

<b>Agenda Item No:</b>	<b>16i</b>
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<b>Report to:</b>	<b>Humber and North Yorkshire Integrated Care Board</b>
<b>Date of Meeting:</b>	<b>10 January 2024</b>
<b>Subject:</b>	<b>Partnership Governance Review</b>
<b>Director Sponsor:</b>	Karina Ellis, Executive Director of Corporate Affairs
<b>Author:</b>	Mike Napier, Director of Governance and Board Secretary Sasha Sencier, Head of Governance and Development Nicky Lowe, Head of Corporate Services and System Support
<b>STATUS OF THE REPORT:</b>	
Approve <input checked="" type="checkbox"/> Discuss <input type="checkbox"/> Assurance <input type="checkbox"/> Information <input checked="" type="checkbox"/> A Regulatory Requirement <input type="checkbox"/>	

<b>SUMMARY OF REPORT:</b>
<p>Good governance is central to the running of Humber and North Yorkshire System. It ensures the system partnership arrangements are meeting the legislative responsibilities and provides assurance that specifically the ICB is conducting the duties required of a public body in an efficient and effective manner.</p> <p>The ICB and system governance processes are there to demonstrate clear accountability, transparency, are ethical and that we are well-led. It not only gives our communities, staff and partners confidence in the ICB but also provides assurance NHS England and the Government have in the ICB and system decision-making processes.</p> <p><b>RECOMMENDATIONS:</b></p> <p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>i) Discuss and note the summary of the guidance and the position for Humber and North Yorkshire in relation to the NHS England Guidance: Partnership Governance Self-assessment and Development</li> <li>ii) Discuss and approve the recommended scope and timescale to the priority 1 ICB's governance review.</li> </ul>

<b>ICB STRATEGIC OBJECTIVE</b>
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Managing Today	<input checked="" type="checkbox"/>
Managing Tomorrow	<input type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input checked="" type="checkbox"/>

<b>IMPLICATIONS</b>
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Finance	The Finance, Performance and Delivery Committee is a Committee of the ICB Board and is required to undertake compliance reviews for year-end alongside all other ICB Board statutory and non-statutory committees.
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## 1. Introduction and Purpose

- 1.1. Good governance is central to the running of Humber and North Yorkshire System. It ensures the system partnership arrangements are meeting the legislative responsibilities and provides assurance that specifically the ICB is conducting the duties required of a public body in an efficient and effective manner.
- 1.2. The ICB and system governance processes are there to demonstrate clear accountability, transparency, are ethical and that we are well-led. It not only gives our communities, staff and partners confidence in the ICB but also provides assurance NHS England and the Government have in the ICB and system decision-making processes.
- 1.3. The purpose of this paper is to:
  - i) Provide a summary of the NHS England Guidance: Partnership Governance Self-assessment and Development, which sets out four areas identified nationally for potential local self-assessment by systems.
  - ii) Propose the scope and timescale for priority one of the self-assessment which focuses on the ICB's formal governance review, and the position for each of the other priority areas.

## 2.0 Partnership Governance Self-assessment and Development

### 2.1 Context and Rationale

It is good practice to keep partnership governance arrangements under review and as the Humber and North Yorkshire Integrated Care System approaches its first full year of operation (rather than part year of 2022/23), it is timely to consider how things are working.

NHS England has also been working with ICBs and national, regional and system partners to co-develop a suite of resources for systems to use flexibly in self-assessing the effectiveness of their partnership governance arrangements. These self-assessments will form the basis for ICBs and their partners to consider how decision-making arrangements can be evolved and improved to support better integrated working and in turn improve outcomes for their populations. In addition, systems may wish to draw on other resources as relevant to their local circumstances or adapt them as they see useful.

The scope and timing for reviewing these arrangements will be locally determined following engagement with system partners and discussion between ICB Chairs and their regional directors.

### 2.2 What are the Partnership Governance Self-Assessments?

The self-assessments are a suite of resources that have been developed linked to four priority areas, these are identified as:

1	The role and functioning of the ICB board.
2	Assignment of decision-making to Place and System-level, including providers / provider collaboratives taking on greater responsibilities.
3	Commissioning decision-making, achieving system goals and implementing the Provider Selection Regime (PSR).
4	NHS system management: how the ICB and its provider partners will make decisions together to meet their shared financial statutory duties (system financial balance and capital planning) and to undertake system risk management (finance, quality and performance), including the relationship between organisational and system accountabilities.

The self-assessments should be a development activity as part of a systems wider ongoing development. They are not intended, nor required, as inputs to NHSE annual assessment of ICBs, nor Care Quality Commissions' (CQC's) assessment of ICSs, but the ICB with system partners may choose to share the outputs as relevant and timely.

They are proportionate in the context of other priorities and are concerned with how the ICB and system partners make decisions to improve outcomes for the population. This is separate and complementary to the standing expectation that ICBs will secure assurance their governance arrangements are sound as may be assessed by internal audit.

They are intended to support transparency and shared understanding across the Integrated Care System on how decisions are made, align to achievement of system goals, and relate to decision-making in other forums such as the ICP, Place, Provider Collaboratives. They enable peer learning and self-assessment, acting on 360 feedback from partners, engaging with the experience of partners including VCSE sector and people and communities.

It is recommended that the ICB Chairs having sought views from system partners propose the scope and focus of their self-assessment and they result in a clear output for agreement by the ICB and system partners, in the context of the wider development plans.

## 2.3 HNY Current Position

An initial assessment of the HNY position against the four priority areas is reflected below.

### Priority Area 1 – ICB

It is recognised that a significant amount of work has already been completed and continues around the role and functioning of the ICB.

- ***Section 3.0 of this paper sets out the ICB Formal Governance Review that will be conducted during quarter 4.***

### Priority Area 2 – Place and Provider Collaboratives

An accountability and responsibility framework was agreed in July 2023. This framework established the principles and approach to delivery and governance arrangements for place and provider collaboratives against the priorities set out in system strategies, plans and national guidance. Each Place and Provider Collaborative has an agreement to support this for 2023/24.

As we consider the future direction for how we will be working as one system, and distinctly as one organisation, we will be working through a development and transformation frame around three themes: excellence, prevention and sustainability.

- ***The work to progress the development of the system and organisation will continue during quarter 4 and will include work on Place and Provider Collaboratives and their enhanced responsibilities and decision-making.***

### **Priority Area 3 – Provider Selection Regime**

The ICB has worked through the statutory guidance and is focusing on the implementation of the Provider Selection Regime (PSR) in order to comply with the Health Care Services (Provider Selection Regime) Regulations 2023 from 1 January 2024. The PSR needs to be embedded before a detailed self-assessment can be conducted.

- ***It is proposed that a self-assessment is completed in quarter 3 /4 of 2024/25.***

### **Priority Area 4 – Mutual Accountability – Quality, Performance and Resources**

As the ICB and with our provider partners we have been making decisions together to meet our shared financial statutory duties (system financial balance and capital planning) and to undertake system risk management (finance, quality and performance), this has been strengthened through a System Performance and Improvement Board that commenced in October 2023.

- ***Self-assessment for this priority area will form part of the system and organisation development referred to above in relation to the on-going system and organisation future direction work.***

## **3.0 ICB Formal Governance Review**

- 3.1 This year’s approach draws upon the same multi-faceted methodology used in 2022/23 and covers the core elements as set out in table below. Actions identified from the previous reviews will be checked as well as any further learning from the current year.

<b>Table 1</b>	
<b>No.</b>	<b>Core Review Element</b>
1	Effectiveness of ICB Board and its Committees
2	ICB Constitution and Standing Orders
3	Updates to the Governance Handbook
4	ICB Committees’ Annual Reports
5	Committees’ Terms of Reference.

## **3.2 The Board and Committees of the Board**

The ICB Constitution requires that the Board and all its committees complete an annual review of effectiveness. The ICB’s assessments uses the Healthcare Financial Management Association (HFMA) Audit Committee Handbook guidance but, in essence, considers:

- i) what has worked well and the evidence available to support delivery of the Board's / committees' purpose.
- ii) actions necessary to address any gaps / challenges identified.
- iii) assurance with respect to actions identified from the previous effectiveness review.

The committees' effectiveness reviews and annual reports provide assurance to the ICB Board that they have conducted their business as detailed within their terms of reference and in line with the standards detailed within the ICB Constitution. The reports also support the year-end formal accountability / reporting requirements of the ICB.

The 2023/24 effectiveness review and will be supported by the Corporate Affairs Team (led by the Head of Governance & Development) with input from the individual committee secretariats. This will include reference to any 2022/23 actions previously identified.

The effectiveness review of the each of committees will also include the preparation of an annual report and a review of the Terms of Reference. The completed committee reviews will be submitted to the Board for assurance and where applicable approval of any material and relevant changes.

### **3.3 Constitution and Standing Orders**

The ICB is required to review its Constitution and Standing Orders on an annual basis, or sooner if required, and report any requirements to update the documents for the financial year. The Board has approved several changes already during 2023/24.

NHS England has confirmed that further nationally mandated amendments will be required and it is also anticipated that further local updates to reflect the increasing maturity of the integrated care system and joint working arrangements will need to be made. All changes will require approval from NHS England in accordance with the Act.

### **3.4 Governance Handbook (including the Scheme of Reservation and Delegation and the Operational Scheme of Delegation)**

For the purposes of the Q4 governance review, the documents detailed at Appendix A will be considered and updated as appropriate regardless of any reviews that have taken place throughout the year.

## **4.0 Next steps**

A number of next steps have been captured throughout the report and in summary include:

- ICB Formal Governance Review that will be conducted during quarter 4.
- Development of the system and organisation that will continue during quarter 4 and will include work on Place and Provider Collaboratives and their enhanced responsibilities and decision-making and what this means for mutual accountability in relation to Quality, Performance and Resources.
- A self-assessment of the Provider Selection Regime to be completed in quarter 3 /4 of 2024/25.

In addition to these actions, the Chair has committed to meeting with each member of the Board during Quarter 3 to understand Board Members personal experiences and thoughts on the effectiveness of the Board.

## **5.0 Recommendations**

The Board is asked to:

- i) Discuss and note the summary of the guidance and the position for Humber and North Yorkshire in relation to the NHS England Guidance: Partnership Governance Self-assessment and Development.
- ii) Discuss and approve the recommended scope and timescale to the priority 1 ICB's governance review.

**END.**

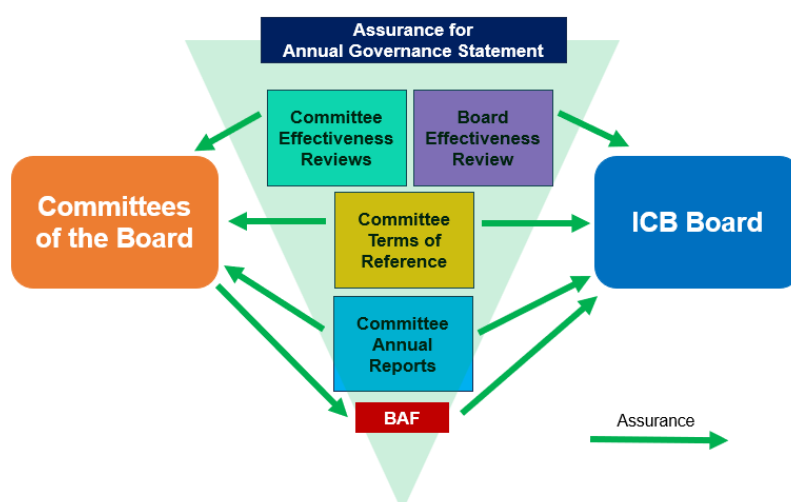
## Supplementary Information – ICB Quarter 4 Formal Governance Review

### 1.1 ICB Board and Committees

When referring to the ICB Board and ICB Board Committees Chairs and Executive Director Leads, the following table should be referred to:

Meeting	Chair	Executive Lead
ICB Board	Sue Symington	Stephen Eames
ICP Committee	Sue Symington	Stephen Eames
Audit Committee	Stuart Watson	Jane Hazelgrave
Remuneration Committee	Mark Chamberlain	Jayne Adamson
Quality Committee	Mark Chamberlain	Teresa Fenech
Executive Committee	Stephen Eames	Stephen Eames
Finance, Performance & Delivery Committee	Jane Hazelgrave	Jane Hazelgrave / Amanda Bloor
Clinical Care & Professional Committee	Dr Nigel Wells	Dr Nigel Wells
Population Health & Prevention Committee	Co-chaired: Director of Public Health (NYCC) / CE of CHCP	Amanda Bloor
Digital Committee	Dr Nigel Wells	Dr Nigel Wells
People Committee (Workforce Board)	Jason Stamp	Jayne Adamson
IRIS Committee	TBC	Dr Nigel Wells
Pharmaceutical Services Regulations Committee	Julie Warren	Amanda Bloor

It should be noted that there are currently eleven committees, plus the Board and the ICP, that are within scope to undertake year-end reviews of effectiveness and this report relates to these arrangements. There are no formal of the Sector Collaboratives or joint committees established at Place, so such reviews are not required at this stage.



### Additional Assurance: Internal Audit Reviews

Additional assurance will also be gained through year end Internal Audit reviews. Evidence will be gathered and tested, strengthening the overall opinion of assurance. Any recommendations agreed



with Internal Audit on the outcome of the audits will help to inform our future thinking and culminate in a continuous cycle of improvement. We will look to involve Internal Audit in the work to ensure their expertise and knowledge relating to other ICBs is considered.

## 1.2 Governance Handbook

The HNY ICB maintains a Governance Handbook which sets out our governance structures and arrangements, including respective terms of reference, decision making powers and membership.

The Governance Handbook brings together a wide range of documents that support our Constitution and our commitment to the principles of good governance, including:

Document	Review Lead
Governance Handbook – Overview and General Sections	Corporate Affairs Directorate (Governance)
Standing Financial Instructions	Finance and Investment Directorate
Operational Scheme of Delegation (OSD)	Finance and Investment Directorate
Scheme of Reservation and Delegation (SOSD)	Corporate Affairs Directorate (Governance)
Governance Structure and Summary	Corporate Affairs Directorate (Governance)
Functions and Decisions Map	Corporate Affairs Directorate (Governance)
Special Roles	Corporate Affairs Directorate (Governance)
Committee Terms of Reference (x 11)	Corporate Affairs Directorate (Governance)
Governance summary structure	Corporate Affairs Directorate (Governance)
Special Roles	Corporate Affairs Directorate (Governance)
List of HNY providers of primary medical services	Corporate Affairs Directorate (Governance)