

**HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD**

**WEDNESDAY 9 OCTOBER 2024 FROM 10:40 HOURS**

**SYNERGY SUITE, HEALTH HOUSE, GRANGE PARK LANE, WILLERBY, HU10 6DT**

**Attendees and Apologies**

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

**Present:**

Sue Symington (Chair) HNY ICB Chair

Stephen Eames HNY ICB Chief Executive

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

Jayne Adamson HNY ICB Executive Director of People

Jane Hazelgrave HNY ICB Acting Deputy Chief Executive / Chief Operating Officer

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

**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)

Dr Simon Stockill Primary Care Collaborative Lead

Dr Deepti Alla HNY ICB, Associate Non-Executive Director

Karina Ellis HNY ICB Executive Director of Corporate Affairs

Louise Wallace Partner Participant (Public Health)

Max Jones HNY ICB Chief Digital Information Officer (CDIO)

Mike Napier Director of Governance and Board Secretary

Peter Thorpe HNY ICB Executive Director of Strategy & Partnerships

Professor Charlie Jeffery Partner Participant (Further Education)

Professor Dumbor Ngaage HNY ICB Associate Non-Executive Director

**Apologies:**

Andrew Burnell Partner Participant (Community Interest Companies)

Councillor Michael Harrison Partner Participant (Local Authority: North Yorkshire and York)

Councillor Stanley Shreeve Partner Participant (Local Authority: N & NE Lincolnshire)

Helen Grimwood Partner Participant (Healthwatch)

Jason Stamp Partner Participant (Voluntary, Community & Social Enterprise)

**"Observers" and Individuals Presenting Items**

Emma Jones HNY ICB Business Services Senior Officer (Corporate Affairs)

**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.

Professor Dumbor Ngaage and Dr Deepti Alla were welcomed by the Chair to the meeting as the newly appointed Associate Non-Executive Directors. They were the first appointees to the ICB’ associate non-executive programme and would be working with the Board for the next nine months. John Mitchell, Associate Director of Digital, was also welcomed to the meeting as an observer.

**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 11 September 2024**

 The minutes from the previous meeting held on 11 September 2024 were checked for accuracy and the Board agreed them as a true and accurate record.

The minutes would be signed by the Chair as such.

Following on from the Special Educational Needs and Disabilities (SEND) discussion at the previous meeting, the Chair requested that all Board members ensure that they have completed the Tier 1 e-learning Oliver McGowan training prior the next Board Meeting. The Board Secretary would reshare the link to the training with relevant Board members who do not have routine access to the e-learning platform.

 **Outcome:**

 **Board Members approved the minutes of the meeting held on 11 September 2024.**

 **Tier 1 e-learning Oliver McGowan training to be completed by remaining members prior the next Board Meeting.**

**5. Matters Arising and Actions**

The Chair led the Board discussion on the action tracker updates. It was noted that one action had been completed and the two remaining actions were not yet due.

An undocumented action was noted relating to further analysis of the high percentage of ICB Freedom to Speak Up (FTSU) contacts being from women of Black, Asian, or minority ethnic backgrounds. An update had been scheduled for the next FTSU Board update in February 2025 however it was agreed the analysis would be brought back to the Board as soon as completed.

 **Outcome:**

**Board Members noted the action tracker updates.**

**Analysis of the high percentage of ICB Freedom to Speak Up (FTSU) contacts being from women of Black, Asian, or minority ethnic backgrounds would be brought to the Board when completed.**

**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 Chair invited the Executive Director of Corporate Affairs to provide the update to the Board Assurance Framework (BAF). The BAF contained ten active risks, with the assessed risk ratings remaining the same as the previous month, with no significant changes in their status or appetite.

 Members were first remined that the BAF risks were built around the ICB’s four strategic objectives, namely:

* Leading for Excellence
* Leading for Prevention
* Leading for Sustainability
* Voice at the Heart

 Attention was drawn to the updates relating to data and digital maturity, cybersecurity, and delivering the ICB plan for 2024-25.

 Discussion took place and concerns were raised regarding performance in urgent and emergency care (UEC), diagnostic services and the workforce plan in 2024-2025 in terms of how this read across to the financial position and the collective concern and mitigating action that was required, especially regarding Risk C6 in terms of failure to recruit and retain staff and reference was made to ensuring that the ICB were using the correct WRES (workforce race equality standard) data regarding the workforce.

 The Chair suggested that the Executive Team discuss this issue in detail over the next month and then advise the Board as to what could be done to improve the situation and for this detail to be included in next month’s BAF report.

 **Outcome:**

 **Board Members:**

* + **Approved the updated Board Assurance Framework (BAF).**
	+ **Agreed that the Executive Team discuss the impact of EDI (Equality, Diversity, and Inclusion) on recruitment and retention at the next executive meeting and report back to the Board.**

**8. Voice of the Lived Experience**

The Chair invited the Executive Director of Communications, Marketing and Media Relations to provide an overview of the Voice of the Lived Experience. This month’s report focused on the Integrated Care Board’s (ICB’s) extensive engagement with members of the community in relation to NHS 111.

 Insights on the NHS 111 Service were highlighted. It was noted that while the majority of people had heard of NHS 111, only 71% had used the service in the last two years. Just over half of the users reported feeling satisfied with the service and this highlighted the need to improve public awareness and confidence.

 Certain demographic groups, such as older people and members of Black, Asian and Minority Ethnic (BAME) communities, had different behaviours and levels of awareness which needed to be addressed to improve service usage. BAME groups were more likely to go to Accident and Emergency (A&E) due to them being unaware of other options.

 The vast majority of access to NHS 111 was over the telephone rather than online or via the App. There was also variable awareness of the services available via NHS 111, with the least known services being pharmacy prescriptions, mental health support, and emergency dental appointments.

 The behavioral insights gathered from the survey including the preference for GP visits over NHS 111 and the barriers to using NHS 111 were discussed, such as perceived delays and lack of trust in the service.

 It was reported that the national emphasis was to focus on winter through NHS 111 as a triage point and advertising campaign had been launched regarding this. The challenges for some patients to navigate access to services, especially from BAME communities, were discussed as well as the reservations of some patients with limited access to private or public transport to engage with NHS 111 for fear of being directed to a service some distance from where they live.

 It was confirmed that the ICB was engaged with Yorkshire Ambulance Service NHS Foundation Trust, as the local provider of NHS 111, to feedback the insight results.

 Additional mechanisms to promote public access to the service were also highlighted.

 **Outcome:**

 **The Board noted and discussed the key themes.**

**CONTEXT, PERFORMANCE AND ASSURANCE**

**9. Chief Executive Update**

The Chief Executive led this item, and an update was first provided on the launch of the engagement phase for the ICB’s future design framework (blueprint), which aligned closely with the new Government’s published priorities for the NHS. The engagement phase of the ICB work would focus on having open conversations with the public about the challenges faced by the NHS. The programme would be phased over a four-week period, starting with engagement on how does the NHS need to change, followed by what matters to individual people, what services could / should be delivered and in what way, and finally exploring individual’s views on empowerment and self-management.

The Board would be kept updated on the outcomes of the engagement work.

The Director of Clinical and Professional provided an update regarding new guidance relating to Freedom to Speak Up (FTSU) and the role of the ICB in supporting FTSU arrangements within the four primary care contractor services. It was noted that the ICB would be updating and formalizing it’s arrangements for this over the coming months.

A update was also provided by the Primary Care Collaborative Lead on NHS England’s Primary Care Pilot, noting that it involved 22 Primary Care Networks (PCNs) across seven Integrated Care Boards (ICBs), focusing on understanding the gap between demand and supply and testing continuous quality improvement initiatives. Details of the pilot arrangements within the Humber and North Yorkshire area were outlined. Members noted the declaration of interest by the Primary Care Collaborative Lead, owing to his PCN participating in the pilot. No further action was deemed necessary.

Members also noted that the NHS staff survey for 2024 had recently been launched and the outcome would go live publicly at the end of March 2025.

 **Outcome:**

 **The Board noted the updates provided.**

**10. Performance Report**

The Acting Deputy Chief Executive / Chief Operating Officer led this item. It was noted that that the ICB was meeting four out of ten primary indicators, with particular challenges in urgent and emergency care (UEC), diagnostics, and cancer performance.

While the ICB met the four-hour urgent performance target in August 2024, September had been more challenging with a significant deterioration in performance.

The ICB was meeting the diagnostic performance target, but there were ongoing risks to delivery of the required diagnostic capacity, with 24.4% of patients waiting over six weeks as of July 2024. The ICB was not meeting the cancer performance target, with performance being 63.8% in July 2024 against a target of 64.3%. It was also noted that three mental health targets were not being delivered.

The positive trajectory for achieving zero over 65-week waits was highlighted, with the ICB being the best regionally for delivery of this target.

With regard to prevention and health inequalities performance metrics, hypertension was highlighted as a key early indicator of other aspects of long-term ill health. Performance had continued to reduce during August’24 to levels below plan – 69.8% against a target of 77% - and this was being closely monitored as a consequence. Discussion had recently taken place at the Population Health and Prevention Committee and there was further work to do as a system through the Integrated Care Partnership (ICP).

It was also noted that Hull University Teaching Hospitals NHS Trust (HUTHT) and Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) had both been nominated for the nationally sponsored Getting It Right First Time (GIRFT) Further Faster Programme for reducing 52-week waits**.**

 **Outcome:**

**The Board noted the updates provided.**

**11. Finance**

The Acting Executive Director of Finance and Investment led the item and gave an update on the financial position for Month 5.

The ICB reported a £60.9m system deficit against a £58.9m year-to-date plan. This was an overspend of £2m against plan which was mainly due to the cost impact of industrial action earlier in the financial year. The system had subsequently received funding to largely offset this pressure. A £50 million allocation for deficit funding had also been received, significantly improving the current financial position such that the system was reporting a balanced financial position for month 6. The level of the actual year-to-date deficit, however, still required the system to support significant remedial actions in the remainder of the financial year to support delivery of the agreed year-end financial position.

Slippage in Service Development Funding (SDF) programme areas were noted and the ICB discussions as to how best to deploy this slippage within the year in terms of the significant financial pressures.

The ongoing progress in triangulating workforce and financial data, particularly in relation to temporary and agency staffing, was highlighted.

Discussion took place and it was noted that the partners across the system were needing to consider difficult options to mitigate the significant underlying financial challenges. It was confirmed that the financial impact of some SDF slippage had been factored into the financial assumptions however the consequences of this in terms of NHS England’s expectations for SDF utilisation was also highlighted.

Reference was made to the additional detail provided within the report for system capital and thanks were conveyed regarding this. It was agreed that it was helpful to have clarity on future capital expenditure as part of the financial plan.

**Outcome:**

**The Board**

* **Noted the Month 5 system financial position for 2024/25.**
* **Noted the mitigating actions being pursued in year to deliver 2024/25 financial plan.**

**12. Board Committee Summary Reports**

The Chair introduced the items for escalation from the Board Committee Summary Report and the alerts for escalation were noted, as follows:

One alert from the Quality Committee regarding Urgent and Emergency Care (UEC) remaining a high risk in the Humber and North Yorkshire system. However, steps are being taken to improve oversight and delivery, reducing patient safety concerns. Notable updates include improvements in managing high intensive users and reducing handover times and corridor care delays.

One alert from the Clinical and Professional Committee relating to absence of a digital repository for sharing clinical policies and pathways which hinders adherence and increases duplication of work. While options were being explored, implementing a solution will need ongoing financial investment.

Two alerts were highlighted from the Integrated Care Partnership (ICP) meeting. One related to the agreement that the Futures Group to develop a proposal for coastal-based ‘living lab’ research which is to be presented to the ICP in Spring 2025. The second alert related to the challenges regarding patient transport across areas within the system and the mapping exercise currently underway. A more detailed report is being developed and will subsequently be received by the ICP.

 **Outcome:**

**The Board noted the updates provided.**

**OTHER MATTERS FOR THE BOARD**

**13. Breakthrough Programme Assurance Update**

The Executive Director of People provided an update on the workforce transformation programme for the system and within the ICB.

 Members’ attention was drawn in particular to the development of three leadership and talent development scheme, namely:

A whole-system high potential talent scheme; aimed at middle management (band 7-8c), this scheme will cultivate system leadership capability across the partnership and enable talent from across the system to access the experience and development needed to transition to the next career step and beyond, with a particular focus on increasing diversity in the talent pipeline.

A whole system executive level leadership development scheme; building on from the NHS Aspiring Executives leadership development programme, the Breakthrough Programme partners were designing a system-wide complementary programme, which enables leaders from across all sectors to develop as future executive leaders together. The new programme would focus particularly on growing and retaining diverse senior leaders who understand the interdependent nature of the Humber and Nort Yorkshire multi-sector system and their role as leaders in protecting and enhancing overall system function.

A development programme for internationally educated colleagues; working closely with the Humber and North Yorkshire Inclusion Assembly, this programme proposed to target colleagues educated overseas and support them to progress in their professional careers. It also aimed to facilitate better connected peer-group for this cohort of colleagues.

 In response to a comment, it was confirmed that the embedding of leadership support opportunities within primary care was a particular aim for the Breakthrough Programme.

 The Board gave its support to all three programmes and confirmed its commitment to be a resource for the work, both individually and collectively.

 The Executive Director of People then highlighted the development of the paybill and agency management dashboard. The September ’24 data would be uploaded the following week and triangulated with the financial information.

 Members were advised of the Breakthrough ICB full programme launch, which included the co-production and launch the ICB organisation’s values and behaviours. Work was also progressing to consider what an agile ICB within a flourishing system would look like. There were identified leads for each of the programmes outlined, with dispersed leadership adopted as a key principle.

 The latest series of Chair and Chief Executive-led staff roadshows had been completed recently with good engagement and feedback on the ICB vision and steps to unlock efficient and effective processes.

Clarification was sought as to whether there would be a policy for agile working and it was confirmed that a working group had been established to progress this, including with respect to work practices, equipment and accommodation requirements.

 Work was continuing regarding the ICB voluntary redundancy process, and the HR and OD team were actively managing a significantly increased volume of activity directly related to the completion of these change processes.

 **Outcome:**

**The Board noted the updates provided, including:**

* **the position set out in the Breakthrough HNY assurance overview.**
* **the programme outline and approach to be adopted for Breakthrough ICB.**
* **the nature and volume of work being managed in the internal HR and OD team.**

**The Board also confirmed their support for the system talent management initiatives as outline and confirmed their commitment to the system talent management and leadership development proposals, including time and resource allocation.**

**14. Working with People and Communities Strategy**

The Chair introduced the refreshed Working with People and Communities Strategy, and the Executive Director of Communications, Marketing and Media provided an update on the Strategy which covered the 4-year period through to 2028.

 The updated Strategy sets out the means through which the ICB will have more meaningful conversations with its rich and diverse communities to ensure voice is truly at the heart of everything it does. It will also help people know how their voice can shape the work of the ICB. Delivery plans underpinning the approach will be continually reviewed and improved.

**Outcome:**

**Board Members noted and discussed the key themes of the refreshed Working with People and Communities Strategy.**

**15. Equality Delivery System (EDS22) Quarterly Update**

The Executive Director of Communications, Marketing and Media Relations led on the update provided on the progress being made against all the ICB’s Equality, Diversity and Inclusion (EQA) actions.

 The paper was taken as read, with a summary given against each of the three EDS Domains of Commissioned or Provided Services, Staff Health and Wellbeing, and Inclusive Leadership. The good progress being made across the actions identified were noted, however discussion took place regarding the further work to embed equality, diversity and inclusion (EDI) programme across the system as well as with regards to data quality to measure the success of EDI initiatives.

 **Outcome:**

 **Board Members noted the good progress being made.**

**16. Emergency Preparedness, Resilience and Response (EPRR) Policy**

The Acting Deputy Chief Executive / Chief Operating Officer led this item and advised Members that the ICB was required as a Category 1 responder within the Civil Contingencies Act 2004 to have a policy stating it’s intent and framework for delivering its responsibilities in Emergency Preparedness, Resilience and Response (EPRR).

The ICB Policy was written in 2022 and the latest updates reflect changes in the structure to the ICB’s EPRR Team, changes to the Joint Emergency Service Interoperability Programme (JESIP) Doctrine 2024, and new and improved ways of working, including the roll out and governance associated with EPRR training portfolios and internal governance.

 **Outcome:**

 **Board Members approved the revised EPRR policy.**

**17. Board Assurance Framework Review**

The Board considered the Board Assurance Framework in the light of the items discussed during the meeting. It was noted that finance and urgent and emergency care performance would be considered further in private session and future months.

 **Outcome:**

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

**18. Items for Information**

The Chair drew members’ attention to the positive developments set out in the news briefings provided. No questions from the public had been received.

**19. Any Other Business**

It was noted that there was an opportunity to consider holding the next ICB Board meeting in Scunthorpe to coincide with the potential opening of the new Community Diagnostic Centre in that location. Further enquires would be made in this regard.

**20. Closing Remarks of Meeting**

The Chair commented on the positive discussions.

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

The next meeting would be held on Wednesday 13 November 2024.

**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** |
| --- | --- | --- | --- | --- | --- |
| **09/10/2024** | **01-0910** | **4 – Special Educational Needs and Disabilities (SEND)** |  |  |  |
|  |  | Ensure all Board Members complete the first stage of the Oliver McGowan training online and provide the necessary links for access.  | **Mike Napier** | **November/December 2024** | **Not Due** |
| **09/10/2024** | **02-0910** | **7 – Board Assurance Framework** |  |  |  |
|  |  | Agreed that the Executive Team discuss the impact of EDI (Equality, Diversity, and Inclusion) on recruitment and retention at the next executive meeting and report back to the Board. | **Jayne Adamson** | **November/December 2024** | **Not Due** |
| Advise the Board as to what could be done to improve the situation and for the detail to be included in next months Board Assurance Framework (BAF) report. |
| **09/10/2024** | **03-0910** | **13 – Breakthrough Programme Assurance Update** |  |  |  |
|  |  | Agreed to develop and implement a policy on agile working, including principles and guidelines for working from home and in the office | **Jayne Adamson / Karina Ellis** | **December 2024** | **Not Due** |