

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

WEDNESDAY 11 SEPTEMBER 2024 FROM 09:30 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
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
Emma Sayner	HNY ICB Acting Executive Director of Finance & Investment

Apologies:

Amanda Bloor	HNY ICB Deputy Chief Executive / Chief Operating Officer
Jane Hazelgrave	HNY ICB Acting Deputy Chief Executive / Chief Operating Officer
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality

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

Present:

Andrew Burnell	Partner Participant (Community Interest Companies)
Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & Media Relations
Brent Kilmurray	Partner Participant (Mental Health, Learning Disabilities and Autism)
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Dr Simon Stockill	Primary Care Collaborative Lead
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)
Mike Napier	Director of Governance and Board Secretary
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Shaun Jones	HNY ICB Director of Planning and Performance

Apologies:

Helen Grimwood	Partner Participant (Healthwatch)
Professor Charlie Jeffery	Partner Participant (Further Education)

"Observers" and Individuals Presenting Items

Alison Flack	Programme Director, Mental Health, Learning Disabilities & Autism Collaborative Programme – Item 8 and Item 14
Debbie Lowe	Place Nurse Director (Hull & East Riding of Yorkshire)
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.

The Director of Planning and Performance, Shaun Jones, was welcomed to the meeting and he would speak to operational performance matters in the absence of the Deputy Chief Executive / Chief Operating Officer and the Acting Deputy Chief Executive / Chief Operating Officer. The Place Nurse Director (Hull & East Riding of Yorkshire), Deborah Lowe, was attending in the absence of the Executive Director of Nursing and Quality. She was also welcomed to the meeting by the Chair

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 14 August 2024

The minutes from the previous meeting held on 14 August 2024 were checked for accuracy and the Board agreed them as a true and accurate record.

Outcome:

Board Members approved the minutes of the meeting held on 14 August 2024

5. Matters Arising and Actions

The Chair led the Board discussion on the action tracker updates. It was noted that five items were not yet due, the action relating to financial particulars of the Jean Bishop

Centre had been revised for receipt in October 24 and the final action had been completed and closed.

Reference was made to the previous meeting's consideration of the urgent emergency care (UEC) system pressures and local work focussing on frequent users of emergency departments. It was agreed that the impact of this work would be considered as part of future UEC updates to the Board.

It was also agreed that the further analysis of approximately 90% of the ICB Freedom to Speak Up contacts being from women of Black, Asian and minority ethnic backgrounds would be captured as an action and included in the next FTSU report to the Board.

Outcome:

Board Members noted the action tracker updates and additional two actions to be included in the Board forward plan.

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.

Risk A1 (Patient Safety) - it was noted that the Urgent and Emergency Care (UEC) Place Recovery Plans were subject to weekly review and monitoring through the three Place UEC Boards. The executive-to-executive level UEC hospital site visits had commenced, with York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT) being the first visit to have been completed.

Consideration was given to system preparations for winter and the impact of UEC pressures on the BAF risk rating. It was reported that the national winter planning guidance was still awaited, however system planning and preparation had already commenced. It was also acknowledged that while sustained UEC recovery was needed, the previous month had seen an improvement in performance and the convening of the clinical leaders' summit. Performance would continue to be monitored closely as a system however it wasn't considered necessary to increase the relevant BAF risk rating at this point.

The maturity of the BAF was commended. The option to interrogate in greater detail the risks and mitigations for risk A1 (Patient Safety) would be kept under review and Risk C3 (Final Sustainability) would be reviewed further in the light of a system financial summit which is to be held shortly.

Outcome:

Board Members discussed and approved the updated Board Assurance Framework.

8. Voice of the Lived Experience

The Chair welcomed Alison Flack, Programme Director for the Mental Health, Learning Disabilities & Autism Collaborative Programme to the meeting. She gave context to their work and described the importance of the voice of lived experience in directly informing the programme. Examples of the system's approach to engagement with children and young people with mental health services were given. This included empowering work relating to Trauma Informed Care, which was highlighted through a short video.

The Board commended the programme on their fantastic engagement work. The importance of the programme's relationship with local education was highlighted, as well as the opportunity to influence the current review of Ofsted's inspection regime to enable a greater focus on vulnerable children.

It was also noted that health inequalities bid funding had recently been secured which was part of the Core20 +5 initiative and would focus on young care givers.

Outcome:

The Board noted the contents of the update and commended the programme on the important work they were undertaking.

CONTEXT, PERFORMANCE AND ASSURANCE

9. Chief Executive Update

The Chief Executive led this item, which covered the ICB's response to the recent civil unrest as well as an update to the direction of travel under the new Government for the NHS and how this directly related to the ICB's system design for the future work.

The Executive Director of People reminded members that the recent civil unrest at the beginning of August 2024 had directly affected areas within the ICB, including scenes of serious unrest and violence Hull which the Chair and Chief Executive had condemned absolutely on behalf of the ICB. The previous Board meeting was advised that a series of staff listening events were being convened by the ICB and the level of trauma and impact expressed at these events were described to the Board. The output from the listening events would be shared with the Humber and North Yorkshire Assembly and feedback would be provided so that actions could be undertaken. Further conversations would take place and a plan of action would be developed in terms of further support the ICB could facilitate as a system.

It was noted that a film with regard to this had also been shared at a recent Quality Committee meeting about a member of staff from an ethnic minority background, talking about her experience and the experience of her colleagues and it was suggested that

this would be shared with the Board.

The Chief Executive then summarised the overarching national direction for the NHS from the new Government. Further detail was anticipated from the report commissioned by the Secretary of State for Health and Social Care from Lord Darzi and which would be published on 12 September 2024.

This would preface the new national plan for the NHS and would build on the three core themes that were already known, as follows:

- Moving more care out of hospital
- Better utilisation of technology and data
- Boosting prevention

Further focus would be given to same day emergency care, complex care, end of life and palliative care, mental health, learning disability and long-term conditions.

These priorities aligned to the ICB's mission and the Secretary of State for Health and Social Care via the NHS Executive was seeking to deliver a 10-year program of transformation for health and the NHS. The short-term focus also remained with respect to public priorities, such as waiting list reduction, access to primary care and mental health services.

There would be a three phase approach to the national process; Phase 1 running from October to engage and develop the vision for the health and care model, Phase 2 would be deliberating and developing solutions, and the third phase would be to check, challenge and consolidate with the intention of commencing implementation from April 2025 for the 10-year program. Guidance would be issued to support this process to all NHS organisations with the expectation to collectively move this forward.

It was acknowledged that the national approach was already consistent with the ICB's Design for the Future work, which would be launched from 16 October 2024.

Discussion took place and it was agreed that the desired local model would see the system delegate effectively local decisions to local partners or collaboratives, with specific criteria for requirements. This model would also facilitate the delivery of specialist care needs from where they were best able to be provided.

Community transport was also a key factor to be considered within this context and the work being undertaken by the Voluntary Community and Social Enterprise (VSCE) Collaborative in this respect was noted.

The central importance of the work of the ICB and the system in tackling deprivation and inequalities across Humber and North Yorkshire was reemphasised.

Outcome:

The Board noted the updates provided.

10. Performance Report

The Chair invited the Director of Planning and Performance to give an update on the latest performance position. Of the ICB's 10 priority indicators, five were improving, four were at variable levels and one had declined. The latter related to the community waiting

list in terms of progress against the ICB's plan and associated trajectories.

As confirmed by the Chief Executive earlier in the meeting, Urgent Emergency Care (UEC) performance had improved during August period, although there was a risk of this reducing back during September 2024 on account of seasonal variation. A great deal of remedial actions were continuing to be taken across the system.

It was reported that achievement of the planned care target of zero patients waiting over 65 weeks for planned care by September 2024 was unlikely. The planned trajectory for diagnostic services of 23.9% was marginally not met with the ICB's performance being 24.2%. The Cancer services priority indicator of 62 days from referral remained on track, albeit there was some variation and the system was working hard to bridge this gap. There was variance in delivery of the primary care priority indicator, although there was some variation.

The industrial action had not caused impact on people attending the Emergency Department (ED), although it was recognised that this position could change as there was a lead in period to feel the impact of the GP.

It was also noted that absenteeism performance had slightly improved within the workforce domain and community services continued to report mixed position, with work taking place to improve this.

In conclusion, the positive improvements were recognised however there remained a number of performance areas that remained very challenged.

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 for Month 4. The report was taken as read and covered the financial position up to end of July 2024, with a further update to be given on the emerging Month 5 position to be given in private.

The Month 4 revenue position for the system was reported as a deficit of £49.98m against a year-to-date plan deficit of £50.02m, giving an adverse year-to-date variance against plan of £0.04m. This was an improvement from the Month 3 position, mainly as a result of Elective Recovery Fund delivery and reduction in clinical supplies costs.

It was also reported that the run rate and expenditure profile were coming down, in order that this could be achieved by the end of the year. The £50 million deficit for 2024-2025 would be covered by deficit support allocation funding but would need to be paid back subsequently.

The capital expenditure position saw an underspend as at Month 5, mainly as a result of schemes starting later than planned. The forecast position for the system was that expenditure would align with plan following confirmed adjustments for additional income to support provider specific schemes.

The proactive interventions and escalations being pursued by the system were summarised, including weekly Directors of Finance and Directors of People meetings and a multi-disciplinary finance summit in mid-September 2024 to focus on set of clear delivery plans including milestones to support 2024/25 delivery and also to consider longer term opportunities.

The significance of service redesign and transformation was discussed, and the importance of quality impact assessments to inform this work was recognised. The positive impact of workforce as an entire system operating in the most effective and productive way was also acknowledged.

Outcome:

The Board

- Noted the Month 4 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.

Outcome:

The Board noted the updates provided.

13. Place Quarterly Update

The Chair invited the Executive Director of Strategy to lead the Place quarterly update.

The continued importance of a place-based approach in health and care delivery was emphasised, with local initiatives highlighted in the report that were tailored to meet the unique needs of different areas and reflecting the balance between consistency and leveraging local assets.

Further information was sought about the Brazilian Model referenced within the report. This was an enhanced social prescribing model, which focused more broadly on the family and communities rather than just the individual. The model had also seen wider positive impacts elsewhere in relation to education, training and employment.

The Board reflected on the balance between achieving consistency in service delivery and leveraging local assets, acknowledging the need for a nuanced approach that respected both system-wide standards and local uniqueness.

Outcome:

Board Members noted the developments of the Board report and progress towards delivery of key strategic ICB priorities through Place delivery.

OTHER MATTERS FOR THE BOARD

14. Mental Health, Learning Disability and Autism Collaborative – Update

The Partner Participant for Mental Health, Learning Disability and Autism Collaborative (MHLDA) introduced the update and the MHLDA Programme Director provided an overview of the current work programmes, developments and performance across the Humber and North Yorkshire Care system.

Reference was made to the progress in developing the future model for the MHLDA Collaborative through joint venture work and this would be brought back to the Board in due course. There remained a focus on the workforce in terms of the ethos of an agile ICB within a flourishing system and it was noted that the MHLDA Collaborative strategy was being refreshed.

Progress was being made in the increase in dementia rates and work was being led by Dr Stella Morris, Director of Medical Education, with regards to Serious Mental Illness (SMI) physical health checks and how to support people in the most effective and safe way.

Reference was made to the focused review of local assurance processes underway in the light of the CQC Special Report into Nottinghamshire Healthcare NHS Foundation Trust, including with regard to the provision for intensive management and support for relevant patients. Work was also taking place in the repatriation of out of area patients and how to most effectively support these individuals.

World Suicide Prevention Day had been on 10 September 2024 and work was taking place by Hull and East Yorkshire MIND to train local businesses and support those interested in getting involved.

It was highlighted that release of Service Development Funding (SDF) funding remains key to the success of a number of the programmes, including out of area placements, children and young people and dementia to deliver against the NHS Long Term Plan.

A revised maternal mental health service model was expected to be completed by the end September 2024, which sought to co-ordinate how services to patients were delivered by providers in the most effective way.

Outcome:

Board Members:

- Noted the updates provided.
- Considered the risk of delaying further the release of Service Development Funding (SDF) and the impact of non-achievement of national, regional and local targets.

15. Board Assurance Framework Review

The Board considered the Board Assurance Framework in the light of the items discussed during the meeting.

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.

16. Items for Information

The Chair drew members' attention to the positive developments set out in the news briefings provided.

A question from the public was then received regarding training provision for medical staff with respect to Special Educational Needs and Disabilities (SEND).

The Board first reiterated the importance of listening to the voice of lived experience, and the need for ongoing training and understanding of neurodiverse needs amongst staff.

It was confirmed that training was a requirement for all health care professionals. This including through safeguarding training, which had a specific element relating to SEND, and the Oliver McGowan training which had been discussed by the Board previously.

The role of SEND Coordinators was also highlighted in improving service delivery and aligning support across childrens services, health and education. It was noted that the ICB had a strategic lead for SEND and SEND Joint Area Partnerships were also established. The co-ordination and provision of training was a central focus of these partnerships.

It was confirmed that a letter of response to the question would be sent in the light of the discussion. This would include contact details where further information and support was available if desired.

17. Any Other Business

No matters of any other business were received.

18. Closing Remarks of Meeting

No closing remarks were made.

19. Date and Time of Next Meeting

The next meeting would be held on Wednesday 9 October 2024 at 10.40 am.

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
11/09/2024	01-1109	8 – Board Assurance Framework			
		Board to consider Deep dive of Risk A1	Karina Ellis / Teresa Fenech	November 2024	Not Due – to report at November Board
11/09/2024	02-1109	5 – Matters Arising			
		It was agreed that the further analysis of approximately 90% of the ICB Freedom to Speak Up contacts being from women of Black, Asian and minority ethnic backgrounds would be captured as an action and included in the next FTSU report to the Board.	Nigel Wells	February 2025	Not Due
11/09/2024	03-1109	16 – Items for Information			
		Response to be given full regarding the question from the member of the public and the response to be published on the ICB website.	Mike Napier	October 2024	COMPLETED

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