

**HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD**

**WEDNESDAY 8 JANUARY 2025 AT 9:00 HOURS, VIA TEAMS**

**Attendees and Apologies**

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

**Present:**

Sue Symington (Chair) HNY ICB Chair

Amanda Bloor HNY ICB Acting Chief Executive

Dr Bushra Ali Primary Care Partner Member

Dr Nigel Wells HNY ICB Executive Director of Clinical & Professional Services

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

Jayne Adamson HNY ICB Executive Director of People

Jonathan Lofthouse Provider Partner Member

Mark Brearley HNY ICB Interim Executive Director of Finance and Investment

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:**

Stephen Eames HNY ICB Chief Executive

Councillor Jonathan Owen Local Authority Partner Member

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

**Present:**

Andrew Burnell Partner Participant (Community Interest Companies) – Via Teams

Anja Hazebroek HNY ICB Executive Director of Communications, Marketing & Media Relations

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

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

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

Professor Charlie Jeffery Partner Participant (Further Education)

**Apologies:**

Brent Kilmurray Partner Participant (Mental Health, Learning Disabilities and Autism)

Helen Grimwood Partner Participant (Healthwatch)

Dr Simon Stockill Primary Care Collaborative Lead

**"Observers" and Individuals Presenting Items**

Dr Deepti Alla HNY ICB, Associate Non-Executive Director

Professor Dumbor Ngaage HNY ICB Associate Non-Executive Director

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

**BOARD GOVERNANCE**

**1. Welcome and Introductions**

 The Chair welcomed everyone to the meeting and wished them a Happy New Year. She mentioned the decision to hold the meeting via Teams due to busy schedules and poor weather conditions.

 The Board was reminded that this 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 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 December 2024**

 The minutes from the previous meeting held on 11 December 2024 were checked for accuracy and the Board agreed them as a true and accurate record subject to the following amendments:

 On page 5, it was pointed out that there was duplication in the planning guidance section, and this would addressed offline.

 Two matters arising within the minutes were agreed to be picked up in the next section.

 After addressing the points of accuracy, Sue asked if the minutes could be accepted. The minutes were accepted with the noted corrections and updates.

It was noted that the Chair would sign the minutes.

 **Outcome:**

 **Board Members approved the minutes of the meeting held on 11 December 2024** **and noted the above verbal updates.**

**5. Matters Arising**

The Chair led the Board discussion on the action tracker updates. There were two actions in progress and updates were provided as follows:

**11.12.24**

**Finance Report**

An update was provided on the early January conversation with System Chief Executives and Collaborative Chief Executives. This conversation was in anticipation of the planning guidance, which had not yet been released. However, they discussed the principles they would be asked to work to, such as building up the plan and working within the resource allocation. The conversation had started and would continue, focusing on a different approach to budgeting, zero-based budgeting, and thinking creatively about discretionary spend.

**11.012.24**

**Performance Report**

 An update was provided on the performance report regarding the prevention agenda. It was mentioned that Deputy Director for Population Health Intelligence was still working on populating the measures for the outcome framework, which was not fully completed yet. The intention was to produce this on an annual basis, as the indicators were traditionally slow-moving. It was suggested that the plan would go through the ICP (Integrated Care Partnership) because it dealt with wider determinants of health. However, an update could also be shared with the Board to show where they were with the framework.

In relation to the Humber Acute Services (HAS) review, the Chair queried if there were any further updates, and it was confirmed no new updates were available at present.

The point was raised regarding the principles of health command (strategic framework used to manage and coordinate health services, particularly during emergencies or large-scale health events) and the associated training. It was noted that there had been a discussion about the training requirements and follow-through on who needed to be trained, but this was not reflected in the actions from the previous meeting.

It was subsequently conveyed that the delay in some of the training was due to the team being short-staffed, with only three people and one vacancy. However, assurance was provided that the core training for key roles in EPR (Electronic Patient Records) had been completed and those individuals were compliant. The need for a broader system-wide training was acknowledged and it was offered to provide a more detailed update on the training position, and this would be circulated to the Board Members.

 **Outcome:**

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

**It was agreed to circulate an update to the Board Members on the broader system side training.**

**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 Chair invited the Executive Director of Communications, Marketing and Media Relations to provide an overview of the Voice of the Lived Experience who introduced a powerful film KPOW – Know the Power of Words highlighting the experiences of people receiving cancer diagnoses and treatment in Humber and North Yorkshire (HNY).

 The film focused on the importance of language used by clinicians, emphasising how patients were listened to and communicated with, especially during diagnosis and treatment.

 It was noted that one of the women featured in the film, Alison Kent, had passed away towards the end of the previous year. Alison was determined that the film should be used to share the voices of patients even after her passing.

 The film was played, highlighting the experiences of cancer patients and the impact of language and communication on their treatment journey. The film highlighted the importance of respectful and compassionate communication from healthcare professionals.

 The Chair acknowledged the film's powerful and emotional message, emphasising the importance of treating patients with dignity and respect. It was noted that this message aligned with previous discussions about patient care in urgent and emergency settings.

 A point was raised about the low percentage of patients receiving support from their GP practices, which was highlighted in the National Cancer Patient Experience Survey. Concern was expressed about the 47% score for support from GP practices. It was explained that different GP practices and Primary Care Networks (PCNs) had varying structures and support mechanisms in place, which might explain the differences in patient support. The importance of community and voluntary services in providing support was also mentioned.

 Reference was made to the film's impact and the importance of considering the power of words in patient care. It was questioned whether the selection and training of healthcare professionals, particularly doctors, included a focus on compassionate communication.

 It was added that historically, personal interaction had not been prioritised over technical capability in medical training. However, movements like "My Name Is" had brought more focus to compassionate communication.

 It was noted that the cancer A&E service offered at the Queen's Centre at Castle Hill Hospital (CHH), provided 24/7 emergency access for cancer patients. This was highlighted as a quality enhancement in cancer care.

 The importance of civility at work was emphasised and how it impacted patient care, referencing the film's depiction of healthcare professionals talking over patients.

 It was also noted that the film's message about compassionate communication applied to all healthcare conditions, not just cancer. The importance of integrated care and maximising support for patients and their families was emphasised.

 Concern was expressed about the persistence of issues related to communication and patient care, despite long-standing efforts to address them and it was expressed that it was depressing that such problems still existed.

 The importance of emotional support for patients was highlighted and the need to track this aspect in the outcomes framework.

 It was concluded that by emphasising the importance of clear and compassionate communication, both spoken and written, in patient care. It was suggested that adopting a customer service culture in healthcare could improve patient experiences.

 **Outcome:**

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

 **It was recommended that Board Members promote the film within their own organisations to raise awareness about the importance of compassionate communication.**

**8. Board Assurance Framework**

The Chair initiated the discussion on the Board Assurance Framework (BAF), noting that changes were made last month regarding escalations and questioning if the current state was appropriate.

 The Executive Director of Corporate Affairs provided an update mentioning that all changes discussed in the last meeting had been implemented. It was highlighted that the risk related to patient safety and quality had reached its maximum level of likelihood and impact, with mitigating actions due for review in February 2025.

 The Board discussed updates on other risks, including the Operating Plan for 2024-2025, recruitment and retention of staff, and the voice of lived experience, particularly focusing on equality, diversity, and inclusion.

 The importance of acknowledging the daily efforts to mitigate risks to patient safety was emphasised, given the current pressures on urgent and emergency care (UEC). It was highlighted that every provider organisation and the Integrated Care Board (ICB) were constantly making decisions guided by an ethical framework to balance significant clinical risks.

 It was suggested that when discussing finance later, that the Board should also consider the medium-term financial risk (C5) and start thinking about mitigations and actions for the new fiscal year.

 A point was raised about the connection between financial position and maintaining quality standards, underlining the importance of always maintaining quality of care.

 The current Director on call (Executive Director of Communications, Marketing and Media Relations) shared her experience describing the palpable emotion and relentless efforts of colleagues to protect and keep patients safe despite the immense pressures. She emphasised the emotional toll on staff.

 These comments were supported and along with the relentless nature of the current pressures and the need for a further risk review later in the month to assess the impact of accelerated ambulance handovers and progressive boarding across acute sites. The emotional toll on staff was highlighted and the need for immediate learning from the Christmas period.

 The Chair suggested finding ways to recognise and thank staff for their efforts, similar to the recognition during the COVID-19 pandemic. She proposed that system leaders discuss potential ways to show appreciation for the staff's hard work.

 It was mentioned that the University of York had given staff two days of free holiday as a gesture of thanks during a tough year and suggested that a similar gesture could be considered for healthcare staff.

 The discussion concluded with an agreement to keep the BAF dynamic and review the risk related to patient safety and quality in February or March 2025, with the possibility of reducing it if the situation improved.

 **Outcome:**

 **Board Members:**

* **Discussed the updates.**
* **Approve the updated Board Assurance Framework (BAF).**
* **Identified any further areas of risk that may impact on the delivery of the ICB strategic objectives.**
* **Agreed to review mitigating actions for patient safety and quality risks in February/March 2025.**
* **Agreed to consider ways in which staff could be recognised for their supreme efforts under pressure.**

**CONTEXT, PERFORMANCE AND ASSURANCE**

**9. Chief Executive Update**

 The Acting Chief Executive led this item, and an update was provided on the following areas:

 **Winter and Urgent Emergency Care (UEC) Position**

 The challenges faced due to an early spike in flu, Infection Prevention Control (IPC) issues were highlighted, and greater acuity of patients. Hospital admissions for flu continued to rise, with particularly challenging days on 30 December 2024 and the Monday and Tuesday of the current week.

 The East Midlands Ambulance Service (EMAS) had declared a critical incident on Monday evening due to safety risks around demand and major flooding incidents in Lincolnshire, which was later stood down. As of the previous day, fifteen acute hospitals, two ambulance providers, and one ICB (Northamptonshire) had declared critical incidents.

 The importance of thanking all health and care staff for their efforts was emphasised and it was mentioned that the ICB was collaborating closely with partners to maximise all elements of their winter plans.

 Improvement in ambulance handover times in Hull was noted due to the accelerated handover plans implemented before Christmas, while acknowledging the challenges this posed for Accident and Emergency (A&E) and ward staff.

 **Elective Care for Patients Document:**

 The elective care for patients document was discussed, focusing on empowering patients, reforming delivery, delivering care in the right place, and aligning funding and standards.

 The primary goal was to return to 92% of all patients receiving routine treatment within 18 weeks, with interim targets of 65% by March 2026 and a minimum of 5% improvement at each trust.

 Key areas for focus included increasing appointment numbers, expanding community diagnostic centres (CDCs), developing surgical hubs, improving patient choice and convenience, reducing missed appointments, and integrating with the independent sector. The Board were assured that work was ongoing to drive efficiency through clinical networks, collaboratives, and harmonisation of clinical policies and pathways.

This focus was aimed at driving efficiency through the ICB model, including better models of care for patients and enhanced advice and guidance. The ICB’s goal was to ensure that the right patient receives the right treatment in the right place, reducing duplication and waste. This initiative was being driven through the Clinical and Professional Directorate and was also being supported more widely in the clinical networks and collaboratives.

 The context of the challenge of achieving the 65% target for elective care was explained, mentioning that Hull Hospital would need to treat an additional 9,806 patients in the next 12 months. The financial challenges posed by changes in Community Diagnostic Centre (CDC) tariffs was also highlighted.

 The status of the CDCs and the surgical hubs was inquired about and the potential for GPs to refer patients directly without going through a consultant.

 An update on the construction and operational status of CDCs in Scarborough, Scunthorpe, Grimsby, and Hull was provided, noting delays and efforts to mitigate the impact. The accreditation process for surgical hubs was discussed.

 The financial challenges related to CDC tariffs was also discussed and the ongoing work to address them. The use of advice and guidance to improve patient care pathways was also discussed.

 **Planning Guidance for 2025-2026**

 The expected focus areas in the planning guidance for 2025-2026 were discussed, including delivering within the resource allocation, improving urgent and emergency care (UEC) and patient experience, improving referral to treatment times, enhancing mental health services, developing neighborhood health services, and focusing on workforce.

 The need for radical changes in services to meet the planning guidance and financial constraints was understood by the board.

 **Devolution White Paper:**

 Reference was made to the devolution white paper which aimed to empower Local Authorities (LAs) to strengthen their role in decision-making, promote economic growth, and reform public services.

 ICBs were explicitly referenced throughout the document, emphasising the importance of their partnership with Local Authorities (LAs) and the involvement of mayoral combined authorities in the partnership.

 The potential alignment of boundaries between mayoral combined Authorities and Integrated Care Systems (ICSs) was highlighted.

 The opportunity to work with the York and North Yorkshire Mayoral Authority on public health issues was also noted and will be pursued.

 The discussion concluded with an acknowledgment of the need for flexibility and anticipation of changes in the coming months.

 **Outcome:**

 **The Board noted the update provided.**

**10. Finance Report**

 The Interim Executive Director of Finance and Investment led the item and gave an update on the financial position for Month 8, end of November 2024, noting a £13 million adverse position to the plan. The financial performance for December was expected to be finalised within the next 7 to 10 days.

 At the end of November 2024, the system risk and challenge were assessed at around £64 million. Ongoing work and reassessment over the Christmas period indicated that this risk had reduced since the end of November 2024.

 A range of mitigating actions were being taken to manage and improve the financial position by the end of March 2025.

 The need to consider the medium-term financial risk (C5) was emphasised as the new fiscal year was only three months away. The Board agreed that mitigations and actions from across the NHS system were required to move the ICB closer to balance.

 The connection between the financial position and maintaining quality standards was highlighted. The Board agreed that financial savings would never be made at the expense of patient safety.

 The discussion on the finance report concluded with an acknowledgment of the need for ongoing efforts to address the financial challenges and the importance of considering both short-term and medium-term financial risks.

 **Outcome:**

**The Board**

1. **Noted the month 8 system financial position for 2024/25.**
2. **Noted the mitigating actions being pursued in year to deliver 2024/25 financial plan.**

**11. Performance Report**

 The Acting Chief Executive / Chief Operating Officer led this item and provided an overview of the latest published performance position against the priority objectives in the 2024/25 HNY ICB Operational plan. The performance report showed improvement in three out of ten key indicators. The diagnostic performance indicator was now being met, which was a positive development.

 The cancer performance continued to improve, with the 62-day wait position reaching 64.8%, up from 62.5% the previous month. The target was to reach 70% by the end of March 2025.

 The diagnostic position improved to 19.4% against a target of 19.9%, indicating better performance than planned. The primary care indicator was also being met, contributing to the overall positive trend in performance.

 In terms of planned care, the focus was shifting from long waits (over 65 weeks) to the total waiting list and referral to treatment targets, aligning with the constitutional target.

 There were opportunities for potential validation of the waiting list, which could impact the size of the waiting list curve.

 In relation to Children and Young People's (C&YPs) Waits, Richard Gladman raised concerns about the increasing waits for children and young people, particularly for mental health services. He suggested that this issue be explored further, through the Quality Committee.

 It was acknowledged that service development funding releases into mental health had impacted performance. It was also noted the significant increase in referrals for children's speech and language services, partly due to the impact of COVID-19 on early developmental stages.

 Additional context was provided, explaining that the increase in demand for neurodevelopmental assessments was a key factor driving the long waits. The need for a fundamental reset in the model was emphasised and the ongoing work to develop different models was mentioned and criteria for access to support.

 It was mentioned that a good proportion of children and young people on the neurodevelopmental waiting list were already engaged in mainstream mental health services, receiving regular contact and assessments to ensure their safety. The importance of family support and therapy in addressing the needs of children and young people (CYP) with mental health issues was also highlighted.

 Also, the community services report highlighted the significant increase in referrals for children's speech and language services, which was attributed to both the impact of COVID-19 and societal factors such as technology use.

 In relation to Validation of Models of Care, the importance of both technical and clinical validation of waiting lists was emphasised to ensure that patients received the right care at the right place by the right person The Board discussed the need to transform models of care and policies to ensure that only those who need specialist care access it.

 It was also noted the impact of mental health issues on families, emphasising the vital support of holistic care provided by general practice to support the entire family unit.

 The discussion on the performance report concluded with an acknowledgment of the need for ongoing efforts to address the challenges in children's and young people's (C&YPs) mental health services, community services, and the importance of validation and transformation of care models.

 **Outcome:**

 **Board Members:**

 **i) Noted the development of the Board performance report in terms of its content, length, and presentation.**

 **ii) Considered and discussed the performance report: - in particular, the issues highlighted in the cover sheet.**

1. **Provided feedback to support the further development and evolution of the Board Performance Report.**

**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, specifically regarding the following:

 **Population Health and Prevention Committee**

 There was one alert to escalate to the Board regarding insufficient evidence to close or amend BAF risk B1.

 **Workforce Board (Workforce Committee)**

 There was one alert to escalate to the Board regarding the increasing level of risks associated with finance and capacity.

 **Integrated Care Partnership**

There was one alert to escalate to the Board regarding development of a proposal for coastal based ‘living lab’ research focused primarily in Scarborough to be presented to the Integrated Care Partnership (ICP) in June 2025.

It was noted that the Connected Humber North Yorkshire programme was progressing well with a focus on early diagnosis of autism and place-based development pilots in York and North East Lincolnshire.

Regarding Healthy Ageing in Coastal Communities the project would focus on the specific demography and resultant health inequalities. There was collaboration with a voluntary sector organisation in Scarborough and the team sought to engage with partners in housing and the private sector. It was proposed to present a full proposal on healthy ageing in coastal communities to the Board in June.

 The strategic connection between the Integrated Care Partnership (ICP) discussions and the integrated Care Board’s (ICB's) performance was highlighted, emphasising the importance of integrated neighbourhood health services and addressing health concerns outside acute hospitals.

 **Remuneration Committee**

 There were no alerts to escalate to the Board.

 **Outcome:**

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

**OTHER MATTERS FOR THE BOARD**

**13. Governance**

The Executive Director of Corporate Affairs presented the Data Security and Protection Toolkit (DSPT) and noted that it has been aligned with the National Cyber Security Centre's Cyber Assessment Framework (CAF).

 The new framework included 47 outcomes across five objectives, with an expectation that not all would be achieved in the first year. Four specific outcomes were recommended for focus in the audit:

* Managing data subject rights under the UK GDPR
* Mobile device management
* Immediate equipment sanitisation
* System abnormalities for attack detection

 The Board was informed that the Audit Committee would keep a close eye on this work, and the submission deadline was the 30 June 2025, with the audit work to be completed by the 31 March 2025.

 The Board discussed the integration of cybersecurity and digital risk in the Board Assurance Framework (BAF). It was suggested that while these areas should be integrated, the risk appetite for cybersecurity should be more intolerant compared to digital and data risks.

 The point was raised about the broader role of the ICB in monitoring cybersecurity compliance across the system. Assurance was provided that the ICB was seen to be at the forefront of effective cybersecurity management and works closely with the National Cyber Security Centre.

 **Outcome:**

1. **Noted the changes to the Data Security & Protection Toolkit for 2024-25**
2. **Approved the additional 4 outcomes suggested for audit.**
3. **Supported the Senior Information Governance Manager to raise awareness of the changes within the ICB.**

**14. Board Assurance Framework Review**

 The Board considered the Board Assurance Framework (BAF) in the light of the items discussed during the meeting. There were no further changes identified other than those identified at the start of the meeting.

 **Outcome:**

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

**15. a. Items for Information**

The 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 Board received a question from a member of the public regarding the total contracted budget for adult autism and ADHD services for North Yorkshire and York.

 The question asked whether the Board considered it was taking the unmet need for diagnostic services for autism and attention deficit hyperactivity disorder (ADHD) seriously, given the longer backlog in North Yorkshire and York, and why no additional money had been allocated for 2024-2025. The question also inquired about when and by whom such a decision would be made.

 It was noted that a response to the question was being drafted by the Care Group Director, Alison Flack and would be sent to the member of public and published on the website. It was emphasised that the issue was not just about money but also about the need for transformation in the service model. It was highlighted that this was a national issue and that simply allocating more money would not solve the problem. The focus should be on the entire pathway, including post-diagnosis support.

It was added that the financial issues were part of the challenge, and the investment decisions for 2024-2025 would be reviewed during the planning process. It was also mentioned the need for transformation in the service model and the importance of looking at different models and best practices from other areas. It was noted that there were pockets of best practice within the ICB/ICS patch and opportunities to gain experience from other regions like Portsmouth.

It was requested that the response be shared with Partner Participant (Mental Health, Learning Disabilities and Autism) and the Partner Participant (Public Health), stressing the importance of alignment in their responses.

The Board was aware of the unmet need for diagnostic services for autism and ADHD and was taking the issue seriously. The challenge was not solely financial; it required a transformation in the service model and a focus on the entire pathway, including post-diagnosis support.

It was noted that investment decisions for 2024-2025 would be reviewed during the planning process and the Board was looking at different models and best practices to address the issue.

The response to the public question would be shared with relevant stakeholders to ensure alignment.

**16. Any Other Business**

 There were no items of Any Other Business.

**17. Closing Remarks of Meeting**

The Chair thanked everyone for their participation and contributions.

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

The next meeting would be held on Wednesday 12 February 2025.

**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 |
| 08/01/2025 | **01-0125** | **Item 5 – Matters Arising****EPR** - A more detailed update on the training position will be circulated to the Board. | **Jane Hazelgrave** | **ASAP** | **COMPLETED** |
| 08/01/2025 | **02-0125** | **Item 7 – Voice of the Lived Experience**Know the Power of Words (KPOW) – all organisations to raise awareness about the importance of compassionate communication. | **All** | **ASAP** | **TO BE UPDATED IN MATTERS ARISING** |
| 08/01/2025 | **03-0125** | **Item 8 – Board Assurance Framework**The Board agreed to review mitigating actions for patient safety and quality risks in February / March 2025. | **Teresa Fenech** | **February / March** | **COMPLETED** |