

## HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

**WEDNESDAY 14 AUGUST 2024 FROM 09:30 HOURS**  
**CONFERENCE ROOM, ERGO, BRIDGEHEAD BUSINESS PARK, HESSLE, HU13 0GD**

### Attendees and Apologies

#### ICB Board Members: "Ordinary Members" (Voting Members)

##### Present:

Sue Symington	(Chair) HNY ICB Chair
Councillor Jonathan Owen	Local Authority Partner Member
Dr Bushra Ali	Primary Care Partner Member
Dr Nigel Wells	HNY ICB Executive Director of Clinical & Professional Services
Jane Hazelgrave	HNY ICB Acting Deputy Chief Executive / Chief Operating Officer
Jayne Adamson	HNY ICB Executive Director of People
Jonathan Lofthouse	Provider Partner Member
Mark Chamberlain	HNY ICB Non-Executive Director
Richard Gladman	HNY ICB Non-Executive Director
Stuart Watson	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality
Emma Sayner	HNY ICB Acting Executive Director of Finance & Investment

##### Apologies:

Amanda Bloor	HNY ICB Deputy Chief Executive / Chief Operating Officer
Stephen Eames	HNY ICB Chief Executive

#### ICB Board Members "Participants" (Non-Voting Members)

##### Present:

Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & Media Relations
Brent Kilmurray	Partner Participant (Mental Health, Learning Disabilities and Autism)
Jason Stamp	Partner Participant (Voluntary, Community & Social Enterprise)
Karina Ellis	HNY ICB Executive Director of Corporate Affairs
Louise Wallace	Partner Participant (Public Health)
Max Jones	HNY ICB Chief Digital Information Officer (CDIO)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Andrew Burnell	Partner Participant (Community Interest Companies)
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Dr Simon Stockill	Primary Care Collaborative Lead
Shaun Jones	HNY ICB Director of Planning and Performance
Mike Napier	Director of Governance and Board Secretary

##### Apologies:

Helen Grimwood	Partner Participant (Healthwatch)
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Professor Charlie Jeffery	Partner Participant (Further Education)

#### "Observers" and Individuals Presenting Items

Laura Allenby	HNY ICB Executive Business Support (Corporate Affairs)
Rosie Slater-Carr	Non-Executive Director Development Programme

## **BOARD GOVERNANCE**

### **1. Welcome and Introductions**

The Chair opened the meeting and welcomed everyone present and those observing the meeting via the livestream.

The Board was reminded that this was a meeting held in public and was being filmed and recorded for that purpose. Artificial intelligence (AI) was assisting in the minuting.

### **2. Apologies for Absence**

The Chair noted the apologies as detailed above and it was confirmed that the meeting was quorate.

### **3. Declarations of Interest**

In relation to any item on the agenda of the meeting Board Members were reminded of the need to declare:

- (i) any interests which were relevant or material to the ICB;
- (ii) that nature of the interest declared (financial, professional, personal, or indirect
- (iii) any changes in interest previously declared;

No declarations of interest were noted in relation to the business of the meeting.

### **4. Minutes of the Previous Meeting held on 10 July 2024**

The minutes from the previous meeting held on 10 July 2024 were checked for accuracy and the Board agreed the minutes as a true and accurate record, subject to the following post meeting note:

The Board noted that following further review the future meeting schedule would be kept as the current dates, with additional provisional finance data to be shared in the private session of each meeting.

#### **Outcome:**

Board Members approved the minutes of the meeting held on 10 July 2024 subject to the agreed post-meeting note being added. Following this the minutes would be signed by the Chair.

### **5. Matters Arising and Actions**

The Chair led the Board discussion on the action tracker updates. It was noted that all actions were completed and closed, save for one item that was not yet due.

#### **Outcome:**

Board Members noted the action tracker updates.

## 6. Notification of Any Other Business

Members of the Board were reminded that any proposed item to be taken under any other business must be raised and subsequently approved at least 48 hours in advance of the meeting by the Chair.

The Chair advised that no such notifications had been received.

### **Outcome:**

Board Members noted that there were no items of any other business to be taken at the meeting.

## 7. Board Assurance Framework

The Executive Director of Corporate Affairs led the item.

An update was given on risk A1 (*patient safety and positive health outcomes for local people*) in relation to urgent emergency care (UEC) actions, updates to key controls, further mitigating actions and strengthening of the Urgent and Emergency Care Board governance arrangements.

Risk A2 (*delivery of the ICB operating plan*), was also discussed. Updates to key controls and mitigations were discussed, including the focused prioritisation of UEC and financial plan delivery. The Chair commented that the board may need to reassess this risk rating given the anticipated winter pressures months and the industrial action by GPs.

The Executive Director of Nursing and Quality noted that the risks could be further updated following the scheduled review by the next ICB Quality Committee.

Risk indicators C1 and C5 (*financial pressures linked to long-term workforce sustainability*) were recommended for closure, to be replaced with a new consolidated risk C7, (*systemic pressures across the system leading to failure to deliver workforce transformation initiatives and long-term sustainability*) to strengthen the triangulation of risks relating to workforce and finance.

The Executive Director of Corporate Affairs also highlighted that increased risk rating for risk C3 from 16 to 20 (*failure to operate within the ICBs available resources for 2024/25*), as well as the extra controls and mitigating actions implemented this and the medium-term financial plan – Risk C5.

It was agreed that the ICB Finance, Performance and Delivery Committee would keep under review the medium-term financial risk rating (C5) in the light of the increased 2024/25 financial risk rating (C3).

The Chair concluded the discussion by emphasising the importance of keeping a strong eye on the Board Assurance Framework given the current volatility in a number of performance areas.

### **Outcome:**

### **Board Members**

- Discussed and approved the updated Board Assurance Framework.

## **8. Voice of the Lived Experience**

The Chair emphasised the importance of framing the board's thinking around the experiences of service users.

The Executive Director of Communications and Marketing and the Primary Care Collaborative Lead presented the outcomes of the National GP Patient Survey, particularly focusing on findings for the Humber and North Yorkshire area. They highlighted that access to GPs is a significant issue for the general population and this has a direct correlation with the current low level of satisfaction with the NHS nationally.

A short film was shown to provide first-hand views and experiences of people within Humber and North Yorkshire regarding their access to GP services. The film highlighted concerns relating to long waiting times for appointments, difficulties in contacting GP services through telephony and the lack of flexibility in appointment times.

The survey findings for Humber and North Yorkshire were discussed, with three-quarters of the population reporting a good overall experience of GP services. However, issues were identified with initial access to services, particularly via telephone and digital platforms.

The discussion also touched on the experiences of patients with disabilities or long-term conditions, non-binary people, and different religious groups. The inverse care law was highlighted, which suggests that the more deprived an area, the less likely it is to have adequate healthcare resources.

The Board agreed on the need to share the findings with GP practices and to work on improving access and satisfaction levels. The importance of continuity of care was also emphasised. The Board agreed to review the findings and actions in three months' time.

### **Outcome:**

The Board noted the contents of the film and the survey findings and agreed to receive a further update on actions in three months' time.

## **CONTEXT, PERFORMANCE AND ASSURANCE**

### **9. Chief Executive Update**

The Chair invited the Acting Chief Operating Officer to lead the update provided.

Firstly, the recent civil unrest was acknowledged and its impact on staff and organisations. The response of the NHS was commended, particularly those who were on-call during the period. It was also noted that there had been a listening event for ICB staff chaired by the Chief Executive, with another event planned for the following week.

Discussion took place on the impact of civil unrest on communities and the need for a more inclusive approach. An emphasis was placed on the need to understand communities better when making decisions, including the impact on young adults and teenagers involved in the rioting and the need for more support for these individuals.

The Health Service Journal Awards were highlighted, where five local organisations had been shortlisted for various categories including staff well-being, workforce initiatives, communication, efficiency and technology. Those involved in these achievements were commended.

Attention was drawn to the dental year-end report, which acknowledged the ongoing challenges to dental access but also noted the improvements made over the last twelve months. The additional investment and initiatives planned for the coming year were highlighted together with a discussion about the need to lobby for a change to the current dental funding formula so that it better accounts for complex needs and deprivation.

The item concluded with the Acting Chief Operating Officer and the Chair sharing their positive impressions from a meeting with the new Secretary of State for Health and Social Care, noting that his main priorities align well to those of the ICB.

**Outcome:**

The Board noted the update provided.

**10. Performance Report**

The Chair invited the HNY ICB Director of Planning and Performance to give an update on the performance. He referred to the second iteration of the new report format, which was based on feedback received from Board members from the last financial year and subsequently.

The data largely related to the end of May and June 2024. It was noted that there remained challenges and variations to local provider performance in relation to the 4-hour accident and emergency target and ambulance handover times. Performance remained on trajectory to achieve zero 65-week waits for planned care by the end of September 2024.

A discussion took place on the ongoing challenges in diagnostics and cancer care. It was noted that the system was slightly off plan in delivery of the additional diagnostic capacity but there was a lot of work progressing, particularly in relation to community diagnostic centres. In cancer care, the system remained just on plan for the 62-day delivery. There remained ongoing challenges to the delivery of community waiting list 52 weeks, particularly in speech and language therapy.

A mixed position against mental health performance was noted, with the below trajectory for dementia diagnosis rates highlighted. Progress was being made in gaining greater granular understanding of the dementia diagnosis variation in order to better target further action.

Workforce performance was ahead of plan for sickness absence but behind plan for workforce retention.

Members highlighted the long waiting times for speech and language therapy for children and young people. It was acknowledged that there was widespread pressure on these services, with a national shortage of speech and language therapists. It was agreed that local progress would be kept under review by the Board.

Local initiatives relating to frequent users of emergency departments were discussed and the benefit to adopting a multi-agency and multi-sector approach to this work, including the police and local authorities, was agreed.

Reference was made to the recent publication of the final stage of the CQC special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust. It was noted that the CQC's report identified a number of points where poor decision-making, omissions and errors of judgements contributed to a situation where a patient with very serious mental health issues did not receive the support and follow up he needed. The report set out a number of recommendations to improve oversight and treatment of people with serious mental health issues at both a provider and a national level. The wider system learning from the review was considered by the Board, including in relation to risk-based clinical assessment, did not attend policies and assertive outreach services for patients who disengage.

### **Outcome:**

#### **The Board**

- Noted the updates provided.

## **11. Finance**

The Chair invited the Acting Executive Director of Finance and Investment to give an update on finance.

The financial position at the end of June 2024 indicated a cumulative adverse variance of £7.3 million against the deficit of £40 million. While not a significant variance against the full year allocation of £3.9 billion, the backloading of the system efficiency profiling meant that the current variance would not have been expected at the end of quarter one. An increase in escalation measures had been initiated as a consequence, including weekly meetings being held between system finance and human resource directors.

An update was given on the clear line of visibility on future investment choices across the system. It was reported that a significantly improved trajectory was expected to be reported for month four from a financial perspective, the system risk remained significant.

An update was given on the work of the assurance and oversight work of the Finance, Performance and Delivery Committee with respect to local providers and system efficiencies.

The capital programme has a slight forecast overspend of £2.5million, which was attributed to an allocation timing issue for some of the Remedial Reinforced Autoclaved Aerated Concrete (RAAC) estate replacement programme.

An update was given on the workforce metric and the approach to using agency bank as well as substantive workforce. It was noted that they are reporting into NHS England on a weekly basis and are taking the financial recovery performance for the rest of the year very seriously.

The Chair noted the risk attached to their plans and emphasised the need for the board to be vigilant. Other members of the board also raised concerns and questions regarding

the potential impact of GP collective actions, the efficiencies, the financial position of local authorities, social care services, and the need to move to medium-term planning. These concerns were addressed, emphasising the need for joint resources and partnership with local authorities and the move towards medium-term planning.

**Outcome:**

**The Board**

Noted the contents of the report.

**12. Board Committee Summary Reports**

The Chair introduced the items for escalation from the Board Committee Summary Report.

The Quality Committee highlighted one alert relating to the impacts of ambulance handover delays and corridor care. It was noted that the committee would receive further updates on both matters at its next meeting. The System Quality Group is a broad stakeholder group that identifies risks to quality and safety across the system and the key risks it had identified included in relation to urgent and emergency care, the impact of industrial action, demand on the UK Health Security Agency, suicide rates, financial climate and refugee health arrangements.

The Finance, Performance and Delivery Committee highlighted the ongoing financial risks to the system and their actions.

The Clinical Professional Committee escalated the impact of high-cost drugs, and in particular the NICE Technology Appraisals, for the attention of the Board. The Population Health and Prevention Committee discussed the health celebration event and the progression of the draft legislation for tobacco control.

Each of the Workforce Board, Remuneration Committee and Pharmaceutical Services Regulations Committee had no matters to escalate to the Board.

**Outcome:**

The Board noted the updates provided.

**13. Freedom to Speak Up**

The Chair invited the Executive Director of Clinical & Professional Services, who was also the Freedom to Speak Up Guardian, to give an update on the Freedom to Speak Up arrangements for the ICB.

The Freedom to Speak Up initiative is designed to encourage and protect staff who raise concerns about patient safety, malpractice or other related issues. There are five principles of the initiative: confidentiality and anonymity, support for colleagues who speak up, impartiality and fairness, accessibility, and action clarity with accountability and transparency.

The Board were assured that the ICB is compliant with all third parties it is required to be registered with and that training is updated accordingly. Links with other local

Freedom to Speak Up Guardians were being developed in order to share data and learning, while recognising the need for the ICB to maintain a degree of independence in order to fulfil its oversight and impartiality duties.

An update was given on the need to work with staff networks within the ICB to promote inclusion groups and champions. It was reported that concerns from staff and clinical colleagues in primary care were now emerging, which are being addressing based on NHS England guidance and best practice.

It was also highlighted that eight of the nine disclosures received by the ICB were from women of black, asian, and minority ethnic backgrounds. This led to a discussion about the need to understand why this particular cohort is not using existing mechanisms to escalate issues and what proactive measures can be taken to address this. The board agreed that this is an important area to explore further.

The board also discussed the need to promote the Freedom to Speak Up further in the light of the decision about the Resilience Hub. They also discussed the need to triangulate data from sickness absence, complaints, and other sources to get a better understanding of the issues staff are facing.

#### **Outcome:**

#### **Board Members**

Noted the updates provided.

### **OTHER MATTERS FOR THE BOARD**

#### **14. Suicide Prevention**

The Board considered the report in response to concerns raised by quality groups about possible clusters of suicides in particular localities and an increased rate of suicides. It was clarified that there was a need to distinguish between suspected and registered suicides and the importance of understanding the data within this context.

The national registered suicide rate in 2022 was 10.7 per 100,000 population and this had decreased to 10.3 per 100,000 population in the latest available data for April 2023. Nearly 75% of those suicides are male. The rates in the six Humber and North Yorkshire localities were reported as all above the national rate, with the exception of North Lincolnshire and North East Lincolnshire.

A key point of concern was the rate of suicide among children and young people and this was considered within the context of increasing demand for children and young people's mental health support and the capacity to respond to that demand.

The importance of multi-agency oversight of suicide prevention strategies and the role of elected members in understanding the issues and promoting mental health awareness training was highlighted.

The Board also discussed the proportion of people who take their own lives who are already in the mental health system. It was noted that the majority are not known to services, highlighting the need for understanding communities and what drives suicide rates.



It was agreed to further investigate the data available in relation to the NHS workforce and the pressures they face. It was also agreed to further investigate the data in relation to area of residence and the location where the death was registered.

The Board concluded that suicide prevention is a complex issue that requires a multi-faceted approach, including raising awareness, supporting staff and understanding the factors driving suicide rates.

**Outcome:**

**Board Members:**

- note the priority approach.
- endorsed the importance of Suicide Prevention and the approach taken in promoting the prevention work with partners and stakeholders.

**15. Board Assurance Framework Review**

The Board considered the Board Assurance Framework in the light of the items discussed during the meeting. No new information was identified that would necessitate immediate changes to risk ratings however the further oversight and assurance work of the Finance, Performance and Delivery Committee on system efficiencies was noted. Delivery of these remained a matter of concern for the Board.

**Outcome:**

**Board Members**

Noted that there were no changes to be made to the Board Assurance Framework in the light of their discussions at the meeting.

**16. Items for Information**

The Chair drew members' attention to the good news briefings provided.

A question from the public was received regarding an update to the role of the current hub and spoke model for Community, Women's Health Specialist Services. The Executive Director of Communications and Marketing responded by referring to a report presented at the last Board meeting in July 2024, which provided a comprehensive update on this issue. It was agreed that a response would be prepared for the member of the public on this basis and published on the ICB website.

**17. Any Other Business**

No matters of any other business were received.

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

The next meeting would be held on Wednesday 11 September 2024 at 09.30am.

## Humber & North Yorkshire Integrated Care Board: Matters Arising Action Log (Part A)

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress / Status
14/08/2024	01-1408	<b>8 – Voice of the Lived Experience</b>			
		The Board agreed on the need to share the findings of the National GP Patient Survey with GP practices and to work on improving access and satisfaction levels.	<b>Anja Hazebroek</b>	<b>September 2024</b>	<b>Not Due – to report at October Board</b>
		The importance of continuity of care was also emphasised. The Board agreed to review the findings and actions in three months' time.	<b>Anja Hazebroek</b>	<b>November 2024</b>	<b>Not Due – to report at November Board</b>
14/08/2024	02-1408	<b>14 – Suicide Prevention</b>			
		It was agreed to further investigate the data available in relation to the NHS workforce and the pressures they face.	<b>Teresa Fenech</b>	<b>September 2024</b>	<b>Not Due – to report at October Board</b>
		It was also agreed to further investigate the data in relation to area of residence and the location where the death was registered.	<b>Teresa Fenech</b>	<b>September 2024</b>	<b>Not Due – to report at October Board</b>
14/08/2024	03-1408	<b>21 – Items for Information</b>			
		Response to be given full regarding the question from the member of the public and the response to be published on the ICB website.	<b>Mike Napier</b>	<b>ASAP</b>	<b>Completed and Closed</b>