



HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

WEDNESDAY 8 MAY 2024 FROM 09:30 AM

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
Stephen Eames	HNY ICB Chief Executive
Councillor Jonathan Owen	Local Authority Partner Member
Dr Bushra Ali	Primary Care Partner Member
Jane Hazelgrave	HNY ICB Executive Director of Finance & Investment
Jayne Adamson	HNY ICB Executive Director of People
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

Apologies:

Amanda Bloor	HNY ICB Deputy Chief Executive / Chief Operating Officer
Jonathan Lofthouse	Provider Partner Member
Dr Nigel Wells	HNY ICB Executive Director of Clinical & Professional Services

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

Present:

Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & Media Relations
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)
Brent Kilmurray	Partner Participant (Mental Health, Learning Disabilities and Autism)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Dr Simon Stockill	Primary Care Collaborative Lead
Mike Napier	HNY ICB Director of Governance & Board Secretary

Apologies:

Andrew Burnell	Partner Participant (Community Interest Companies)
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
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

Shaun Jones	HNY ICB Director of Planning and Performance
John Mitchell	Associate Director of Digital
Laura Allenby	HNY ICB Executive Business Assistant (Secretariat)
Rosie Slater- Carr	Insights Programme

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.

Welcomes were extended to Rosie Slater-Carr, who was observing the meeting as part of the Insights Programme, and John Mitchell, who was observing as part of his leadership development programme.

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 April 2024

The minutes from the previous meeting held on 10 April 2024 were checked for accuracy and the Board agreed the minutes as a true and accurate record.

Outcome:

Board Members approved the minutes of the meeting held on 10 April 2024 and these would be signed by the Chair.

5. Matters Arising and Actions

The Chair discussed matters arising on the action tracker. It was noted that the following actions were completed; the drafting of a 2024/25 and medium-term financial risk and scheduling of deep dive review relating to other Board Assurance Framework risk and the confirmation of the “non-executive” lead for Patient Safety. The actions relating to the Performance Report were noted, with further updates due at the Board in June 2024. The Chair also noted the operational plan update and the workforce breakthrough plan.

No additional matters were raised.

Outcome:

Board Members noted the updates provided.

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 introduced the Board Assurance Framework (BAF), noting that it was a dynamic document that tracked risks to the ICB's strategic objectives. An update was provided by the Executive Director of Corporate Affairs. It was reported that there were twelve active risks and, in accordance with previous Board discussions, two new risks had been added for Board approval (**A7** – consequences of failure to operate within ICB & ICS resources for 24/25 and **B5** – delivery of medium-term financial plan). Two risks had been taken off in accordance with previous Board discussion (**B2** – partner and stakeholder engagement and **C2** – Maintenance of robust governance arrangements).

A request was made for risk A3 to be removed from the BAF as the May Board meeting would be the last time that finances for financial year 2023/24 were discussed. This was agreed.

Outcome:

Board Members approved new risks A7 and B5 and approved the removal of risk A3.

8. Voice of the Lived Experience

The Chair introduced the item, and the Executive Director of Communications, Marketing and Media Relations led the conversation, highlighting a number of recurrent themes from previous reports, including access to health and care services in rural areas, out of area hospital appointments and public transport. In addition, ongoing issues were reported relating to the impact of the cost-of-living crisis, access to dental services, GP services – especially online systems and digital access – and Mental Health – where there are issues with access to Child and Adolescent Mental Health Services (CAMHS), long waiting times for crisis lines and long waiting lists for support.

The Chair acknowledged the importance of these issues and confirmed that patient transport services would be a significant item for consideration by the Board at a future meeting and at the Integrated Care Partnership (ICP) meeting in September 2024. It was noted that the Voluntary, Community and Social Enterprise (VCSE) collaborative has led an initial round table event which considered community transport access and was commissioning a piece of work to understand the community's needs better.

Key points from the engagement dashboard were highlighted, including patients' desire for a named GP and misconceptions about cancer and reluctance to attend screening programmes. It was noted that there had been work undertaken in conjunction with the Humber and North Yorkshire Cancer Alliance.

An update was given on the results of engagement around the use and perception of the 111 service. While over 90% of people had heard of the service and over 70% had used it in the last two years, there was a lack of understanding about accessing certain services through 111, such as emergency dental appointments and pharmacy prescriptions.

Outcome:

Board members noted the updates provided and agreed:

- i) That further engagement focus would be given to the 13 – 18-year-old local population.**
- ii) Future reports would include primary care data in relation to Friends and Family Test (FFT), where available.**
- iii) The ICB data from the NHS 111 engagement would be supplied to Yorkshire Ambulance Service, as the local provider of the service.**

9. Chief Executive Update

The Chair invited the Chief Executive and Executive Directors to present his report.

The Executive Director of Strategy and Partnerships first highlighted the outcomes from the recent Board time out, including the focus on generational change in health outcomes, a shift in NHS resource towards prevention, and generating an operational surplus to reinvest in transformation.

Reference was made to the outcomes from the local elections, with the Liberal Democrats holding on to overall control in Hull, the Conservatives remaining the largest party in North East Lincolnshire but losing an outright majority and the York and North Yorkshire Mayoral Election being won by the Labour candidate, David Skaith.

The Chief Executive described the ongoing work to build on a national initiative and engage locally in the development of a new model of general practice, which could meet the workforce and other challenges the Board considers regularly. The initial local work would take place over the next two to three months, supported by the Primary Care Collaborative Lead.

The progress of various capital developments within the ICB's area were highlighted, including the opening of a Community Diagnostic Centre at Ripon Community Hospital and the start of construction work on the health and care facility at Catterick Barracks.

The Chief Executive provided feedback on a 2024/25 planning meeting between NHS England's Chief Financial Officer and the ICB Chief Executive, Executive Director of Finance and Investment, Executive Director of People, and the Group Chief Executive of HUTH and NLAG, on behalf of system providers. An outline position was agreed with the national team for a system-wide deficit of £50 million in 2024/25,

which represented an additional £25 million saving on the previous plan. A meeting was being held with senior ICB system leaders later in the week to discuss means to achieve this extremely challenging target.

The Board were also advised of the launch of a consultation about the NHS Constitution. The NHS Constitution empowers patients, staff and the public to know and exercise their rights in order to help drive improvements in quality, efficiency, and responsiveness throughout the NHS. The Department of Health & Social Care was seeking views on how best to change the NHS Constitution as part of the process to complete its 10-year review, as legislated for in the Health Act 2009.

The changes proposed included a new pledge relating to the NHS's response to deteriorating patients, a reduction to health disparities, environmental responsibilities, conditions, leadership, and a recognition of unpaid carers.

Following discussion, the board agreed to submit a response to the consultation.

Outcome:

The Board would submit a written response to the NHS Constitution consultation.

10. Performance Report

The Chair invited the Director of Planning and Performance to give an update on the performance report.

The monthly ICB performance report was presented which tracked progress across the 31 objectives set out in the national NHS operational guidance of 2023/24. The data largely pertained to February and March 2024.

It was highlighted that the report taken to the Board meeting in June 2024 would provide a summary of the whole year. It was noted that a revised format and content for 2024/25 were being worked on, which would include the 32 objectives in the 2024/25 planning guidance.

Attention was drawn to key areas of performance. In terms of urgent emergency care, the ICB finished the year slightly short of the national target, noting that more patients were treated within the four-hour target in March 24 than in March 23.

In terms of elective care, the ICB ended the year in a very positive position, being the best performing ICB across the region. In terms of cancer, significant progress was made, especially on the faster diagnosis standard. However, challenges remained in areas such as out of area placements and dementia diagnosis in mental health, and patient experience in primary care.

It was reported that it was a mixed position on workforce and use of bank and agency staff would remain a focus in the year ahead.

The Chair made a request for the 31 objectives to be included in Board report along with the progress against these.

A query was raised on Diagnostics test and any modelling with the Community

Diagnostic Centres (CDC) and any capacity when this came on stream. It was reported that CDC would make an impact in 2024/25. It was noted that Diagnostics take up unplanned care demand rather than planned care.

It was reported that a dashboard was being built for the HNY Quality Committee to maintain a focus on quality within the context of performance.

Outcome:

The Board noted the updates provided. An update report on community diagnostic centres would be received at the June 2024 Board meeting.

11. Finance

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

An update was given on the month 12 figures. The ICB/ICS delivered a surplus of £0.5m against a full year adjusted plan of breakeven. The ICS financial pressures in 2023/24 mainly related to slippage against efficiency targets, pay costs and inflationary pressures as previously reported to the Board. These pressures have been mitigated with non-recurrent flexibilities and technical efficiencies.

It was reported that the ICB under spent on its establishment costs by £8.5 million and met the mental health investment standard. However, the ICB did not meet its agency target and it was noted that this was largely due to industrial action.

Capital expenditure, including all funding streams and International Financial Reporting Standards 16 (IFRS 16), showed a £31.4m overspend at month 12. Following some central adjustments to provider plans to reflect all additional income and profiling adjustments, the overall ICS position inclusive of additional funding streams was overspend by £9.9m. This was almost entirely on IFRS16 expenditure and is consistent with previous months' reporting. Due to significant slippage in other local systems this overspend was approved by NHS England and mitigated against other systems.

Outcome:

The Board noted the update provided and recognised the collective effort of the system to achieve the 2023/24 financial plan.

12. Board Committee Summary Reports

The Chair led the discussion on the Board committee summary reports. She reiterated the importance of these reports in providing a comprehensive view of the committee's work on behalf of the Board and their role in providing assurance and identifying matters for escalation.

The alerts for escalation were noted, as follows:

The Innovation, Research, and Improvement System (IRIS) Committee highlighted to the Board the interdependencies between the digital, data, innovation, research, and improvement and that they required further co-ordination.

The Workforce Board (Committee) drew the attention of the Board to the resilience hub and concerns regarding its long-term sustainability and operations. A review would be undertaken, and the Board sought assurance with respect to alternatives in the event that the ongoing operation of the hub was not viable.

The Quality Committee drew two alerts to the attention of the Board: the development of a maternal mental health service plan and progression of the Neonatal Critical Care Review (NCCR) recommendations, and the ongoing assurance and oversight of primary care quality to be the subject of a focussed session of the Committee at a future meeting.

In addition, the Board were advised of the increase in suicides in Northern Lincolnshire which meant that this area, now had the highest suicide rates in England. It was agreed that the Board would receive an update on this matter at a future meeting.

Outcome:

Board Members noted the content of the Committee Assurance and Escalation Reports. A report on the suicide rates in Northern Lincolnshire would be brought back to the Board.

13i Q4 Governance: Constitution and Governance Handbook

The Chair invited the Executive Director of Corporate Affairs to give an update on the Quarter 4 Governance Constitution and Governance Handbook.

It was reported that the NHS England had approved the previous amendments to the ICB's Constitution and Standing Orders, and these were published on the ICB website.

Outcome:

Board members noted the approval by NHS England of the updated ICB Constitution and Standing Orders and its publication on the ICB website.

13ii Q1 Governance: ICB Committee Terms of Reference

Minor changes to the ICB Committee Handbook and Committees' Terms of Reference were also presented for approval, as set out in the report.

Outcome:

Board members approved the updated Committee Handbook and Committees' Terms of Reference.

14. Primary Care Access Recovery Plan

The Chair invited the Primary Care Collaborative Lead to give an update on the Primary Care Access Recovery Plan.

The report detailed the achievement of the primary targets as a group of providers across the ICB, with delivery of an extra 470,000 additional appointments, resulting

in over 11 million appointments in the ICB during 2023/24 per year. This represented a 5.8% increase against a 4.3% target.

Despite the significant increase in appointments, there remained a significant gap between patient expectations and their experience of access. It was noted that the lack of continuity of care in general practice is a major issue, with only about 45% of appointments in general practice now undertaken by general practitioners. The remainder are by nurses, pharmacists, social prescribers, physiotherapists, and others.

An update was given on the issue of patient expectation, with many patients wanting to see their specific GP, which can be challenging owing to evolving work patterns of many GPs. It was noted that the average age at which GPs are retiring is reducing every year, with the average age now down to about 57 years, and for female GPs it's significantly lower.

The report also highlighted progress in moving to cloud-based telephony for all practices, the increase in the NHS app usage and the Community Pharmacy First Scheme. An update on the ongoing work on the primary-secondary care interface was given and it was noted that this was aimed at improving services that patients can self-refer to and reducing the number of times a patient is sent from a hospital admission to see their GP.

The Chair thanked the Primary Care Collaborative Lead for his engaging report and suggested that the statistic about the increase in primary care access should be communicated more widely. The Board also discussed the need for more support for female GPs and the potential for more partnership working to address capacity issues.

Outcome:

The Board noted the updates provided and agreed that reference to the positive progress against the primary care access target would be included in the annual report.

15. Marketing Campaign Update

The Chair invited the Executive Director of Communications, Marketing and Media Relations to speak to this item.

An update was given on the organisation's campaigns, providing context that the main aim of the campaigns is to provide information, advice, guidance, and education. It was emphasised that the importance of tracking and monitoring engagement with the campaigns and improving the ability to track calls to action into data.

Several campaigns were highlighted that have been delivered over the quarter, including the NHS 111 campaign, whose core aims were to increase awareness and understanding of NHS111, to encourage use of NHS111 and to reassure people where English isn't their first language about access to health and care information and treatment. Over 1,000,000 people viewed the social media advertising and over 300,000 people listened to the radio advert and over 2,000 people clicked through to NHS111 online. Extensive community insight work was ongoing to build on this

campaign, particularly in developing a deeper insight around people's understanding and use of NHS111, which will inform future activity.

An update was given on the campaign aimed at improving understanding of primary care, which included social media advertising and a cinema advert. Feedback from primary care practice managers was positive, and patient feedback indicated that around 50% of respondents had seen or heard the campaign.

The 'Swap and Stop' campaign was discussed, which ran over the New Year period and aimed to encourage smokers to quit. Approximately a quarter of a million people saw the campaign, with nearly 10,000 clicking through to the website.

Outcome:

The Board noted the updates provided.

16. Board Assurance Framework Review

The Chair led the discussion on the Board Assurance Framework Review. The Board reflected on the conversations and discussions held during the meeting, questioning whether the right risks were being tracked on the Board Assurance work. The Chair asked the Board if there were any changes or additions needed to the framework based on the discussions held during the meeting.

Nothing further to add.

Outcome:

The Board noted the discussion and will continue to ensure that the BAF is a dynamic document, used at every board meeting, to ensure oversight of key strategic risks.

17. Items for Information

The Chair highlighted the importance of the good news briefings that accompanied the Board papers, reminding the Board of the significant work and impact the ICB's staff had across the geography.

18. Any Other Business

No items of any other business.

19. Closing Remarks of Private Session

The Chair thanked all attendees for their participation and contribution.

20. Date and Time of Next Meeting

The next meeting would be held on Wednesday 12 June 2024 at 9.30 am, Conference Room, Ergo, Bridgehead Business Park, Hessle, HU13 0GD.

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
08/05/2024	01-0805	Item 8 – Voice of Lived Experience			
		That further engagement focus would be given to the 13 – 18-year-old local population.	Anja Hazebroek	June 24	Completed and Closed This has been incorporated into the engagement plan
		Future reports would include primary care data in relation to Friends and Family Test (FFT), where available	Anja Hazebroek	June 24	Completed and Closed (actioned for future VOLE Board reports)
		The ICB data from the NHS 111 engagement would be supplied to Yorkshire Ambulance Service, as the local provider of the service	Anja Hazebroek	June 24	Revised Completion Date Anja Hazebroek has advised this will likely be resolved in September due to a pause given the pre-election period.
08/05/2024	02-0805	Item 9 – Chief Executive’s Update			
		The ICB would submit a written response to the NHS Constitution consultation.	Mike Napier	June 24	Completed and Closed (On agenda for Part B)
08/05/2024	03-0805	Item 9 – Chief Executive’s Update			
		Update on development on community diagnostic centres	Jane Hazelgrave	June 2024	Completed and Closed (Included in the Private Board in June)

Date Raised	Action Reference	Item No. and Action	Owner	Due Date	Progress / Status
08/05/2024	04-0805	Item 12 – Board Committee Summary Reports			
		A report on the suicide rates in Northern Lincolnshire would be brought back to the Board.	Teresa Fenech	August	To be included on August agenda
08/05/2024	05-0805	Item 16 – Board Assurance Framework			
		Scheduling of Integrated Impact Assessment consideration of ambulance services' interface with wider system as part of Board deep dive programme	Teresa Fenech and Jane Hazelgrave	July 2024	Completed and Closed On agenda for July 2024 (UEC Item)
08/05/2024	06-0805	Item 16 – Primary Care Access Recovery Plan			
		Primary Care Case highlighted by Local Authority Partner Member to be followed up outside of meeting	Mike Napier	July 2024	Completed and Closed
		ICB annual report to include reference to 23/24 capital developments and 23/24 primary care access delivery	Karina Ellis	July 2024	Completed and Closed
08/05/2024	07-0805	Item 16 – Board Assurance Framework			
		<ul style="list-style-type: none"> • Future reports to include summary update against the 32 national performance measures. • Future reports to incorporate quality narrative. • Future updates to reference collaborative lead commentary. • National primary care benchmarking data to be considered 	Jane Hazelgrave / Shaun Jones	June 2024	Completed and Closed With continued quality improvements to be made where required