshire and at ICB level. The overall survey results for NHS Humber and North Yorkshire were positive and were shared with Senior Leadership Teams (SLT) and the Social Partnership Forum (SPF). An action plan has been developed with the support of SPF. The areas for development and areas of strength together with the action plan have been shared with Executives and SPF.

Below are details of further activities undertaken to support staff engagement and workforce health and wellbeing.

NHS Humber and North Yorkshire ICB provides support to physical and emotional wellbeing through management and self-referral to Occupational Health services, including the ability to access counselling sessions and access to colleagues who are trained Mental Health First Aiders.

Staff and their immediate family members also have access to an Employee Assistance Programme; a support network that offers expert advice and compassionate guidance 24/7 covering a wide range of issues. Services include legal information, online CBT, and bereavement support. In addition, staff also have access to 'HNY Our People' smartphone app; a wellbeing portal which offers a virtual library of wellbeing information and access to features such as mini health checks and breathing techniques. Furthermore, the HNY Staff Resilience Hub offers free, confidential help and support for colleagues across the system.

Humber and North Yorkshire was one of the first Integrated Care Systems to become menopause friendly-accredited, delivering a menopause festival in October 2022. Sessions have included dedicated spaces for people who are supporting someone going through the menopause as well as guidance for line managers. We have provided access to the Peppy Health app for people who need extra support with their menopause symptoms.

February 2023 saw the first Financial Wellbeing Week that included four different events as well as 60 sessions of one-to-one financial support. A cost-of-living newsletter has been developed and shared with staff with the first edition focusing on money saving tips for food shopping and rolled out access to free period products as part of the commitment to period dignity.

The Humber and North Yorkshire Staff Wellbeing Group meet on a monthly basis and discuss initiatives such as encouraging people to take their lunch break by completing a 30-day challenge, a back-to-basics campaign to support winter pressures and how to support the promotion of particular campaigns such as Black History Month and UK Disability History Month.

Staff Policies

As an employer the ICB recognises and values people as individuals and accommodates differences where possible by making adjustments. Policies in place to support this include:

- Agile Working
- Managing Attendance
- Flexible Working
- Recruitment and Selection

There were 6 policies reviewed to ensure that they reflected up to date best practices.

- Managing Work Performance Policy
- Disciplinary Policy
- Redeployment Policy
- Induction and Probation
- Recruitment and Selection
- Flexible Working

All policies were reviewed in partnership and consultation with employees and staff side representatives.

Trade Union Facility Time Reporting Requirements

Trade Union Facility Time	
Number of relevant union officials during 1st July 2022 to 31st March 2023	3
Full Time Equivalent employee number	3
Percentage of time spent on facility time	1-50%

Percentage of pay bill spent on facility time	
Total cost of facility time	£2,817
Total pay bill	£32,956,000
Percentage of total pay bill spent on facility time	0.001%

Paid Trade Union Activities	
Time spent on trade union activities as a percentage of paid facility time	8%

Diversity and Inclusion

As an employer NHS Humber and North Yorkshire recognises and values people as individuals and accommodates differences wherever possible by making adjustments to working arrangements or practices. Policies and processes in place to support this include:

- Staff Induction
- Dignity and Respect
- Attendance Management
- Recruitment and Selection
- Agile Working
- Menopause
- Flexible Working

The ICB has adopted an Agile Working policy which allows employees greater flexibility in how they manage their work and personal life and offers more choice in when and where employees undertake their role. This will benefit staff with various protected characteristics.

The ICB's Attendance Management policy includes the provision of disability leave to help employees manage their disability.

The ICB have worked in partnership as a system on a number of pieces of work around inclusion, belonging and celebrating diversity. Examples include hearing experiences from colleagues from an ethnic minority background about the everyday racism people face as part of Black History Month celebrations and learning about the everyday ableism disabled colleagues face as part of events to mark UK Disability History Month.

The ICB have also introduced the HNY Inclusion Network. The network is open to colleagues who are.

- From an ethnic minority background or who have moved to the UK
- Disabled or who live with a long-term condition (physical and/or mental health)
- Neurodiverse but don't consider themselves disabled
- A member of the LGBT+ community
- A working carer.

The HNY Inclusion Network provides a confidential and psychologically safe space for sharing stories, learning about and celebrating differences as well as providing feedback and suggesting areas of focus that influence meaningful change.

Expenditure on Consultancy (not subject to audit)

During the 9 months to 31st March 2023 the ICB spent £577,000 on consultancy fees. This was across 15 different consultancy companies.

Expenditure on Agency Staff (not subject to audit)

During the 9 months to 31st March 2023 the ICB spent £1.83m on agency staff. This was for 79 different staff, from 24 different agencies, covering a total of 1,504 weeks, at an average weekly cost of £1,218 per person.

Off-payroll Engagement (not subject to audit)

Following the Review of Tax Arrangements of Public Sector Appointees published by the Chief Secretary to the Treasury on 23rd May 2012, NHS organisations must publish information on their highly paid and/or senior off-payroll engagements.

Table 1: Off-payroll engagements longer than 6 months

For all off-payroll engagements as at 31st March 2023 for more than £245* per day and that last longer than six months:

	Number
Number of existing engagements as of 31st March 2023	19
Of which, the number that have existed:	
for less than one year at the time of reporting	19
for between one and two years at the time of reporting	-
for between 2 and 3 years at the time of reporting	-
for between 3 and 4 years at the time of reporting	-
for 4 or more years at the time of reporting	-

*The £245 threshold is set to approximate the minimum point of the payscale for a Senior Civil Servant.

Table 2: Off-payroll workers engaged at any point during the financial year

For all off-payroll engagements between 30th June 2022 and 31st March 2023, for more than £245[1] per day:

	Number
No. of temporary off-payroll workers engaged between 1st April 2022 and 30th June 2022	25
Of which:	
No. not subject to off-payroll legislation[2]	-
No. subject to off-payroll legislation and determined as in-scope of IR35(2)	-
No. subject to off-payroll legislation and determined as out of scope of IR35(2)	25
The number of engagements reassessed for compliance or assurance purposes during the year	-
Of which: no. of engagements that saw a change to IR35 status following review	-

1 The £245 threshold is set to approximate the minimum point of the pay scale for a Senior Civil Servant.

2 A worker that provides their services through their own limited company or another type of intermediary to the client will be subject to off-payroll legislation and the Department must undertake an assessment to determine whether that worker is in-scope of Intermediaries legislation (IR35) or out-of-scope for tax purposes.

Table 3: Off-payroll engagements / senior official engagements

For any off-payroll engagements of Board members and / or senior officials with significant financial responsibility, between 30th June 2022 and 31st March 2023:

	Number
Number of off-payroll engagements of board members, and/or senior officers with significant financial responsibility, during the financial year	-
Total number of individuals on payroll and off-payroll that have been deemed "board members, and/or senior officials with significant financial responsibility", during the financial year. This figure should include both on payroll and off-payroll engagements.	239

Exit Packages (subject to audit)

Please refer to the ICB's statutory accounts, note 4, at the end of this report for further information on exit packages.

Going Concern

The ICB's accounts, which are attached at the end of this annual report, have been prepared on a going concern basis.

Parliamentary Accountability and Audit Report

NHS Humber and North Yorkshire ICB is not required to produce a Parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts, and fees and charges are included as notes in the Financial Statements of this report. An audit certificate and report is also included in this Annual Report below.

Independent auditor's report to the Board of NHS Humber and North Yorkshire Integrated Care Board

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of NHS Humber and North Yorkshire Integrated Care Board ('the ICB') for the nine-month period ended 31 March 2023, which comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows, and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2022/23, and the Accounts Direction issued by NHS England with the approval of the Secretary of State as relevant to Integrated Care Boards in England.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the ICB as at 31 March 2023 and of its net expenditure for the nine-month period then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2022/23; and
- have been properly prepared in accordance with the requirements of the Health and Care Act 2022

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the ICB in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the ICB's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accountable Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Accountable Officer is responsible for the other information. The other information comprises the information included in the Annual Report, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinion on regularity

In our opinion, in all material respects the expenditure and income reflected in the financial statements have been applied to the purposes intended by Parliament and the financial transactions conform to the authorities which govern them.

Responsibilities of the Accountable Officer for the financial statements

As explained more fully in the Statement of Accountable Officer's Responsibilities the Accountable Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Accountable Officer is also responsible for ensuring the regularity of expenditure and income.

The Accountable Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2022/23 and prepare the financial statements on a going concern basis, unless the ICB is informed of the intention for dissolution without transfer of services or function to another public sector entity. The Accountable Officer is responsible for assessing each year whether or not it is appropriate for the ICB to prepare its accounts on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

We are also responsible for giving an opinion on the regularity of expenditure and income in accordance with the Code of Audit Practice and as required by the Local Audit and Accountability Act 2014.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the ICB, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health Care Act 2022), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accountable Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through

judgements and assumptions in significant accounting estimates, and significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit Committee the policies and procedures regarding compliance with laws and regulations;
- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and
- considering the risk of acts by the ICB which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accountable Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General in December 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the ICB's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception
We are required to report to you if, in our opinion, we are not satisfied that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the nine-month period ended 31 March 2023.

We have not completed our work on the ICB's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in January 2023, we have not identified any significant weaknesses in arrangements for the period ended 31 March 2023.

Responsibilities of the Accountable Officer
As explained in the Statement of Accountable Officer's responsibilities, the Accountable Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the ICB's resources.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources
We are required under section 21 of the Local Audit and Accountability Act 2014 to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and to report where we have not been able to satisfy ourselves that it has done so. We are not required to consider, nor have we considered, whether all aspects of the ICB's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in January 2023.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice
In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the Health and Care Act 2022; and
- the other information published together with the audited financial statements in the Annual Report for the period for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice
We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the guidance issued by NHS England; or
- we refer a matter to the Secretary of State under section 30 of the Local Audit and Accountability Act 2014; or
- we issue a report in the public interest under section 24 and schedule 7(1) of the Local Audit and Accountability Act 2014; or
- we make a written recommendation to the ICB under section 24 and schedule 7(2) of the Local Audit and Accountability Act 2014.

We have nothing to report in these respects.

Use of the audit report
This report is made solely to the members of the Board of NHS Humber and North Yorkshire ICB, as a body, in accordance with part 5 of the Local Audit and Accountability Act 2014. Our audit work has been undertaken so that we might state to the members of the Governing Body of the ICB those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of the ICB, as a body, for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the ICB has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Mark Kirkham, Partner
For and on behalf of Mazars LLP

5th Floor
3 Wellington Place
Leeds
LS1 4AP

29 June 2023

Statutory Accounts

1st July 2022 to 31st March 2023

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

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The Primary Statements:

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

Statement of Comprehensive Net Expenditure for the 9 Month Period Ended 31st March 2023

	Note	£'000
Income from sale of goods and services	2	(52,706)
Other operating income	2	(633)
Total Operating Income		**(53,339)**
Staff costs	4	33,458
Purchase of goods and services	5	2,686,708
Depreciation and impairment charges	5	446
Provision expense	5	(293)
Other operating expenditure	5	3,992
Total Operating Expenditure		**2,724,311**
Net Operating Expenditure		**2,670,972**
Finance expense		16
Net Expenditure for the Financial Period		**2,670,988**
Net loss on transfer by absorption	7	175,776
Total Net Expenditure for the Financial Period		**2,846,764**
Other Comprehensive Expenditure		
Actuarial loss in pension schemes		6,196
Total Other Comprehensive Net Expenditure		**6,196**
Comprehensive Expenditure for the Financial Period		**2,852,960**

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

Statement of Financial Position as at 31st March 2023

	31st March 2023	1st July 2022
	£'000	£'000
Non-Current Assets:		
Right-of-use assets	2,095	2,542
Trade and other receivables	-	6,013
Total Non-Current Assets	**2,095**	**8,555**
Current Assets:		
Trade and other receivables	18,322	24,228
Cash and cash equivalents	363	1,576
Total Current Assets	**18,685**	**25,804**
Total Assets	**20,780**	**34,359**
Current Liabilities		
Trade and other payables	(258,863)	(207,038)
Lease liabilities	(516)	(602)
Provisions	-	(552)
Total Current Liabilities	**(259,379)**	**(208,192)**
Non-Current Assets less Net Current Liabilities	**(238,599)**	**(173,833)**
Non-Current Liabilities		
Lease liabilities	(1,589)	(1,943)
Total Non-Current Liabilities	**(1,589)**	**(1,943)**
Assets Less Liabilities	**(240,188)**	**(175,776)**
Financed by Taxpayers' Equity		
General fund	(240,188)	(178,993)
Other reserves	-	3,217
Total taxpayers' equity:	**(240,188)**	**(175,776)**

The notes on pages 5 to 21 form part of this statement

The financial statements on pages 94 to 98 were approved by the Board on the 22nd June 2023 and signed on its behalf by:

Chief Executive

Stephen Eames OBE
Chief Executive
22nd June 2023

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

Statement of Changes In Taxpayers' Equity for the Period Ended 31st March 2023

	General Fund £'000	Other Reserves £'000	Total Reserves £'000
Changes in Taxpayers' Equity for the Financial Period			
Transfer between reserves in respect of assets & liabilities transferred from closed NHS entities	(178,993)	3,217	**(175,776)**
Adjusted balance at 1st July 2022	**(178,993)**	**3,217**	**(175,776)**
Changes in Taxpayers' Equity for the Financial Period			
Net operating expenditure for the financial year	(2,670,988)		**(2,670,988)**
Movements in other reserves	(2,979)	(3,217)	(6,196)
Net Recognised Expenditure for the Financial Period	**(2,673,967)**	**(3,217)**	**(2,677,184)**
Net funding	2,612,772	-	**2,612,772**
Balance at 31st March 2023	**(240,188)**	**-**	**(240,188)**

The notes on pages 97 to 113 form part of this statement

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

Statement of Cash Flows for the Period Ended 31st March 2023

	Note	£'000
Cash Flows from Operating Activities		
Net operating expenditure for the financial year		(2,670,988)
Depreciation and amortisation	5	446
Movement due to transfer by Modified Absorption		(175,471)
(Increase)/decrease in trade & other receivables	8	(24,518)
Increase/(decrease) in trade & other payables	10	258,863
Provisions utilised		(8)
Increase/(decrease) in provisions		(293)
Net Cash Inflow (Outflow) from Operating Activities		**(2,611,969)**
Cash Flows from Investing Activities		
Interest received		16
Net Cash Inflow (Outflow) from Investing Activities		**16**
Net Cash Inflow (Outflow) before Financing		**(2,611,953)**
Cash Flows from Financing Activities		
Grant in Aid Funding Received		2,612,772
Repayment of lease liabilities		(456)
Non-cash movements arising on application of new accounting standards		-
Net Cash Inflow (Outflow) from Financing Activities		**2,612,316**
Net Increase (Decrease) in Cash & Cash Equivalents	9	**363**

The notes on pages 97 to 113 form part of this statement

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

1. Notes to the Financial Statements

1.1 Accounting Policies

NHS England has directed that the financial statements of Integrated Care Boards (ICBs) shall meet the accounting requirements of the Group Accounting Manual issued by the Department of Health and Social Care. Consequently, the following financial statements have been prepared in accordance with the Group Accounting Manual 2022-23 issued by the Department of Health and Social Care. The accounting policies contained in the Group Accounting Manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to Integrated Care Boards, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the Group Accounting Manual permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the ICB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the ICB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.2 Going Concern

These accounts have been prepared on a going concern basis.

Public sector bodies are assumed to be going concerns where the continuation of the provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

1.3 Critical Accounting Judgements and Key Sources of Estimation Uncertainty

In the application of the ICB's accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates and the estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision and future periods if the revision affects both current and future periods.

1.3.1 Critical Judgements in Applying Accounting Policies

The following are the judgements, apart from those involving estimations, that management has made in the process of applying the ICB's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

- Arrangements for obtaining the use of property have been assessed and judged to have the operating lease characteristics as outlined under IAS17 and, therefore, have been accounted for as such.

1.3.2 Key Sources of Estimation Uncertainty

The following are the key estimations that management has made in the process of applying the ICB's accounting policies that have the most significant effect on the amounts recognised in the financial statements:

- The re-imbursement for dispensing drugs prescribed by general practitioners occurs two months in arrears. The NHS Prescription Services (part of NHS Business Services Authority) undertake the monitoring of activity and associated costs on behalf of all ICBs. Based on the information they have provided, NHS Humber & North Yorkshire ICB has made an informed calculation on accounting for a £59.9million accrual in these accounts.

1.4 Movement of Assets within the Department of Health and Social Care Group

As Public Sector Bodies are deemed to operate under common control, business reconfigurations within the Department of Health and Social Care Group are outside the scope of IFRS 3 Business Combinations. Where functions transfer between two public sector bodies, the Department of Health and Social Care GAM requires the application of modified absorption accounting. Modified absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

NHS Humber & North Yorkshire ICB was formed on the 1st July 2022 through 100% absorption of the following NHS entities:

- NHS East Riding of Yorkshire CCG
- NHS Hull CCG
- NHS North-East Lincolnshire CCG
- NHS North Lincolnshire CCG
- NHS North Yorkshire CCG
- NHS Vale of York CCG

The resulting impact of transferring in the assets and liabilities of the above entities resulted in a loss of £175.776m which is recognised in the Statement of Comprehensive Net Expenditure on page 3. A further breakdown of the assets and liabilities can be found in Note 7.

Other transfers of assets and liabilities within the Department of Health and Social Care Group are accounted for in line with IAS 20 and similarly give rise to income and expenditure entries.

1.5 Pooled Budgets

The ICB has entered into a pooled budget arrangements in accordance with section 75 of the National Health Service Act 2006 and accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement.

If the ICB is in a "jointly controlled operation", the ICB recognises:

- The assets the ICB controls;
- The liabilities the ICB incurs;
- The expenses the ICB incurs; and,
- The ICB's share of the income from the pooled budget activities.

If the ICB is involved in a "jointly controlled assets" arrangement, in addition to the above, the ICB recognises:

- The ICB's share of the jointly controlled assets (classified according to the nature of the assets);
- The ICB's share of any liabilities incurred jointly; and,
- The ICB's share of the expenses jointly incurred.

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

1. Notes to the Financial Statements

1.5.1 Pooled Budgets - Better Care Fund

On the 1st July 2022 the ICB took over responsibility for the Section 75 contractual arrangements with the following Councils who remained the host entity for a pooled budget arrangement as part of the NHS 'Better Care Fund' national policy initiative. These arrangements were initially approved on the 1st April 2015 by the former clinical commissioning group entities. Note 14 provides further information with regards to the other parties to these arrangements.

- East Riding of Yorkshire Council
- North Yorkshire County Council

The ICB also took over responsibility for Section 75 contractual arrangements with the following local Councils, for a pooled budget arrangement as part of the NHS 'Better Care Fund' national policy initiative. For these agreements either the ICB is the overall host or the agreement states that either party is responsible for its own transactions with no overall host. These arrangements were also initially approved on the 1st April 2015 by the former clinical commissioning group entities. Note 14 provides further information with regards to the other parties to these arrangements.

- Hull City Council
- North-East Lincolnshire Council
- North Lincolnshire Council
- City of York Council

Consideration has been given as to whether IFRS 10 - Consolidated Financial Statements applies to this pooled budget arrangement, but has been deemed irrelevant as no individual organisation has sole control over the fund.

Consideration has been given as to whether IFRS 11 - Joint Arrangements applies to this pooled budget arrangement, and as a consequence it has been deemed a 'jointly controlled operation'. The ICB has therefore applied the required disclosure in these accounts.

Consideration has been given as to whether IFRS 12 - Disclosure of Involvement with Other Entities applies to this pooled budget arrangement, and has been deemed relevant. The ICB has therefore applied the required disclosure in these accounts.

1.6 Revenue

The main source of funding for the ICBs is from NHS England. This is drawn down and credited to the general fund. Funding is recognised in the period in which it is received. Other sources of income include:

- S75 adult social care partnership agreement with North East Lincolnshire Council.

1.7 Employee Benefits

1.7.1 Short-term Employee Benefits

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including bonuses earned but not yet taken.

The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.7.2 Retirement Benefit Costs

Past and present employees are covered by the provisions of the NHS Pensions Schemes. These schemes are unfunded, defined benefit schemes that cover NHS employers, General Practices and other bodies allowed under the direction of the Secretary of State in England and Wales. The schemes are not designed to be run in a way that would enable NHS bodies to identify their share of the scheme. Therefore, the schemes are accounted for as if they were a defined contribution scheme; the cost recognised in these accounts represents the contributions payable for the year. Details of the benefits payable under these provisions can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

1.7.3 Local Government Pensions

Some employees were members of the Local Government Pension Scheme (LGPS), which is a defined benefit pension scheme. The scheme assets and liabilities attributable to those employees was transferred to the ICB on the 1st July from NHS North-East Lincolnshire CCG but has subsequently been transferred to North-East Lincolnshire Council in year.The impact of this transfer is recognised within operating expenses.

1.8 Other Expenses

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable.

1.9 Grants Payable

Where grant funding is not intended to be directly related to activity undertaken by a grant recipient in a specific period, the ICB recognises the expenditure in the period in which the grant is paid. All other grants are accounted for on an accruals basis.

1.10 Cash

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash, bank and any overdraft facilities are recorded at current values.

1.11 Provisions

Provisions are recognised when the ICB has a present legal or constructive obligation as a result of a past event, it is probable that the ICB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. Whilst the ICB received transferred values on the 1st July, subsequent reviews of these provisions deemed that they were no longer relevant and subsequently released.

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

1. Notes to the Financial Statements

1.12 Clinical Negligence Costs

NHS Resolution operates a risk pooling scheme under which the ICB pays an annual contribution to NHS Resolution, which in return settles all clinical negligence claims. The contribution is charged to expenditure. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with ICB.

1.13 Non-clinical Risk Pooling

The ICB participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the ICB pays an annual contribution to the NHS Resolution and, in return, receives assistance with the costs of claims arising. The annual membership contributions, and any excesses payable in respect of particular claims are charged to operating expenses as and when they become due.

1.14 Contingent Liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the ICB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.15 Financial Assets

Financial assets are recognised when the ICB becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

Financial assets are classified into the following categories:

- Financial assets at amortised cost;

The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

1.15.1 Financial Assets at Amortised cost

Financial assets measured at amortised cost are those held within a business model whose objective is achieved by collecting contractual cash flows and where the cash flows are solely payments of principal and interest. This includes most trade receivables and other simple debt instruments. After initial recognition these financial assets are measured at amortised cost using the effective interest method less any impairment. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the life of the financial asset to the gross carrying amount of the financial asset.

1.15.2 Impairment

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the ICB recognises a loss allowance representing the expected credit losses on the financial asset.

The ICB adopts the simplified approach to impairment in accordance with IFRS 9, and measures the loss allowance for trade receivables, lease receivables and contract assets at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2) and otherwise at an amount equal to 12 month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds and Exchequer Funds assets where repayment is ensured by primary legislation. The ICB therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's lengths bodies and NHS bodies and the ICB does not recognise allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.16 Financial Liabilities

Financial liabilities are recognised on the statement of financial position when the ICB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.16.1 Other Financial Liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health and Social Care, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.17 Value Added Tax

Most of the activities of the ICB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

1. Notes to the Financial Statements

1.18 Losses & Special Payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.
Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the ICB not been bearing its own risks (with insurance premiums then being included as normal revenue expenditure).

1.19 Accounting Standards That Have Been Issued But Not Yet Adopted

IFRS 17 Insurance Contracts – Application required for accounting periods beginning on or after 1 January 2021. Standard is not yet adopted by the FReM which is expected to be April 2025: early adoption is not therefore permitted. The ICB has reviewed it's contracts register and does not hold any Insurance Contracts, but is a member of the NHS Resolution insurance schemes. Therefore the impact of this standard is estimated to be immaterial.

IFRS 14 Regulatory Deferral Accounts – Not UK-endorsed. Applies to first time adopters of IFRS after 1 January 2016. Therefore, not applicable to DHSC group bodies.

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

2. Other Operating Revenue

	Total £'000
Income from Sale of Goods and Services (Contracts)	
Education, training and research	**36**
Non-patient care services to other bodies	**2,906**
Other contract income	**49,262**
Recoveries in respect of employee benefits	**502**
Total Income from Sale of Goods and Services	**52,706**
Other Operating Income	
Rental revenue from operating leases	**49**
Charitable and other contributions to revenue expenditure: non-NHS	**317**
Other non contract revenue	**267**
Total Other Operating Income	**633**
Total Operating Income	**53,339**

3 Revenue

3.1 Disaggregation of Income - Income from sale of good and services (contracts)

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Source of Revenue				
NHS	-	753	991	74
Non NHS	36	2,153	48,270	428
Total	**36**	**2,906**	**49,261**	**502**

	Education, training and research £'000	Non-patient care services to other bodies £'000	Other Contract income £'000	Recoveries in respect of employee benefits £'000
Timing of Revenue				
Point in time	36	2,906	4,660	502
Over time	-	-	44,601	-
Total	**36**	**2,906**	**49,261**	**502**

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

4. Employee Benefits and Staff Numbers

4.1 Employee Benefits for the Financial Period

	Permanent £'000	Other £'000	Total £'000
Employee Benefits			
Salaries and wages	24,502	1,921	**26,423**
Social security costs	2,640	2	**2,642**
Employer contributions to NHS pension scheme	4,116	2	**4,118**
Other pension costs	8	-	**8**
Apprenticeship levy	107	-	**107**
Termination benefits	160	-	**160**
Gross Employee Benefits Expenditure	**31,533**	**1,925**	**33,458**
Less recoveries in respect of employee benefits	(502)	-	**(502)**
Total - Net Employee Benefits	**31,031**	**1,925**	**32,956**

4.2 Average Number of People Employed

	Permanently Employed Number	Other Number	Total Number
Total	**604**	**39**	**643**
Of the above:			
Number of whole time equivalent people engaged on capital projects	**-**	**-**	**-**

4.3 Exit Packages Agreed in the Financial Year

	Compulsory Redundancies		Other Agreed Departures		Total	
	Number	£	Number	£	Number	£
Less than £10,000	-	-	-	-	-	-
£10,001 to £25,000	-	-	-	-	-	-
£25,001 to £50,000	-	-	-	-	-	-
£50,001 to £100,000	-	-	-	-	-	-
£100,001 to £150,000	-	-	-	-	-	-
£150,001 to £200,000	1	160,000	-	-	1	160,000
Over £200,001	-	-	-	-	-	-
Total	**1**	**160,000**	**-**	**-**	**1**	**160,000**

This table report the number and value of exit packages agreed in the financial period. Agreement means that the redundancy package has been approved at the appropriate level with NHSE and the recipient of the redundancy informed.

Redundancy and other departure costs have been paid in accordance with the provisions of the standard NHS redundancy rules and regulations.

Exit costs are accounted for in accordance with relevant accounting standards and at the latest in full in the year of departure.

The Remuneration Report includes the disclosure of exit payments payable to individuals named in that Report.

NHS Humber & North Yorkshire ICB - Accounts - 1st July 2022 to 31st March 2023

4. Employee Benefits and Staff Numbers Continued

4.4 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that "the period between formal valuations shall be four years, with approximate assessments in intervening years". An outline of these follows:

4.4.1 Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

4.4.2 Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. 14.3% of the 20.6% is paid by the ICB with the additional 6.3% paid by NHS England. These contribution rates and arrangements will continue in 2023/24.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

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5. Operating Expenses

	Total £'000
Purchase of Goods and Services	
Services from other ICBs and NHS England	5,667
Services from foundation trusts	1,139,950
Services from other NHS trusts	466,660
Purchase of healthcare from non-NHS bodies	437,825
Purchase of social care	55,724
Prescribing costs	257,016
Pharmaceutical services	214
General ophthalmic services	559
GPMS/APMS and PCTMS	253,643
Supplies and services – clinical	1,337
Supplies and services – general	50,920
Consultancy services	629
Establishment	4,806
Transport	2,818
Premises	5,374
Audit fees*	294
Other non statutory audit expenditure	
· Internal audit services**	-
· Other services**	35
Other professional fees***	2,873
Legal fees	222
Education, training and conferences	141
Total Purchase of Goods and Services	**2,686,707**
Depreciation and Impairment Charges	
Depreciation	446
Total Depreciation and Impairment Charges	**446**
Provision Expense	
Provisions	(293)
Total Provision Expense	**(293)**
Other Operating Expenditure	
Chair and non executive members	94
Grants to other bodies	3,105
Clinical negligence	2
Expected credit loss on receivables	378
Other expenditure	413
Total Other Operating Expenditure	**3,992**
Total Operating Expenditure	**2,690,852**

* Mazars are NHS Humber & North Yorkshire ICB's external auditors. The fee includes non-recoverable VAT.

** Other non-statutory audit expenditure is in respect to the reasonable assurance audit work undertaken by Mazars with regard to NHS Humber & North Yorkshire ICB's achievement of the Mental Health Investment Standard (MHIS). This is a requirement by the regulating authority, NHS England, which stipulates that ICBs must obtain reasonable assurance from an independent reporting accountant, that their investment in mental health expenditure rises at a faster rate than their overall published programme funding. Within the July 2022 to March 2023 accounts there is an accrual of £35,000 towards the 2022/23 assessment. Costs are inclusive of non-recoverable VAT.

*** Internal audit service costs, provided by Audit Yorkshire, are included within 'other professional fees' and amounted to £168,000 for July 2022 to March 2023. Audit Yorkshire is a trading name only and the actual contract is with NHS York & Scarborough NHS Foundation Trust.

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6. Payment Practices

6.1 Better Payment Practice Code

Measure of Compliance

	Number	£'000
Non-NHS Payables		
Total non-NHS trade invoices paid in the period	49,362	758,785
Total non-NHS trade Invoices paid within target	48,494	740,825
Percentage of Non-NHS Trade Invoices Paid Within Target	**98.24%**	**97.63%**
NHS Payables		
Total NHS trade invoices paid in the period	3,392	1,652,329
Total NHS trade invoices paid within target	3,371	1,651,125
Percentage of NHS Trade Invoices Paid Within Target	**99.38%**	**99.93%**

7. Net Gain/(Loss) on Transfer by Absorption

Transfers as part of a reorganisation fall to be accounted for by use of absorption accounting in line with the Government Financial Reporting Manual, issued by HM Treasury. The Government Financial Reporting Manual does not require retrospective adoption, so prior year transactions (which have been accounted for under merger accounting) have not been restated. Absorption accounting requires that entities account for their transactions in the period in which they took place, with no restatement of performance required when functions transfer within the public sector. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

On the 1st July 2022 the following entities ceased to exist, and their assets, liabilities and responsibilities transferred to NHS Humber & North Yorkshire ICB:

- NHS East Riding of Yorkshire Clinical Commissioning Group
- NHS Hull Clinical Commissioning Group
- NHS North-East Lincolnshire Clinical Commissioning Group
- NHS North Lincolnshire Clinical Commissioning Group
- NHS North Yorkshire Clinical Commissioning Group
- NHS Vale of York Clinical Commissioning Group

	£'000
Transfer of Right of Use assets	2,542
Transfer of cash and cash equivalents	1,576
Transfer of receivables	30,241
Transfer of payables	(207,038)
Transfer of provisions	(302)
Transfer of Right Of Use liabilities	(2,545)
Transfer of Previously Unassessed Periods of Care (PUPoC) provision	(250)
Net Loss on Transfers by Absorption	**(175,776)**

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8. Trade & Other Receivables

8.1 Trade & Other Receivables

	31st March 2023 Current £'000	1st July 2022 Current £'000	1st July 2022 Non-Current £'000
NHS receivables: revenue	4,472	2,278	-
NHS prepayments	72	944	-
NHS accrued income	1,652	1,793	-
NHS Contract Receivable not yet invoiced/non-invoice	-	236	-
Non-NHS and other WGA receivables: revenue	5,245	5,662	-
Non-NHS and other WGA prepayments	2,874	7,971	-
Non-NHS and other WGA accrued income	2,818	2,224	-
Non-NHS and other WGA contract receivable not yet invoiced/non-invoice	646	508	-
Expected credit loss allowance-receivables	(2,211)	(2,065)	-
VAT	582	814	-
Other receivables and accruals	2,172	3,863	6,013
Total Trade & Other Receivables	**18,322**	**24,228**	**6,013**

8.2 Receivables Past Their Due Date But Not Impaired

	31st March 2023 DHSC Group Bodies £'000	31st March 2023 Non DHSC Group Bodies £'000
By up to three months	410	546
By three to six months	57	1,058
By more than six months	63	347
Total	**530**	**1,951**

8.3 Loss Allowance on Asset Classes

	Trade and other receivables - Non DHSC Group Bodies £'000	Total £'000
Balance at 1st July 2022	(2,065)	(2,065)
Lifetime expected credit losses on trade and other receivables-Stage 2	(378)	(378)
Amounts written off	232	232
Total	**(2,211)**	**(2,211)**

9. Cash

	31st March 2023 £'000
Transfer from other public sector body	1,576
Balance as at 1st July 2022	**1,576**
Net change in year	(1,213)
Balance at 31 March 2023	**363**
Made up of:	
Cash with the Government Banking Service	363
Cash in Statement of Financial Position	**363**
Balance at 31 March 2023	**363**

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10. Trade & Other Payables

	31st March 2023 £'000	1st July 2022 £'000
NHS payables: Revenue	4,798	1,978
NHS accruals	6,399	16,217
NHS deferred income	-	317
Non-NHS and Other WGA payables: Revenue	49,603	39,153
Non-NHS and Other WGA accruals	187,564	131,908
Non-NHS and Other WGA deferred income	1,190	2,005
Social security costs	484	492
Tax	509	414
Other payables and accruals	8,316	14,554
Total Trade & Other Payables	**258,863**	**207,038**

NHS Humber & North Yorkshire ICB does not have any future years liabilities under arrangements to buy out the liability for early retirement.

Other payables include £2,747,000 outstanding pension contributions at 31 March 2023

11. Contingencies

The ICB does not have any contingent assets or liabilities.

12. Financial Instruments

12.1 Financial Risk Management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking itsactivities.

Because the ICB is financed through parliamentary funding, it is not exposed to the degree of financial risk faced by business entities. Also, financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. The ICB has limited powers to borrow or invest surplus funds and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the ICB in undertaking its activities.

Treasury management operations are carried out by the finance department, within parameters defined formally within the ICB's standing financial instructions and policies agreed by the Governing Body. Treasury activity is subject to review by the ICB and internal auditors.

12.1.1 Currency Risk

The ICB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The ICB has no overseas operations. The ICB and therefore has low exposure to currency rate fluctuations.

12.1.2 Interest Rate Risk

The ICB borrows from government for capital expenditure, subject to affordability as confirmed by NHS England. The borrowings are for 1 to 25 years, in line with the life of the associated assets, and interest is charged at the National Loans Fund rate, fixed for the life of the loan. The ICB therefore has low exposure to interest rate fluctuations.

12.1.3 Credit Risk

Because the majority of the ICB's revenue comes parliamentary funding, the ICB has low exposure to credit risk. The maximum exposures as at the end of the financial year are in receivables from customers, as disclosed in the trade and other receivables note.

12.1.4 Liquidity Risk

The ICB is required to operate within revenue and capital resource limits, which are financed from resources voted annually by Parliament. The ICB draws down cash to cover expenditure, as the need arises. The ICB is not, therefore, exposed to significant liquidity risks.

12.1.5 Financial Instruments

As the cash requirements of NHS England are met through the estimate process, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. The majority of financial instruments relate to contracts to buy non-financial items in line with NHS England's expected purchase and usage requirements and NHS England is therefore exposed to little credit, liquidity or market risk.

12.2 Financial Assets

	Financial Assets measured at amortised cost 31st March 2023 £'000
Trade and other receivables with NHSE bodies	5,157
Trade and other receivables with other DHSC group bodies	1,104
Trade and other receivables with external bodies	10,745
Cash and cash equivalents	363
Total at 31 March 2023	**17,369**

12.3 Financial Liabilities

	Financial Liabilities measured at amortised cost 31st March 2023 £'000
Trade and other payables with NHSE bodies	1,578
Trade and other payables with other DHSC group bodies	9,620
Trade and other payables with external bodies	244,840
Total at 31 March 2023	**256,038**

13. Operating Segments

NHS Humber & North Yorkshire ICB only has one operating segment, namely the commissioning of national health services

14. Joint Arrangements

14.1 Interests in Joint Operations

Name of Arrangement, Parties to the Arrangement & Description of Principal Activities	July 2022 to March 2023 Income £'000	July 2022 to March 2023 Expenditure £'000
Adult Social Care Partnership - North East Lincolnshire NHS Humber & North Yorkshire ICB, North-East Lincolnshire Council. A formal pooled budget arrangement for the delivery of integrated health and social care services within the North-East Lincolnshire Council footprint.	-	49,743
Better Care Fund - Hull NHS Humber & North Yorkshire ICB, Hull City Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	23,134
Better Care Fund - East Riding of Yorkshire NHS Humber & North Yorkshire ICB, East Riding of Yorkshire Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	20,151
North East Lincolnshire Better Care Fund (BCF) NHS Humber & North Yorkshire ICB, North-East Lincolnshire Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	11,738
Better Care Fund - North Lincolnshire NHS Humber & North YorkshireICB, North Lincolnshire Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	12,797
Better Care Fund - North Yorkshire NHS Humber & North Yorkshire ICB, NHS Lancashire & South Cumbria ICB, NHS West Yorkshire ICB, North Yorkshire County Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	-	31,457
Better Care Fund - City of York NHS Humber & North Yorkshire ICB, NHS Lancashire & South Cumbria ICB, NHS West Yorkshire ICB, North Yorkshire County Council. A formal pooled budget arrangement for the delivery of Better Care Fund requirements.	(135)	10,699
Integrated Community Care NHS Humber & North Yorkshire ICB, Harrogate & District NHS Foundation Trust, North Yorkshire County Council, Tees Esk Wear Valleys NHS Foundation Trust. A formal joint commissioning and service delivery of integrated health and social care community teams.	-	4,121
Mental Health Commissioning in North Yorkshire NHS Humber & North Yorkshire ICB, Tees Esk Wear Valleys NHS Foundation Trust. A formal joint arrangement for the commissioning of Mental Health Services in North Yorkshire	-	62,261

14.2 Interests in Entities Not Accounted for Under IFRS 10 or IFRS 11

NHS Humber & North Yorkshire ICB does not have any interests in entities not accounted for under IFRS10 or IFRS11.

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15. Related party transactions

The Department of Health and Social Care is regarded as a related party. During the year, the ICB has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent. The main entities are NHS England, Harrogate & District NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust, Humber Teaching NHS Foundation Trust, North of England CSU, Northern Lincolnshire & Goole NHS Foundation Trust, South Tees Hospitals NHS Foundation Trust, Tees Esk Wear Valleys NHS Foundation Trust, York & Scarborough Teaching Hospitals NHS Foundation Trust and Yorkshire Ambulance Service NHS Trust.

In addition, the Trust has had a number of transactions with other government departments and other central and local government bodies. Most of these transactions have been with City of York Council, East Riding of Yorkshire Council, Hull City Council, North-East Lincolnshire Council, North Lincolnshire Council and North Yorkshire County Council.

Furthermore, related party declarations made by Ministers, senior managers and non-executive directors with the Department of Health & Social Care highlighted a link to Leeds Teaching Hospitals NHS Trst. The ICB made payments within this accounting period to Leeds Teaching Hospitals NHS Trust

Details of Related Party Transactions with Individuals are as Follows:

	Payments to Related Party £'000	Receipts from Related Party £'000	Amounts owed to Related Party £'000	Amounts due from Related Party £'000
The following people are the NHS Humber & North Yorkshire ICB's board members				
Jayne Adamson (Director of People)				
A close relative is employed by Hull University Teaching Hospital NHS Trust	360,432	(989)	2,035	(798)
Karina Ellis (Director of Corporate Affairs)				
Spouse is employed by North East Lincolnshire Council	4,977	(212)	529	(60)
Teresa Fenech (Chief Nurse)				
Spouse is employed by Hull University Teaching Hospital NHS Trust	360,432	(989)	2,035	(798)
Nigel Wells (Chief Medical Officer)				
GP Partner at Beech Tree Surgery, Selby	2,182	-	119	-
Ali Bushra (Non-Executive Director)				
A General Practice Partner at Modality Partnership Hull group of GP Practices	6,695	(276)	1,109	-
Spouse is employed by Hull University Teaching Hospital NHS Trust	360,432	(989)	2,035	(798)

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16. Events After the End of the Reporting Period

NHS Humber & North Yorkshire ICB does not have any events to report that have occurred since the end of the reporting period.

17. Losses

The total number of losses and special payments cases, and their total value, was as follows:

	Total Number of Cases	Total Value of Cases £'000
Administrative write-offs	68	232
Book-keeping	2	5
Total	**70**	**236**

18. Financial Performance Targets

NHS Humber & North Yorkshire ICB have a number of financial duties under the NHS Act 2006 (as amended).
The ICB's performance against those duties was as follows:

	July 2022 to March 2023		
	Target £000s	Performance £000s	Achieved?
Expenditure not to exceed income	2,724,546	2,724,310	Yes
Capital resource use does not exceed the amount specified in Directions	-	-	
Revenue resource use does not exceed the amount specified in Directions	2,671,207	2,670,972	Yes
Capital resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	
Revenue resource use on specified matter(s) does not exceed the amount specified in Directions	-	-	
Revenue administration resource use does not exceed the amount specified in Directions	28,093	25,123	Yes

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