

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

**WEDNESDAY 19 JUNE 2025 AT 12:30 HOURS, SYNERGY SUITE, HEALTH HOUSE,
GRANGE PARK LANE, WILLERBY, HU10 6DT**

Attendees and Apologies

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

Present:

Jason Stamp	HNY ICB Acting Chair
Mark Chamberlain	HNY ICB Non-Executive Director (Vice Chair)
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 Deputy Chief Executive / Executive Director of People
Des Irving-Brown	HNY ICB Executive Director of Finance and Investment
Stuart Watson	HNY ICB Non-Executive Director
Richard Gladman	HNY ICB Non-Executive Director
Teresa Fenech	HNY ICB Acting Chief Executive / Executive Director of Nursing & Quality

Apologies:

Amanda Bloor	HNY ICB Chief Operating Officer/ Deputy Chief Executive
Stephen Eames	HNY ICB Chief Executive

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

Present:

Alison Semmence	Partner Participant (Voluntary, Community & Social Enterprise)
Andrew Burnell	Partner Participant (Community Interest Companies) – Via Teams
Anja Hazebroek	HNY ICB Executive Director of Communications, Marketing & Media Relations
Councillor Stanley Shreeve	Partner Participant (Local Authority: N & NE Lincolnshire)
Dr Simon Stockill	Primary Care Collaborative Lead
Louise Wallace	Partner Participant (Public Health)
Michele Moran	Partner Participant (Mental Health, Learning Disabilities & Autism)
Peter Thorpe	HNY ICB Executive Director of Strategy & Partnerships
Professor Charlie Jeffery	Partner Participant (Further Education)

Apologies:

Councillor Michael Harrison	Partner Participant (Local Authority: North Yorkshire and York)
Helen Grimwood	Partner Participant (Healthwatch)
Karina Ellis	HNY ICB Executive Director of Corporate Affairs

"Observers" and Individuals Presenting Items

Dr Deepti Alla	HNY ICB Associate Non-Executive Director
Paula South	HNY ICB Director of Nursing – Core Statutory Partnerships/ Deputy Executive Nurse
Shaun Jones	HNY ICB Acting Chief Operating Officer
Abby Combes	HNY ICB Deputy Director of Legal, Governance and Regulatory
Emma Jones	HNY ICB Business Services Senior Officer (Corporate Affairs)

Apologies:

Professor Dumbor Ngaage HNY ICB Associate Non-Executive Director

1. Welcome and Introductions

The Acting Chair welcomed everyone attending the public Integrated Care Board (ICB) meeting.

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

2. 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;

The following declarations of interest were made in relation to the business of the meeting:

There were no other declarations of interest made in relation to the business of the meeting, and it was noted that ongoing declarations of interest stood for every meeting and were publicised on the ICBs website.

3. Apologies for Absence

The Acting Chair noted the apologies as detailed above. It was confirmed that the meeting was quorate with those in attendance.

4. Minutes of the Previous Meeting held in private on 9 April 2025

The minutes from the previous meetings held on 9 April 2025 were checked for accuracy and the Board agreed the minutes as a true and accurate record.

The minutes would be signed by the Acting Chair.

A presentational error in the minutes was identified, specifically the last two paragraphs under the Steel Works item, which should be moved to the Mayor Combined Authority section. The correction was acknowledged and agreed upon.

Outcome:

Board Members approved the minutes of the meetings held on 9 April 2025 and would be signed by the Acting Chair.

5. Matters Arising from Previous Meetings

The Acting Chair led the Board discussion on the action tracker updates. There were three actions due, and updates were provided as follows:

01-0425: Board Committees Summary Report

The Board has previously supported the AAA report to be updated to include an applaud section. This has been completed and would be rolled out for the July meeting.

02-0425: Committees Annual Governance Review

The Board had previously agreed to take updated terms of reference of its Committees to the meeting in June 2025. The Board was now considering a change to its Committee structure and therefore terms of reference would be brought back in July instead.

03-0425: Board Assurance Framework Review

The Board had previously agreed to receive an updated BAF at the meeting in June 2025. This has been postponed until July 2025 due to a change of frequency to the Board meetings.

Outcome:

Board Members noted the Matters Arising from the previous meeting along with the updates.

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 Acting Chair.

The Acting Chair noted that there was one item for information under any other business, which related to the ICB Constitution and Standing Orders.

Outcome:

Board Members noted there were no items of any other business.

7a. Acting Chair Update

The Acting Chair discussed the very difficult and challenging climate in which everyone was working. He emphasised the balance between current delivery and planning for the future.

Despite the challenges, the Acting Chair expressed optimism about the long-term outcomes, particularly in terms of where the Integrated Care System (ICS) could potentially develop in the future.

The Acting Chair valued the time spent with people around the table, discussing thoughts about the Integrated Care Board (ICB), changes, and transition. He was appreciative of the wisdom and insights shared by colleagues on how to approach future changes.

The Acting Chair had led engagement with Local Authority (LA) partners looking at future participation within the ICB from July 2025 onwards. Board membership would be revised to include representation from a LA Chief Executive, a Director of Adult Social Care and a Director of Children's Services. Proposed changes to the Integrated Care Partnership (ICP) have also been discussed.

The Acting Chair thanked colleagues for their support during this challenging time and emphasised the opportunity to continue working together. He highlighted the need for changes in how the ICB Board and ICB operate moving forward, which have been supported by colleagues.

The Acting Chair acknowledged the contributions of Stephen Eames, Chief Executive, to the setup of the ICB and partnership work, and their leadership in establishing the ICB, and wished him all the best in his retirement at the end of June 2025.

Outcome:

Board Members noted the updates provided.

7b. Acting Chief Executive Update

The Acting Chief Executive provided an update on the submission of the model ICB blueprint on 30 May 2025. The submission was on time and within the financial envelope required.

Positive feedback had been received so far, and a check-and-challenge meeting with the region had taken place.

The future ICB would continue to work in accordance with the system strategy, which was the partnership strategy.

The Acting Chief Executive highlighted the significant engagement work that had taken place, and the contribution of ICB staff in supporting the development of the proposals.

The Executive Director of Communications, Engagement and Media Relations presented the proposed operating model, which included four interdependent and interrelated business units around the core function of being a strategic commissioner. The model was designed to deliver the ambition of the strategy despite financial challenges.

The Acting Chief Executive acknowledged the transition period required to embed the core business. Transition costs have been identified, including Human Resource (HR) infrastructure and organisational development (OD) support to ensure the new organisation functioned effectively.

A Transition Committee, chaired by the Acting Chair, had been established and had met twice. The Committee would oversee the transition plan, including the transfer of functions and managing associated risks. The Acting Deputy Chief Executive / Executive Director of People would lead the transition work.

The terms of reference for the Transition Committee were reviewed and approved by the Board. The Committee would meet monthly, with updates provided at each ICB Board Meeting.

The Board discussed the functions of transfer, including safeguarding, Continuing Healthcare (IPCCHC), and children's complex care. The accountability for these services would remain with the ICB until legislation changed.

The Acting Chief Operating Officer presented an update on Performance:

The focus areas for 2025/26 in relation to Urgent and Emergency Care (UEC) were ambulance handover delays, 12-hour waits in departments, and the 4-hour standard.

There had been improvements in ambulance response times from May 2024 to May 2025, moving from 30th to 9th in the league table. Collaborative efforts across the system contributed to this progress. Harrogate and District NHS Foundation Trust (H&DFT) met their targets for the first two months of the financial year, and Hull University Teaching Hospitals NHS Trust (HUTHT) achieved their target for May 2025.

There had been improvements in 12-hour waits in departments, indicating better patient safety and quality.

Cancer performance had declined since March 2025, particularly in two of the four main providers. Efforts were ongoing to improve this position.

Diagnostics performance was declining, with underutilisation of community diagnostic centres being a contributing factor.

Elective care showed positive trends in terms of the total waiting list and the 52-week wait position, both of which were ahead of plan. However, the 65-week wait target for the end of Q1 was unlikely to be met.

18-week wait performance was ahead of plan, with York and Scarborough Teaching Hospitals NHS Foundation (Y&STHFT) and Harrogate (H&DFT) showing positive results.

The Executive Director of Finance and Investment presented an update on the month 2 financial position.

There had been improvement from the previous month's adverse variance of £2.6 million to a small variance of £163k in Month 2. This improvement was due to fortuitous gains and reduced adverse variance in providers. It was noted that this was a one-off occurrence and would not be repeated.

There was overspending on pay due to supernumerary staff and sickness cost pressures, offset by non-pay savings.

Efficiency delivery was progressing, with £8 million of the plan achieved. Plans were in place to mitigate the remaining gap.

There had been a significant improvement in reducing unidentified efficiency gaps from

19% to 5%.

There had been a reduction in high-risk efficiency schemes from 46% to 31%.

Unmitigated risk had decreased from £90 million to £79 million, showing a £10 million improvement across various portfolios.

Outcome:

The Board Members noted the updates received.

8. Intensive & Assertive Community Mental Health Treatment Review

The Partner Participant (Mental Health, Learning Disabilities and Autism) presented the item and noted that the review followed the incidents in Nottingham involving the Valdo Calocane case, focusing on intensive mental health treatment.

A detailed review was conducted with all provider organisations to respond to the recommendations from the incident.

All action plans have been submitted, agreed upon, and signed off by the relevant providers. The review identified some gaps, which were being addressed through detailed action plans. The Mental Health, Learning Disabilities and Autism Collaborative would oversee the action plans, and respective Boards would also review them. Reporting would be via the ICB Quality Committee.

Identified Gaps include the need to:

- improve engagement with families.
- enhance interoperability and streamline data collection across systems.
- improve coordination between organisations.
- further development to ensure effective collaboration and support.

Providers have identified potential resource needs to continue implementing the recommendations. Efforts were being made to mobilise resources within current budgets.

Any escalations from the Quality Committee would be brought to the Board's attention.

It was noted that the review process included stringent assessments to ensure thoroughness given the severity of the incident.

The ICB was committed to monitoring and overseeing the implementation of the recommendations, even those awaiting national guidance.

Outcome:

The Board Members noted the report and asked that the report author be thanked for a high quality and informative report

9. Joint Resource Capital Plan

The Executive Director of Strategy presented the plan that followed the infrastructure strategy approved at a previous Board meeting, addressing the enactment of the strategy.

The plan responded to pressing challenges such as aging estates, critical infrastructure issues (including reinforced autoclave aerated concrete in major facilities), growing service demand in diagnostics and urgent care, and the need for digital transformation and neighbourhood working.

The plan does not change the previously approved capital allocations but provided a narrative on how the allocated funds would be spent. It covered £217.8 million of confirmed capital, and £19.6 million for constitutional standards that is subject to a separate business case process.

The single biggest risk identified was the potential for slippage around the electronic patient record due to procurement timescales. Ensuring that processes for spending were in place was crucial to mitigate this risk.

The plan would go forward to the Capital and Estates Group on Monday 30 June 2025 to inform implementation. The Board was asked to approve the narrative, which would then be published and shared.

The Board discussed the plan, and it was agreed to provide updates on the progress of the capital plan, potentially at a mid-year review, to ensure that the Board was informed about the status of the projects. The Finance, Performance and Delivery Committee would continue to receive monthly updates on capital expenditure.

Outcome:

Board Members:

- 1. Noted that the operational capital plan was approved by the board as part of the ICB operational plan.**
- 2. Approved the Joint Capital Resource Use Plan 2025/26 for publication.**

10. Questions to the Board from the Public

The Acting Chair presented the paper which included two questions from members of the public to the Board: one regarding transport to community diagnostic centres and the other about medicine optimisation.

Responses were detailed within the paper and would be published on the website.

Outcome:

Board Members noted the questions and responses.

11. Any Other Business

The Acting Chair noted that the changes to the Constitution and Standing Orders had

been signed off by NHS England (NHSE) and would be updated on the website shortly.

Board Members noted the update.

12. Closing Remarks of Meeting

The Acting Chair thanked everyone for their participation and contribution.

13. Time and Date of Next Meeting

Wednesday 9 July 2025.

14. Exclusion of the Press and Public

The ICB Board resolved that representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest Section 1(2) Public Bodies (Admission to Meetings) Act 1960.

Humber & North Yorkshire Integrated Care Board Extraordinary Meeting: Action Log (Part A)

No actions were taken for this meeting.