



HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

**WEDNESDAY 12 MARCH 2025 AT 9:30 HOURS, SYNERGY SUITE, HEALTH HOUSE,
GRANGE PARK LANE, WILLERBY, HU10 6DT**

Attendees and Apologies

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

Present:

Mark Chamberlain	(Vice-Chair) HNY ICB Non-Executive Director
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 Acting Chief Executive
Jonathan Lofthouse	Provider Partner Member
Mark Brearley	HNY ICB Interim Executive Director of Finance and Investment
Richard Gladman	HNY ICB Non-Executive Director
Stuart Watson	HNY ICB Non-Executive Director

Apologies:

Amanda Bloor	HNY ICB Acting Chief Executive
Stephen Eames	HNY ICB Chief Executive
Sue Symington	(Chair) HNY ICB Chair
Teresa Fenech	HNY ICB Executive Director of Nursing & Quality

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

Present:

Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & Media Relations
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)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships

Apologies:

Andrew Burnell	Partner Participant (Community Interest Companies) – Via Teams
Brent Kilmurray	Partner Participant (Mental Health, Learning Disabilities & Autism)
Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Dr Deepti Alla	HNY ICB Associate Non-Executive Director
Helen Grimwood	Partner Participant (Healthwatch)
Professor Charlie Jeffery	Partner Participant (Further Education)

"Observers" and Individuals Presenting Items

Abby Combes	HNY ICB Deputy Director of Governance, Legal & Regulatory
Dr Helena Ebbs	Clinical Place Director – North Yorkshire and York
John Mitchell	HNY ICB Associate Director IT
Michelle Carrington	HNY ICB Place Nurse Director North Yorkshire and York / Deputy Executive Director of Nursing

Professor Dumbor Ngaage	HNY ICB Associate Non-Executive Director
Rachel Baillie-Smith	HNY ICB Deputy Director or People
Sasha Sencier	HNY ICB Head of Governance and Compliance
Shaun Jones	HNY ICB Director of Performance and Planning
Emma Jones	HNY ICB Business Services Senior Officer (Corporate Affairs)

BOARD GOVERNANCE

1. Welcome and Introductions

The Vice-Chair was chairing the meeting today and welcomed everyone to the meeting.

It was noted that Jayne Adamson was deputising for the Acting Chief Executive. Michelle Carrington was covering for Teresa Fenech as the Executive Director of Nursing and Quality. Shaun Jones was deputising for the Chief Operating Officer, and Helder Ebbs was deputising for Nigel, who was joining from Australia but not actively participating due to the time difference.

The Board was reminded that the meeting was being recorded and would be shared with the public for that purpose. Artificial intelligence (AI) was assisting in the minuting.

2. Apologies for Absence

The Vice-Chair noted the apologies as detailed above. It was further noted that deputies do not count towards quorum, however it was confirmed that the meeting was quorate with those in attendance.

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, although it was noted that there might be declarations when discussing general practice from clinicians present.

4. Minutes of the Previous Meeting held on 12 February 2025

The minutes from the previous meeting held on 12 February 2025 were checked for accuracy and the Board agreed them as a true and accurate record, subject to the following amendments:

It was noted the minutes would be signed by the Vice-Chair.

Outcome:

Board Members approved the minutes of the meeting held on 12 February 2025 and noted the above verbal updates.

5. Matters Arising

The Vice-Chair led the Board discussion on the matters arising, noting all actions had been completed:

Stuart Watson raised a question about follow-up actions on Artificial Intelligence (AI) and cognitive rehabilitation for dementia. It was noted that Max Jones had provided an update on the AI response, mentioning the creation of an AI plan and ongoing pilot projects. The update on cognitive rehabilitation for dementia would be checked with Teresa Fenech upon her return from leave.

The Chair asked if there were any other matters of business for the public meeting, and there were none.

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. Voice of the Lived Experience

The Executive Director of Communications, Marketing and Media Relations presented the item, mentioning that this month includes a film showcasing the voice of a community member.

An update was provided on the work delivered through the Centre for Excellence for Tobacco Control in Humber and North Yorkshire. This includes the delivery of the ICB's first mass media campaign.

The government awarded a grant to local authorities to support their stop smoking provision. The Centre for Excellence, led by Scott Crosby, facilitated the pooling of funds from Humber and North Yorkshire, West Yorkshire, and South Yorkshire to deliver a combined mass media campaign.

The campaign includes a TV advert, gifted by the Greater Manchester team, and a dedicated website for public information. The campaign targets adult smokers aged 35 to 54 and would run for eight weeks starting on 25 March 2025. The campaign was supported by local initiatives and training for the stop smoking workforce.

The Board queried why the campaign targets the 35-54 age group instead of younger people and it was explained that this age group has the highest smoking rates.

The Board inquired about the expected impact of the campaign based on similar initiatives and the success of the Greater Manchester campaign was highlighted.

The importance of infrastructure to support increased public interest and public health funding for smoking cessation services was highlighted. It was confirmed that stop smoking services were available across councils.

The discussion addressed the need for targeted efforts and robust infrastructure to support increased public interest.

Outcome:

- **Board Members noted and discussed the key themes.**

8. Board Assurance Framework

The Executive Director of Corporate Affairs presented the Board Assurance Framework (BAF), noting no substantial updates this month. It was noted that the annual review would be conducted for the April meeting and any outcomes would feed into the development of any new risks required for 2025/26.

Outcome:

Board Members:

- **Discussed any updates.**
- **Approved the updated Board Assurance Framework.**
- **Noted that the annual review of the BAF would be taken to the April Board.**
- **Identified any further areas of risk that may impact on the delivery of the ICB strategic objectives.**

CONTEXT, PERFORMANCE AND ASSURANCE

9. Chief Executive Update

The Acting Chief Executive provided an update on several key areas:

Planning: The plans were submitted on 26 February 2025, with a revised submission due on 27 March 2025.

Staff Survey: The results of the staff survey were currently embargoed and would go live tomorrow. A detailed discussion was planned for the private part of the Board meeting.

NHS Changes: Recent changes at senior levels in the NHS were noted, with further communications expected.

COVID Anniversary: National events marked the 5th anniversary of COVID, with mixed views on their impact.

GP Contract: Helena provided details on the new GP contract, highlighting a 7.2% cash growth, streamlining of targets, and a focus on cardiovascular disease.

In respect of the GP Contract update, the Board queried the streamlining of targets and potential impacts on services. Helena acknowledged the risk but emphasised the collaborative effort to support vulnerable populations. It was added that the funding mechanism for annual health checks remains, and the focus on cardiovascular disease

includes vulnerable groups. It was agreed that a Board development session would be helpful to understand general practice funding.

Outcome:

The Board noted the update provided.

10. Place Arrangements

The Executive Director of Strategy & Partnership introduced the paper and the establishment of joint committees between the ICB and five Places: North Yorkshire, North Lincolnshire, Hull, East Riding, and North East Lincolnshire. He emphasised that this was an infrastructure piece for governance, addressing a governance deficit where significant amounts of money in pooled budgets lacked shared oversight.

The aim was to scale commissioning at the system, place, and neighbourhood levels, moving decision-making closer to those who know best and to communities. This aligns with the subsidiarity principle and embraces the legitimacy of the democratic mandate at Place.

Peter Thorpe highlighted the importance of aligning significant health resources with local authority resources, creating transparency and enabling better decision-making around public spending. He noted that this comes with accountability to both the Board and political cabinets in each place.

Karina Ellis added that a similar model was established in North East Lincolnshire last year, which has been used to create these new joint committees. She mentioned that the appended draft terms of reference for the joint committees were adjusted slightly for local nuances.

Karina Ellis also noted that some elements of Section 75 agreements are already in place, while others would require adjustments or new agreements. The work was underway, and the report asks for the Board to approve the joint committees including the draft outline terms of reference and delegate authority for finalising Section 75 arrangements.

Councillor Jonathan Owen expressed concerns from an East Riding perspective, noting suspicion among colleagues about pooling budgets, which could take up a significant portion of the Council's budget. He emphasised the importance of alignment rather than pooling from day one and mentioned that the Better Care Fund has worked well.

Peter responded by acknowledging the suspicion but clarified that the intent was to align budgets and create visibility for better decision-making. He emphasised that this does not change anything from day one and was about creating conditions to influence thinking and decisions.

Councillor Jonathan Owen reiterated his support for the initiative but highlighted the need to positively promote the changes to those not directly involved. He also raised the issue of representation on the Board, suggesting the inclusion of directors of adult or children's social care.

Jason Stamp supported the initiative, emphasising the importance of liberating Place and using local assets effectively. He mentioned the success of previous Clinical Commissioning Groups (CCGs) and the need for the ICB to act as a convener rather than

getting in the way.

Jason Stamp also highlighted the importance of accountability and the need for clear relationships and mechanisms to hold people to account. He stressed the need for the ICB to enable place functions and connect strategically.

Peter Thorpe agreed, noting that the ICB should not be in the way and should enable collaboratives and Place functions. He mentioned the need to keep evolving the understanding of the ICB's role and the importance of system-level functions.

Councillor Jonathan Owen asked about the consultation process in North Yorkshire and York. It was explained that they consult the public whenever they do Section 75 arrangements to gather views on the proposals.

Michelle Carrington added that the ICB already convenes various groups, such as population health hubs and place quality groups, to support place functions. She emphasized the importance of collaboration to improve pathways and support children.

Stuart Watson supported the initiative but suggested establishing baselines to measure the effectiveness of the joint committees over time. Karina agreed and mentioned that the place framework and planning guidance include expectations for plans and progress reports.

The Board approved the formation of joint committees for North Yorkshire, North Lincolnshire, Hull, East Riding, and North East Lincolnshire including a draft terms of reference that would be adjusted accordingly for each place.

The Board delegated authority to the Executive Director of Strategy and Executive Director of Corporate Affairs with the Place Directors to finalize Section 75 arrangements.

Outcome:

The Board:

- **Approved formation of a Joint Committee with the supporting and relevant Section agreement from April 2025 between the following:**
 - HNY ICB and City of York Council
 - HNY ICB and North Yorkshire Council
 - HNY ICB and North Lincolnshire Council
 - HNY ICB and Hull City Council
 - HNY ICB and East Riding of Yorkshire Council
- **Delegated authority to the Executive Director of Strategy and Executive Director of Corporate Affairs with the Place Directors to finalise the Section 75 arrangements for 2025-26 with the following:**
 - HNY ICB and City of York Council
 - HNY ICB and North Yorkshire Council
 - HNY ICB and North Lincolnshire Council
 - HNY ICB and Hull City Council
 - HNY ICB and East Riding of Yorkshire Council

11. Specialised Commissioning Arrangements

The Executive Director of Corporate Affairs introduced the specialised commissioning arrangements paper, reminding the Board of the previous update provided by Jane Hazelgrave.

From April 2025, ICBs would assume commissioning responsibility for 84 of the 154 specialised services previously managed by NHS England. The purpose of this item was to present the formal documentation for approval, including the terms of reference, delegation agreement, collaboration agreement, and operating model. It was noted that South Yorkshire ICB would be the host for this arrangement.

A concern was raised about the complexity around staffing arrangements and the potential impact of recent recruitment freezes on the capacity to deliver these services. There was a query if there were assurances that the right staff with the right skill sets would be in place.

Jayne Adamson responded, acknowledging the concern and noting that discussions with other ICBs indicated they were close to resolving staffing issues, which would mitigate the risk profile.

This was followed up querying if Hill Dickinson, the legal entity involved, had provided a final opinion on the documentation. Karina Ellis clarified that Hill Dickinson had drafted most of the documentation, and there was some work to do on the ICB's Operational Scheme of Delegation (OSD), which would be addressed in the April Board meeting.

Members expressed support for the delegation, noting that it aligns with the strategic commissioning role of the ICB and was a step towards taking more responsibility for specialised services.

Shaun Jones highlighted the risks related to capacity and the need for assurances. He also pointed out the reference to EPRR functionality and the need for further work to minimize risks before transferring responsibilities.

The Board queried if the list of services in scope had been provided and suggested including specialised commissioning as a risk on the risk register due to financial and reputational risks. It was confirmed that the list of services was included in the supplementary information and agreed to consider adding specialised commissioning to the risk register during the review of risks.

Brent Kilmurray mentioned the existing lead provider arrangement for mental health specialised commissioning and emphasised the need to ensure this arrangement was not negatively impacted. He suggested it could be a model for future arrangements.

The Board approved the terms of reference, delegation agreement, collaboration agreement, and operating model for specialised commissioning.

Outcome:

Board Members:

- **Noted the update on progress made in moving towards delegation.**

- **Approved the formal establishment of a Y&H Joint Committee for Specialised Commissioning and the associated Terms of Reference.**
- **Approved the sign off of the delegation agreement by the Executive Lead SRO, subject to no material risks being identified ahead of delegation.**
- **Approved the sign off of the collaboration agreement by the Executive Lead SRO, subject to no material risks being identified ahead of delegation.**
- **Approved the operating model (contained within Schedule 9 of the Delegation Agreement).**
- **Noted the Operational Scheme of Delegation (OSD) and Scheme of Reservation & Delegation (SORD), and associated updates, would be presented to the April Board.**

12. Finance Report

The Interim Executive Director of Finance and Investment presented the Finance Report, noting that the ICB has a deficit of £26.4 million at the end of month 10.

Following verification work and discussions with providers, an agreement was reached with NHS England for an allowable deficit of £34.4 million, which sets the target for year-end. Mark Brearley confirmed that providers were working towards this target, and efforts were now focused on planning for the 2025-2026 financial year.

Stuart Watson raised a concern about the capital spending, noting a significant hill to climb between months 10 and year-end. He asked for comments on this challenge. Mark Brearley acknowledged the issue, explaining that capital spend often starts slowly due to decision-making processes. He assured that the NHS typically manages to meet its capital spending targets by year-end, despite the challenges.

Mark Brearley mentioned that the 2025-2026 financial year would see a significant increase in capital, with early confirmation of values in the planning cycle, which should help manage the issue better.

Stuart Watson also asked about efficiencies, specifically referencing Table 4 and the variances by providers. He inquired about lessons that could be learned from the positive variances seen in one provider. Jonathan Lofthouse responded, noting that there was greater harmonisation of single pathways and systems across providers, which should lead to better transparency and efficiency in the 2025-2026 operating year. He highlighted the harmonisation between the North and South Bank as a demonstration of the art of the possible within a commutation system.

Mark Brearley added that providers should plan effectively and deliver on their efficiency schemes. He emphasized the importance of planning early and ensuring that efficiency schemes were achievable.

Richard Gladman asked about the negative variances on agency spend and whether this signals a lack of necessary controls. Mark Brearley acknowledged the ambition to reduce agency spend and noted significant success in this area. He mentioned that challenges remain, particularly with agency medical staff in health specialties, but efforts would continue to address these issues.

Jayne Adamson added that the ICB has made significant progress in reducing agency spend, particularly in nursing, and was about to launch a collaborative bank to help further. She noted that the remaining challenges were primarily in the medical area, linked to

difficult-to-recruit roles and how rotas were managed.

Stuart Watson raised a governance point for the new budget year, asking about oversight of the final plan submission at the end of March. It was confirmed that an extraordinary Board meeting was planned for the morning of the 25 March to address this.

The Board discussed the Finance Report, addressing concerns about capital spending, efficiencies, agency spend, and governance for the new budget year. The Board acknowledged the efforts to manage the deficit and plan for the 2025-2026 financial year.

Outcome:

The Board

- **Noted the Month 10 system financial position for 2024/25.**
- **Noted the mitigating actions being pursued in year to deliver 2024/25 financial plan.**

13. Performance Report

The Director of Planning and Performance provided the latest performance report, highlighting key metrics and performance indicators. The data in the report is primarily for December, with some updates for January. Of the 10 main measures tracked, 5 showed improvement, 3 were variable, and 2 worsened.

Shaun Jones noted an improvement in urgent care in January compared to December, although it was slightly behind the plan. He emphasized the significant improvement in ambulance handover delays, which has reduced patient safety risks. This improvement was attributed to initiatives at Hull, LAG, and York, particularly the 45-minute handover initiative.

On planned care, challenges with the 65-week wait target were noted, indicating that the ICB would not meet the target by the end of March. Diagnostic performance had a slight dip due to increased use during the winter period.

Shaun reported that cancer performance was on plan, but there were variabilities and challenges, particularly at Hull. He also noted that most other areas showed continued improvement.

Jayne Adamson added to the discussion on workforce, highlighting that while the ICB was over plan in terms of whole-time equivalents, the cost was higher than planned. She pointed out that agency spend was below plan in terms of whole-time equivalents but higher in cost, primarily due to medical agency spend.

Anya Hazebrook highlighted a positive development in the Women's Health hubs, noting that the ICB has delivered 24 hubs, significantly exceeding the target of one. These hubs were operational through over half of the PCNs, serving over 55% of women in Humber and North Yorkshire.

The Board acknowledged the efforts to manage performance and improve key metrics, with a focus on reducing ambulance handover delays and addressing workforce challenges.

Outcome:

Board Members:

- **Note the development of the Board performance report in terms of its content, length and presentation.**
- **Considered and discussed the performance report: - in particular, the issues highlighted in the cover sheet.**

14. Board Committee Summary Reports

The Chair introduced the items for escalation from the Board Committee Summary Report and the alerts for escalation were noted, specifically regarding the following:

Population Health and Prevention Committee: One alert was flagged regarding the lack of evidence to close or amend BAF Risk B1. It was agreed that the committee needs to address the alignment issues with the wider partnership visions and priorities.

Workforce Board: There were no area to alert the Board to, however the with adult social care workforce strategy was highlighted, emphasising the importance of joint efforts. The Board also discussed the upcoming workforce event focused on year four of the workforce program. The collaboration with adult social care was a positive development, and the upcoming workforce event would address new strategic shifts.

Finance Performance and Delivery Committee: One alert was flagged discussed, and the Board noted the approval of a contract award for non-emergency patient transport services for Yorkshire Ambulance Service (YAS) for a five-year period. The need to align the approval of large contracts related to the planning process with the final plans for next year was also noted.

Outcome:

Board Members noted the content of the Committee Assurance and Escalation Reports.

OTHER MATTERS FOR THE BOARD

15. Board Assurance Framework Review

The Board conducted a final review of the Board Assurance Framework (BAF) in light of discussions held throughout the meeting. The Vice-Chair asked if any additional changes or updates were required based on the meeting's deliberations.

Peter Thorpe highlighted the absence of risks related to relationships with place and empowering collaboratives. The Board agreed that the BAF needs to be updated to reflect new risks and strategic objectives.

Outcome:

- **Board Members noted the changes to be made to the Board Assurance Framework in the light of their discussions at the meeting.**

17. a. Items for Information

The Vice-Chair drew members' attention to the positive developments set out in the news briefings and encouraged everyone to read these and were reminded that as system there were as some really fascinating, important and useful things taking place.

b. Questions from the public

The Vice-Chair noted that there were no questions from members of the public.

Outcome:

Board Members noted that there had been no questions received.

18. Any Other Business

There were no items of Any Other Business.

19. Closing Remarks of Meeting

The Vice-Chair thanked everyone for their participation and contributions.

The Vice-Chair acknowledged the contributions of Mark Brearley, Brent Kilmurray and Max Jones, who were leaving their roles. The Board expressed gratitude for their contributions and wished them well in their future endeavours.

20. Date and Time of Next Meeting

The Vice-Chair noted that the next meeting would be held on Wednesday 9 April 2025.

21. Exclusion of the Press and the Public

The ICB Board resolved that representative of the press and other members of the public be excluded from the remainder of the meeting due to the confidential nature of the business to be transacted.

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

Date Raised	Action Ref	Item No. and Action	Owner	Due Date	Progress / Status
12/03/2025	01-0225	Item 11: Specialised Commissioning Arrangements Finalise the ICB's scheme of reservation and delegation and the operational scheme of delegation and standing orders for the April board meeting.	Executive Director of Corporate Affairs	April 2025	Completed: On the agenda
12/03/2025	02-0225	Item 11: Specialised Commissioning Arrangements Consider adding specialised commissioning to the risk register during the review of risks.	Executive Director of Corporate Affairs / Executive Director of Clinical & Professional	April 2025	Update under matters arising
12/03/2025	03-0225	Item 11: Specialised Commissioning Arrangements Ensure the existing lead provider arrangement for mental health specialised commissioning is not negatively impacted.	Executive Director of Corporate Affairs / Executive Director of Clinical & Professional	April 2025	Update under matters arising