Humber and North Yorkshire
Health and Care Partnership

MEETING OF THE INTEGRATED CARE PARTNERSHIP

WEDNESDAY 20 MARCH 2024 FROM 14:00 – 16:00 HRS

AGENDA

Time	Item	Subject	Led By	Action Required	Paper
14:00	1	**Welcome and Introductions**	Chair	To Note	Verbal
14:01	2	**Apologies for Absence**	Chair	To Note	Verbal
14:02	3	**Declarations of Interest** In relation to any item on the agenda of the meeting members are reminded of the need to declare: (i) any interests relevant or material to the ICB; (ii) that nature of the interest declared: financial / professional / personal / indirect (iii) any changes in interest previously declared	Chair	To Note	Verbal
14:03	4	**Minutes of the Previous Meeting held on 20 December 2023** To receive the minutes of the previous meeting	Chair	To Approve	Enclosed
14:07	5	**Matters Arising and Actions** To discuss / receive any matters arising or actions from previous meeting.	Chair	To Note	Enclosed
14:09	6	**Notification of Any Other Business** *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. Any approved items of Any Other Business to be discussed at item 13.*	Chair	To Note	Verbal
HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP					
14.10	7	**Integrated Care Board Review** Update on key issues facing health	Sue Symington	To Note	Verbal
14.20	8	**Local Government Partnership Review** Update on key issues facing Local Authorities	Cllr Owen	To Note	Verbal
14.30	9	**Futures Group Report** To receive a verbal report from the HNY Futures Group	Charlie Jeffery	To Note	Verbal

Time	Item	Subject	Led By	Action Required	Paper
14.50	**10**	**Chief Operating Officer - Place Report** To receive an update on latest Place / partnership initiatives	Alex Seale	To Note	Enclosed
HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES					
15:05	**11**	**Partnership Strategy Recast** To receive an update on the Strategy for discussion and recommitment	Karina Ellis/ Peter Thorpe	To Approve	Enclosed
15:20	**12**	**Outcomes Framework** To receive and discuss the Partnership Outcome Framework and agree next steps	Jack Lewis	To Approve	Enclosed
15:35	**13**	**Place Framework** To receive and discuss the latest thinking around partnerships at Place	Julia Weldon/ Alex Seale	To Note	Verbal
14:45	**14**	**ICP Annual Report and Terms of Reference** To receive and approve	Sue Symington/ Karina Ellis	To Approve	Enclosed
15:50	**15**	**Any Other Business** To receive any business notified at the start of the meeting	Chair	To Note	Verbal
15:55	**16**	**Closing Remarks**	Chair	To Note	Verbal
16:00		**Date of Next Meeting:** Wednesday 26 June 2024 at 14:00 - 16:00			

Humber and North Yorkshire
Health and Care Partnership

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE PARTNERSHIP

20/12/2023 AT 2.00PM – 4.00PM

CHAIRED BY COUNCILLOR J OWEN

AT FOREST PINES HOTEL, BRIGG

MEMBERS PRESENT:

- Cllr Jonathan Owen (**Chair**), Vice Chair of Humber & North Yorkshire ICP
- Sue Symington, Chair of Humber & North Yorkshire ICB / ICP
- Stephen Eames, Chief Executive, Humber & North Yorkshire ICB
- Charlie Jeffery, Vice Chancellor, University of York / Chair of HNY Futures Group
- Julia Weldon, Director of Public Health and Adult Services, Hull City Council
- Karina Ellis, Executive Director Corporate Affairs, Humber & North Yorkshire ICB
- Simon Cox, NHS Place Director – East Riding, Humber & North Yorkshire ICB
- Sarah Coltman-Lovell, NHS Place Director – York, Humber & North Yorkshire ICB
- Erica Daley, NHS Place Director – Hull, Humber & North Yorkshire ICB
- Helen Kenyon, NHS Place Director – North East Lincolnshire, Humber & North Yorkshire ICB
- Alex Seale, NHS Place Director – North Lincolnshire, Humber & North Yorkshire ICB
- Wendy Balmain, NHS Place Director - North Yorkshire, Humber & North Yorkshire ICB
- Karen Pavey, Executive Director for People, North Lincolnshire Council
- Cllr Linda Chambers, Chair - Health and Wellbeing Board, Hull
- Cllr Stan Shreeve, Deputy Leader, North East Lincolnshire Council
- Cllr Michael Harrison, Executive Member for Health and Adult Services, North Yorkshire County Council
- Cllr Jo Coles, Executive Member for Health and Wellbeing, City of York Council (via MS Teams)

STANDING ATTENDEES PRESENT:

- Michael Napier, Director of Governance and Board Secretary, Humber & North Yorkshire ICB
- Nicky Lowe, Head of Corporate Affairs and System Support, Humber & North Yorkshire ICB
- Sam Brooke (**Minute Taker**), Executive Business Support Officer, Humber & North Yorkshire ICB

IN ATTENDANCE:

- Gail Teasdale, Programme Lead for Children and Young People's Mental Health and All Age Mental Health Inequalities/Population Health, Humber & North Yorkshire ICB
- Karen McNicholas, Children and Young People Transformation Programme Lead, Humber & North Yorkshire ICB
- Sally Newsome, Head of SEND and Children's Continuing Care, Humber & North Yorkshire ICB
- Pauline Turner, Director of Children's Services, Hull City Council

APOLOGIES:

- Amanda Bloor, Deputy Chief Executive/Chief Operating Officer, Humber & North Yorkshire ICB

- Richard Flinton, Chief Executive, North Yorkshire Council
- Louise Wallace, Director of Public Health, North Yorkshire Council
- Alan Menzies, East Riding of Yorkshire Council
- Ian Floyd, Chief Executive, City of York Council
- Rob Walsh, Chief Executive, North East Lincolnshire Council
- Helen Manderson, Interim Chief Executive, North Lincolnshire Council
- Ashley Green, Chief Executive, Healthwatch North Yorkshire
- Cllr Richard Hannigan, Leader, North Lincolnshire Council

1 WELCOME AND INTRODUCTIONS

The meeting was chaired by Councillor Jonathan Owen. The Chair welcomed all attendees to the meeting.

2 APOLOGIES FOR ABSENCE

Apologies received were noted as above. It was confirmed that the meeting remained quorate to proceed.

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 ICP;
(ii) that nature of the interest declared (financial, professional, personal, or indirect
(iii) any changes in interest previously declared.

There were no declarations of interest recorded. It was noted that on-going declarations of interest stood for every HNY Integrated Care Partnership meeting and were publicised on the ICP's website.

4 APPROVAL OF PREVIOUS MINUTES

The minutes of the meeting held on 27 September 2023 were taken as a true and accurate record and approved subject to the job title of Cllr J Coles being amended.

DECISION: It was agreed that:
a) The minutes of the meeting be taken as a true and accurate record.

5 MATTERS ARISING AND ACTIONS

No matters arising.

6 NOTIFICATION OF ANY OTHER BUSINESS

There were no items of any other business raised.

7 CHAIRS PARTNERSHIP REVIEW

The Chair of the Humber and North Yorkshire Integrated Care Board, Sue Symington, provided an update on the key issues facing health in the Humber and North Yorkshire Integrated Care Board (ICB). She highlighted the pressures on the system, particularly on acute providers, due to seasonal conditions such as flu, COVID-19, and norovirus. The junior doctor strikes were also mentioned as contributing factors to the system's strain.

The Chair also discussed the financial position of the ICB, noting the challenge of maintaining a £30 million deficit as agreed at the start of the financial year. She emphasised the need for all members of the Integrated Care System (ICS) to contribute to achieving this financial position by the end of the year.

The Chair further highlighted the strengthening of the ICB Board with new appointments, including Peter Thorpe as Executive Director of Strategy and Partnerships, Max Jones as Chief Digital Information Officer (CDIO) and Richard Gladman as a third Non-Executive Director (NED). Richard will be chairing the Finance, Delivery and Performance Committee going forward. She also mentioned the launch of IRIS, the home of innovation, improvement and research for the ICS, which took place at the LNER Stadium in November 2023.

Stephen Eames, Chief Executive of the Humber and North Yorkshire ICB, added to the Chair's update, emphasising the importance of Managing Today and Managing Tomorrow. He highlighted the need for the ICB and ICP to work together to create a more responsive health system for the benefit of all.

The Chair concluded by noting the progress made over the last quarter and the achievements over the course of the year, particularly in terms of thinking system-first and working more closely in partnership.

Members noted the updates provided.

8 LOCAL GOVERNMENT PARTNERSHIP REVIEW

Councillor Owen provided the Local Government Partnership Review. He highlighted the positive contribution of local government in the new systems approach over the last 18 months. He expressed optimism that this involvement would continue.

He discussed the challenges faced by local government, including inflation, the provision of social care providers, workforce retention, recruitment challenges, and unpredictability about future funding. He also touched on the growth in demand for social care which challenges local authorities financially.

Councillor Owen also mentioned the pressures on children's services, especially special educational needs and disabilities (SEND), and the rising costs associated with these. He expressed concern about the future funding and the potential impact on social care services.

He highlighted the importance of prevention and the need to invest in long-term prevention and preventative solutions. He also mentioned Devolution and its potential impact on local government. This was reiterated by Councillor Stan Shreeve, North East Lincolnshire Council from a Northern Lincolnshire perspective.

Concerns were emphasised by Councillor Jo Coles, North Yorkshire County Council, regarding the challenges faced by adult services across the local area.

ACTION:

- It was agreed that the ICB financial position would be brought back for discussion at a future ICP meeting to understand what can be done collectively.

9 FUTURES GROUP REPORT

Charlie Jeffery, Chair of HNY Futures Group, provided a verbal report on the progress of the Futures Group. The Group, which includes members from both the public and private sectors, is tasked with looking ahead and planning for the priorities of the Integrated Care System (ICS) over the next 3-10 years.

One of the key recommendations from the Futures Group was the establishment of an approach to research and data that is integrated at both system and Place levels. This integration would involve all sectors working together to collect data and make decisions based on the insights provided.

The Futures Group intends to present a proposal outlining how “once in a lifetime” changes in relation to data can be implemented at the next ICP meeting to be held in March 2024. The proposal is expected to bring about some challenges as it will require difficult decisions to be made based on compelling data. The aim is to narrow the health inequalities gap across the system within the next 10 years, using integrated research, data, and decision-making as the platform for these difficult decisions.

The Chair thanked Prof Jeffrey for his report and noted the importance of the Futures Group in driving the future vision for health and care. The Chair also highlighted the importance of partnership working and shared resources in tackling shared problems.

10 CHIEF OPERATING OFFICER – PLACE REPORT

Alex Seale, NHS Place Director for North Lincolnshire, presented an update on the latest Place/Partnership initiatives. The report highlighted the key issues within the Integrated Care System, focusing on system delivery and transformation, system performance, improvement, and outcomes, and integration and effective use of resources.

The report provided an overview of the progress within the Partnership and the integration achievements within Place and the wider system. Key highlights since the last report included the commencement of the York Frailty Advice and Guidance line, the operational virtual Frailty service in the East Riding of Yorkshire, and the mobilisation of a new approach to delivering integrated urgent care in North Yorkshire.

The report also touched on examples relating to health inequalities and how focus is being shifted towards population health management. The ICP's critical role in promoting a shared culture based on trust, mutual respect, and transparency within the system was emphasised.

The Chair, Councillor Owen, and other members discussed the importance of maintaining a focus on the long-term vision of the system, the need for continual assessment of how the ICP's priorities and actions enable local decision-making, and the importance of building partnerships of equals.

It was highlighted that the ICP provides a unique opportunity to look beyond the immediate and urgent priorities facing ICSs and their component organisations and consider how to achieve their long-term vision of improved population health outcomes, reduced health inequalities, and greater focus on prevention and wellbeing.

ACTION:

- It was agreed that an update regarding Health and Care Place Committees would be brought to the next ICP meeting in March 2024.

11 NHS CONFED REPORT

Sue Symington, Chair of Humber & North Yorkshire ICB/ICP, presented an update on the recent NHS Confederation Report, co-produced between the Local Government Association and the Integrated Care Systems Network, part of the NHS Confederation. She described the report as a useful document that drives the future vision for health and care. The report includes a quote from the Humber and North Yorkshire ICB relating to our ICP inclusive arrangements.

The report is intended for reference and learning about what other Integrated Care Partnerships are doing. It also serves as a reminder of the ICP's commitment to driving the future vision for health and care.

Sue Symington also highlighted the ICP's focus on the four life course objectives: Start well, live well, age well, and die well. Today's meeting includes a focus on Start Well.

12 FOCUS ON START WELL

The discussion on this agenda item was led by Pauline Turner, Director of Children's Services at Hull City Council. She highlighted the role of Directors of Children's Services (DCS) and the importance of their involvement in discussions at the ICS level. She emphasised the challenges faced by DCSs, particularly in relation to children's issues and the need for a more integrated approach to children's health and well-being.

The conversation revolved around the current work around children and young people. The members discussed the need for a new, sustainable model for children's services, highlighting the importance of outcomes and the need to stop activities that are not delivering. The discussion also touched on the challenges of the fragmented education system and the potential role of the partnership in supporting preventative measures in schools.

The members agreed on the need for a system-wide approach to issues like mental health and the impact of social media. They also discussed the need for a system leader for children, someone who is deeply involved in the professional field. This leader would be responsible for bringing together the various clinical and professional agendas within the system.

The meeting concluded with the agreement to take these discussions forward and come back with a plan at the next meeting. The members also acknowledged the need for a strong focus on prevention and population health.

13 ANY OTHER BUSINESS

No other business was discussed.

14 CLOSING REMARKS

Sue Symington, Chair of Humber & North Yorkshire ICB, thanked all attendees for their contributions and closed the meeting. She expressed her gratitude for the positive debate and wished everyone the best for the festive period. She acknowledged the pressure many around the table would be under during the holiday season due to their roles in the services. She also thanked Jonathan Owen for chairing the meeting.

Sue Symington reflected on the progress of the meetings, noting that they were relatively new but had been successful so far. She expressed her satisfaction with the level of Local Authority participation and praised the quality of the meeting. She highlighted the importance of the work being done, particularly in relation to children's services, and expressed hope that there was a growing energy behind these efforts.

DATE AND TIME OF THE NEXT MEETING:

20/03/2024 at 2.00pm

HNY INTEGRATED CARE PARTNERSHIP - ACTION LOG

April 2023 - March 2024

REF No:	Date Raised	Agenda Item	Actions	Owner/s	Deadline	Update (if required)	Status
ICP001	27.09.2023	8	Health and Wellbeing Board outcomes from Northern Lincolnshire would be brought to a future Integrated Care Partnership meeting for discussion.	North Lincolnshire / North East Lincolnshire Council	Mar-24	Added to workplan for March 2024.	
ICP002	27.09.2023	8	A financial framework to be considered in terms of both local government and NHS resources.	Local Authorities/ HNY ICB	TBC		

Humber and North Yorkshire
Health and Care Partnership

Report to:	Integrated Care Partnership
Date of Meeting:	20th March 2024
Subject:	**Chief Operating Officer report**
Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer
Author:	Alex Seale, North Lincolnshire NHS Place Director

STATUS OF THE REPORT: *(Please click on the appropriate box)*
Approve ☐ Discuss ☐ Assurance ☒ Information ☒ A Regulatory Requirement ☐

SUMMARY OF REPORT:
This report sets out an overview for the ICP of the Place leadership and progress on partnership and integration.

RECOMMENDATIONS:
Members are asked to note the progress and developments for 2023/24 in embedding the role of place in the wider health and care system.

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	NA
Quality	Quality impact is identified within the initiatives identified within the report
HR	NA

Legal / Regulatory	The report sets out how the ICB is meeting its requirements to deliver the 'triple aim' to have regard in making its decisions to; the health and wellbeing of local populations; quality of services; sustainability and efficiency.
Data Protection / IG	NA
Health inequality / equality	The includes how places are coordinating work to improve population health with partners
Conflict of Interest Aspects	NA
Sustainability	NA

ASSESSED RISK:
Strong partnership working needs to be established to ensure that the ICP can deliver on the transformation and integration requirements. This is being delivered through the embedded Place-based approach set out in this paper.

MONITORING AND ASSURANCE:
Monitoring is through Place Committees and Place Directors reporting to the Chief Operating Officer.

ENGAGEMENT:
This report is a summary of Place-based plans, developed by Place Directors with local partners.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption

CHIEF OPERATING OFFICER REPORT- EXECUTIVE SUMMARY

1. INTRODUCTION

1.1. This report sets out an overview for the ICP of the Place leadership and progress on partnership and integration and achievements within Places. The report also highlights how Places are contributing to the key delivery targets of the ICB including how innovation and shared learning across the Places is driving improvement.

1.2 Our Places are central to driving the outcomes for the people and communities they serve. They connect people, communities, democratic leadership, business, public sector partners, educational establishments, VCSE, local authorities, the NHS and other providers of health and care to engage, lead and own shared plans that will deliver change and enable people to thrive.

2. BACKGROUND

2.1. The six Places in HNY Integrated Care Board provide leadership across the system focusing on three primary objectives delivered at Place.

- System delivery and transformation
- System performance, improvement and outcomes
- Integration and effective use of resources.

2.2 As part of the further evolution of our ICS system Operating Model, Places have developed a Shared Framework that demonstrates the areas where Place will drive improved outcomes and how Place and the wider system will work together to enable the delivery of the 'triple aim' of better health and well-being, reducing health inequalities and improved outcomes, and the sustainable and best use of resources through the duty of integration.

2.3 Places have continued to drive forward the delivery of Place and ICB priorities through the Operating Plan and Joint Forward Plan.

3 CHIEF OPERATING OFFICER REPORT

3.1 As organisations we share the responsibility for health and care services across Humber and North Yorkshire.

3.2 Each of our six Places has a strong connection with local partners including local NHS provider, local authority, voluntary and community sector and wider public sector partners around the delivery and assurance of health and wellbeing priorities through their respective jointly agreed Place operating arrangements.

3.3 The key priorities of Place are:

- Develop and deliver integration and service transformation in line with the ICB strategy and Place priorities as set out in the Joint Local Health and Wellbeing Strategies and Joint Forward Plan.
- Lead and assure mutual responsibility and accountability at place for deliverables set out in the Operational Plan and NHS Long Term Plan.
- Deliver Place quality efficiency and productivity plans on behalf of the ICS system.

3.4 Place is at the heart of ICB delivery of the triple aim to have regard in making its decisions to improve the health and wellbeing of local populations; quality of services; sustainability and efficiency.

3.5 The role of Place has been firmly embedded across all of the ICS structures and ways of working. As part of the further evolution of our ICS system Operating Model, Places have developed a Shared Framework that demonstrates the areas where Place will drive improved outcomes and how Place and the wider system will work together to enable the delivery of the 'triple aim' of better health and well-being, reducing health inequalities and improved outcomes, and the sustainable and best use of resources through the duty of integration.

4. UPDATE ON PROGRESS WITH PLACE PRIORITIES FOR 2023/24

4.1 Places have continued to drive forward the delivery of Place priorities and are working collectively, leading system coordination in a number of key areas:

- Response to urgent care, discharge patient flow and frailty, admissions avoidance and the system approach to discharge & UEC pressures including leadership into the system escalation response.
- Community engagement and prevention approaches which tackle health inequalities and improve outcomes for those who are most disadvantaged supported by our population health management approach, focusing on vulnerable population cohorts working with partners including the VCSE.
- Delivering our integrated community offer, developing solutions in the community that support people in their own home and communities and avoid the need for hospital admissions.
- Managing our most complex and vulnerable populations including complex case management for adults and children with more complex needs. Working with partners to develop and manage the provider market to provide the best support options and best use of resources.
- Primary care transformation including the development of integrated neighbourhood teams supported by a population health management approach.
- Place are sharing learning across all the areas above to maximise impact. Productivity and efficiency initiatives are operating across all Places to ensure best use of resources.
- Place Partnerships are focused on opportunities for more effective joint working and use of resources across workforce, estates and digital and integration.

4.2 Specific example of local priorities also reflect the specific population needs at place, addressing health inequalities and particular inclusion health groups. Examples are:

- North-East Lincolnshire are bringing together the resources and networks citizens need to create long term change, including building their local economies in the most deprived wards, working with local community groups.
- The targeted Lung Health Check programme in the East Riding is now moving up the coastal strip to Hornsea as part of the county wide programme of screening.
- Developing an integrated prevention and early intervention model in York Place, including a comprehensive review of the prevention workforce across the York system, focused on the needs and risk factors of the target populations such as high intensity users linking closely with the work on Integrated Neighbourhood Teams
- In North Yorkshire the Place Director and Director of Public Health have worked with local communities to agree investment across a range of issues affecting access to services for some of the most vulnerable populations. This includes a brain health café in Ryedale, support for young mothers and babies in Scarborough and providing balance and strength clinics in Selby to improve frailty outcomes.
- The Hull Integrated Neighbourhood Teams model had had its first review point. The Health & Care Partnership have prioritised the scaling up of the model across the city for 24/25. The programme is focusing on unscheduled reviews in response to escalating needs.
- In North Lincolnshire, With Me in Mind, the mental health support teams in schools are providing emotional and mental health support in schools in year 6 and above including colleges and will be extended to all Key Stage 2 in September. Circa 90% of students have seen an improvement in their person-centred scores.

Sector Collaboratives

4.3 Five sector collaboratives have been established to work alongside Place and providers to:

- Act between provider members, Place, and other delivery partners to deliver transformation at scale, as part of the ICP strategy
- Places and Collaboratives are working closely through a matrix-based approach to support service transformation and integration on key priorities and cross cutting themes.

Operational Plan delivery

4.4 NHS England have set out 31 planning objectives for 2023/24. Place partnerships are working across the Integrated Care System to look at whole system solutions and to take forward integration of health and care to support innovation and transformation to meet our objectives.

5. PRIORITIES GOING FORWARD

5.1 Places will be working with the wider system to finalise the work on the Shared Framework for Place with the ICS Leadership Forum.

5.2 Places are considering their future plans in terms of governance and accountability arrangements and any plans for future progress towards joint committees or expanded pooled budget arrangements.

5.4 Places are central to delivery of the quality efficiency and productivity focusing on priority areas identified by the ICS and working with the wider system to deliver productive sustainable services that ensure best use of resources.

5.5 Work has progressed on the development of a revised Section 75 partnership agreement between the ICB and North East Lincolnshire Council which will be presented to the March ICB Board and to the officers and council members with delegated authority from council cabinet for formal approval.

The Section 75 once agreed will see the council and ICB bringing together approximately £195m (ICB £132m, NELC £63m) resources, with £144m being subject to a pooled arrangement and £51m being subject to a non-pooled arrangement. The majority of the agreement in the first instance will focus on adult services, with a small element of children's services included. It is anticipated that over time the agreement will be further increased to include a wider range of services covering children and adults that will enable to partnership to take a broader population health /health improvement view.

5.6 The planning processes for 24/25 are well under way with plans being developed to support Operational Plan priorities. Places are embedded in these planning discussions to ensure strategic alignment across the ICB, Places and collaboratives.

6. RECOMMENDATIONS

The ICP are asked to note the progress within the Places and integrated working across the ICB and ICS.

Humber and North Yorkshire
Health and Care Partnership

Recasting the Integrated Care Partnership Strategy

Karina Ellis – Executive Director Corporate Affairs

Pete Thorpe – Executive Director Strategy & Partnerships

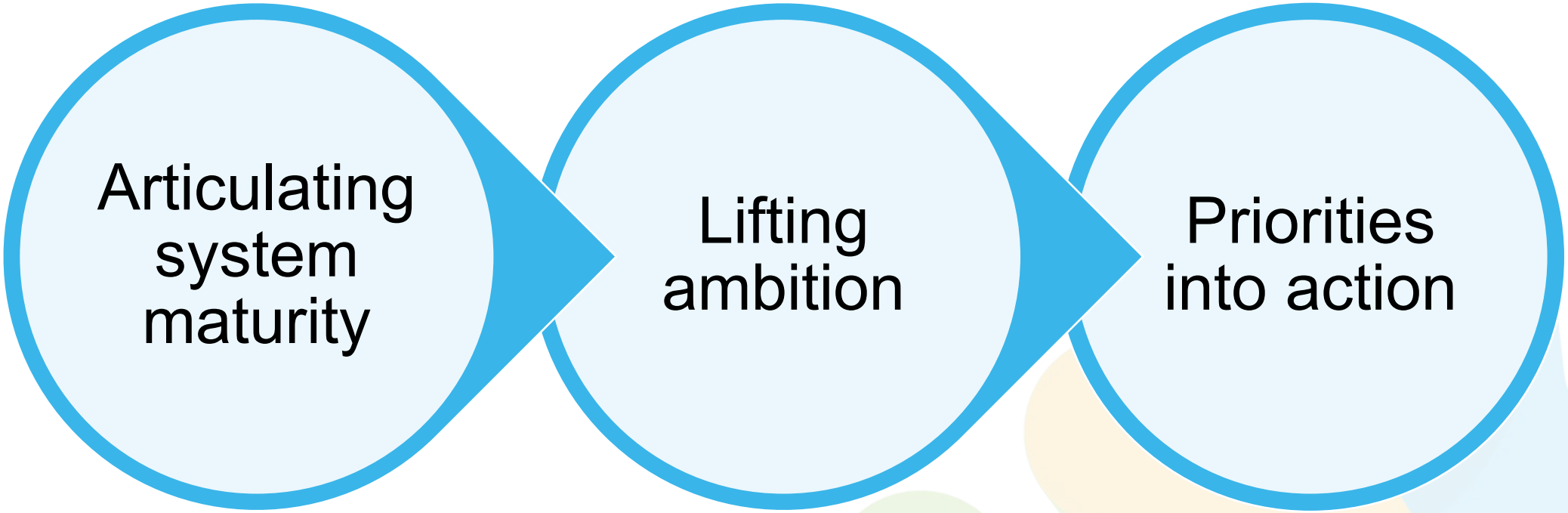
Strengths of the ICP Strategy

- sensitive to the context of a new system
- built from the ground up
- comprehensive and inclusive
- describes the complexity of the system
- approved by all six health and wellbeing boards

Even better if… …we acknowledge

- context has moved on, especially trust and understanding
- we don’t need to show the ‘workings out’ anymore
- destinations are described, but less clear how we will get there
- when everything is a priority…
- we need more pace if we are to realise our shared ambition

Unlocking our operating model



- Creating the conditions for system leadership
- A shared understanding of direction

- Renewed appetite for subsidiarity
- Iteration of headline ambitions
- Socialising the new frame

- Focus on the important and transformative
- Fewer priorities – more urgency
- Formal approvals (ICB/ICP)

Humber and North Yorkshire
Health and Care Partnership

Lift and Simplify

Our Aim	**Narrowing the gap in healthy life expectancy by 2030** **Increasing healthy life expectancy by five years by 2035**			
Our Outcomes	**Start Well**	**Live Well**	**Age Well**	**Die Well**
Our partnership ambitions	**Enabling wellbeing, health and care equity**	**Transforming people's health and care experiences and outcomes**	**Radically improving children's wellbeing, health and care**	
Our person-centred and strengths-based **approach** means we:	**Think Person**	**Think Family**	**Think Community**	

Humber and North Yorkshire
Health and Care Partnership

Lift and Simplify

Shining a light on our big 4 health outcomes

Reducing harm from cancer

Cutting cardiovascular disease

Living with frailty

Enabling mental health and resilience

Humber and North Yorkshire
Health and Care Partnership

Investing in the drivers

LEADING FOR EXCELLENCE

1. delivery improvement

2. digital and data

3. empowering collaboratives

LEADING FOR PREVENTION

4. enabling population health

5. a new relationship with place

LEADING FOR SUSTAINABILITY

6. system workforce

7. sustainable estate

8. outcomes-led resourcing

VOICE AT THE HEART

9. transformative **public engagement**;
10. a strong and impactful **system voice** (professional, political)

Our Aim	**Narrowing the gap in healthy life expectancy by 2030** **Increasing healthy life expectancy by five years by 2035**
Our Outcomes	**Start Well** · **Live Well** · **Age Well** · **Die Well**
Our partnership ambitions	**Enabling wellbeing, health and care equity** · **Transforming people's health and care experiences and outcomes** · **Radically improving children's wellbeing, health and care**
Our person-centred and strengths-based **approach** means we:	**Think Person** · **Think Family** · **Think Community**
Our big 4 health outcome priorities	**Reducing harm from cancer** · **Cutting cardiovascular disease** · **Living with frailty** · **Enabling mental health and resilience**
Our drivers	**LEADING FOR EXCELLENCE** 1. **delivery improvement** **2. digital and data** **3. empowering collaboratives** **LEADING FOR PREVENTION** **4. enabling population health** **5. a new relationship with place** **LEADING FOR SUSTAINABILITY** **6. system workforce** **7. sustainable estate** **8. outcomes-led resourcing**
	VOICE AT THE HEART — **9.** transformative **public engagement**; **10**. a strong and impactful **system voice** (professional, political)

ICP Children's Board

Leaders Forum

Let's get better together

Humber and North Yorkshire
Health and Care Partnership

Ensuring our ICB is fit for the future

"A smaller ICB within a flourishing system"

- doing only what an ICB **can do** and **must do**
- adapted to a new landscape of accountabilities within the system
- transformed as an organisation: **culture, design, sustainability**

Socialisation

Humber and North Yorkshire
Health and Care Partnership

- Health and Wellbeing Board Chairs
- System Leaders Forum
  - (Chief Executives, Local Authority representatives ICB Executives and Place Directors)
- Chairs of Providers
- ICB Board and staff
- Clinical and professional leaders
- Other partners (e.g. VCSE organisations, Sport England etc.)

- Informed by engagement activity with the public and patients

Humber and North Yorkshire
Health and Care Partnership

Next steps

- get on – there is no need to wait
- finalise what is in – most ambitious, most transformative
- formalise and adopt

Humber and North Yorkshire
Health and Care Partnership

HNY Partnership Strategy – How will we know if we've succeeded?

Establishing a Population Health Outcomes Framework

Jake Abbas- Deputy Director, Population Health Intelligence

HNY Partnership Board, 20/3/24

HNY Strategy ‘Lift and simplify’

Humber and North Yorkshire Health and Care Partnership

Consensus on the ‘lifted and simplified’ strategy – with some further work to unpack

Our Aim

Narrowing the gap in healthy life expectancy by 2030
Increasing healthy life expectancy by five years by 2035

Our Outcomes

- **Start Well**
- **Live Well**
- **Age Well**
- **Die Well**

Our partnership ambitions

- **Enabling wellbeing, health and care equity**
- **Transforming people’s health and care experiences and outcomes**
- **Radically improving children’s wellbeing, health and care**

Our person-centred and strengths-based **approach** means we:

- **Think Person**
- **Think Family**
- **Think Community**

Our big 4 health outcome priorities

- **Reducing harm from cancer**
- **Cutting cardiovascular disease**
- **Living with frailty**
- **Enabling mental health and resilience**

Our drivers

LEADING FOR EXCELLENCE

1. **delivery improvement**
2. **digital and data**
3. empowering **collaboratives**

LEADING FOR PREVENTION

4. enabling **population health**
5. new relationship with **place**

LEADING FOR SUSTAINABILITY

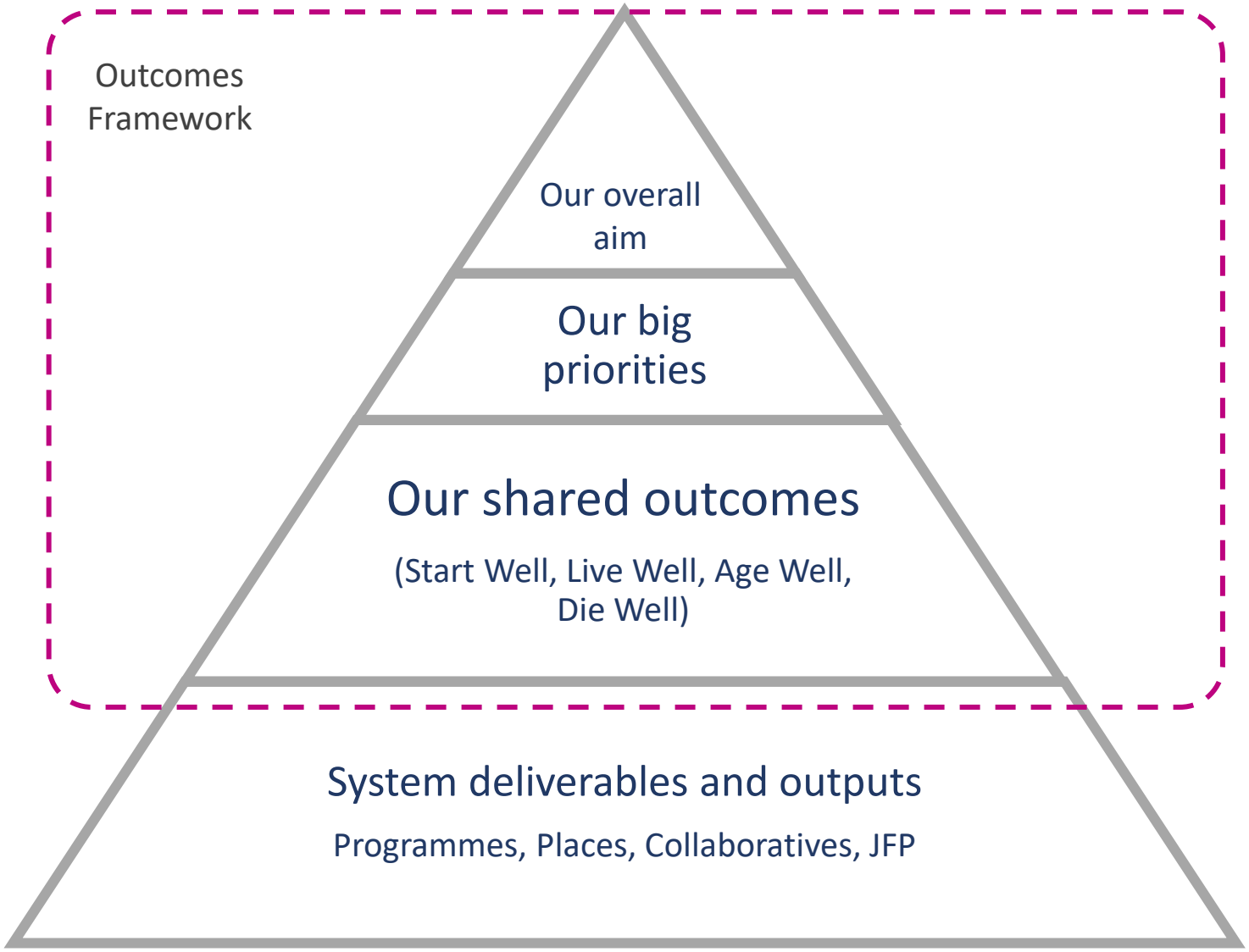
6. **system workforce**
7. **sustainable estate**
8. **outcomes-led resourcing**

VOICE AT THE HEART

9. transformative **public engagement**;
10. a strong and impactful **system voice** (professional, political)

HNY Strategy ‘Lift and simplify’

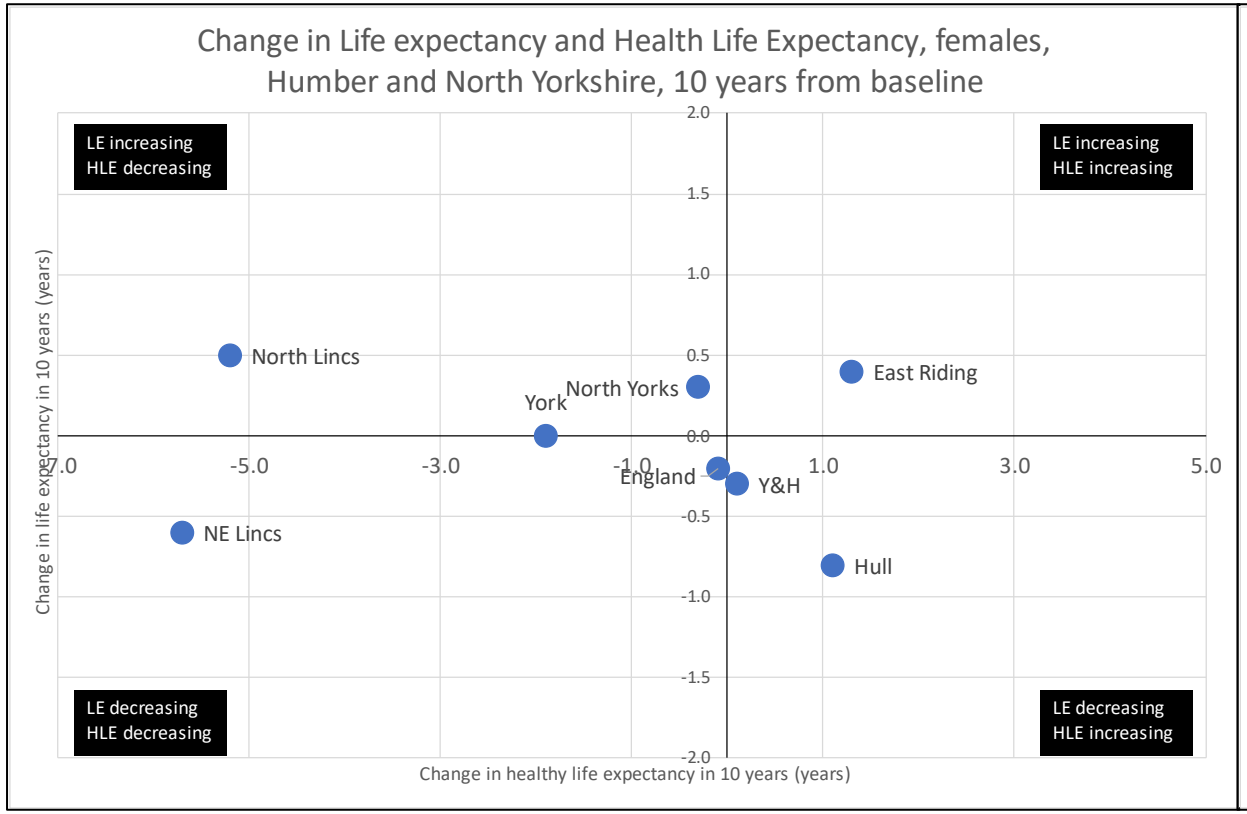
Outcomes Framework approach

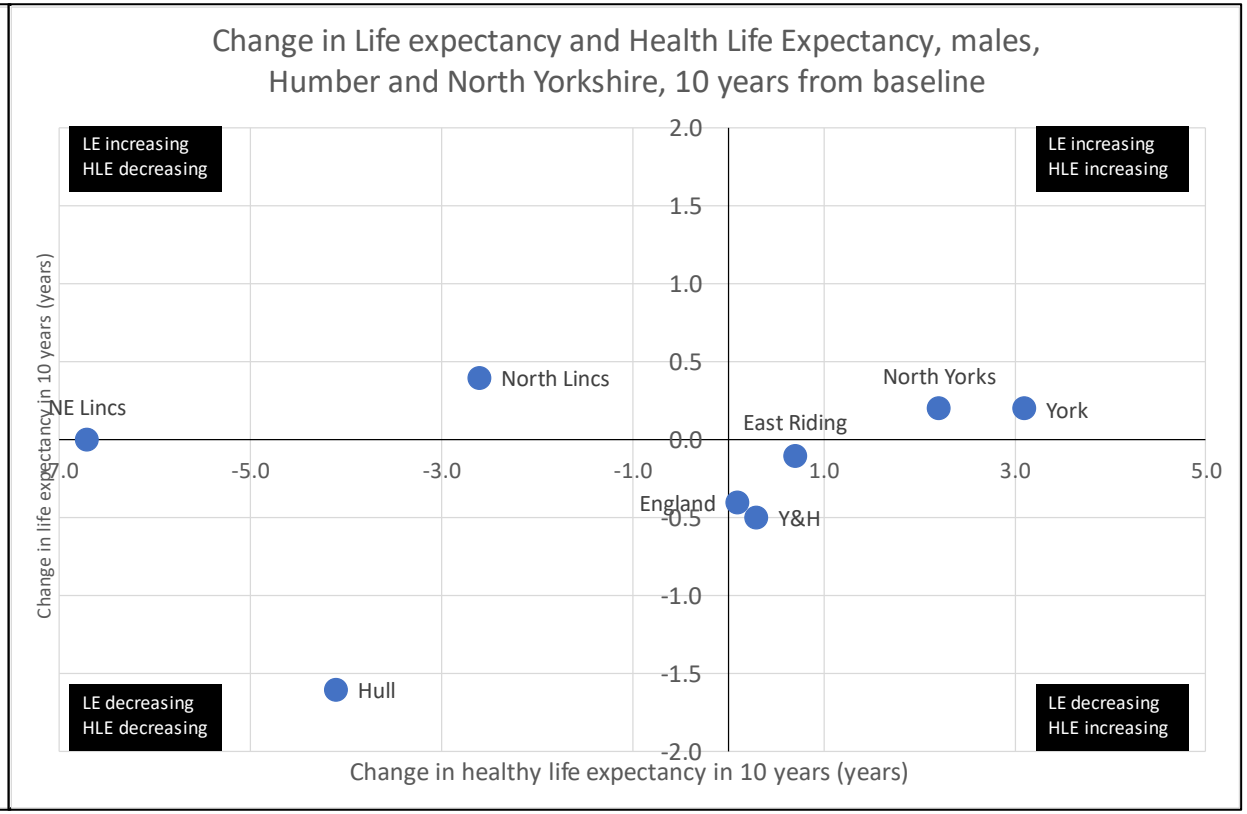


- Healthy life expectancy and life expectancy tracking at system and place
- ‘Basket’ of high-level outcomes indicators for each of our ‘big priorities’ (approx. 4 per theme)
- Wider basket of indicators grouped by life stage for our ‘shared outcomes’
- Highlight alignment with local outcomes frameworks at Place, with Core20 plus, NHS reporting etc
- All indicators available nationally with benchmarks
- Work with Pop Health Intelligence Collaborative (BI and LA public health analysts) to populate at sub place level where available
- Inequalities and disadvantaged communities dimensions included where available
- Mapping between outcomes framework and monitoring and reporting metrics for JFP, programmes place commitments…
- …with detailed supporting dashboards and reports etc. for specific themes / programmes etc.

Delivering our overall ambitions on healthy life expectancy
- Stalling life expectancy and HLE across HNY and elsewhere

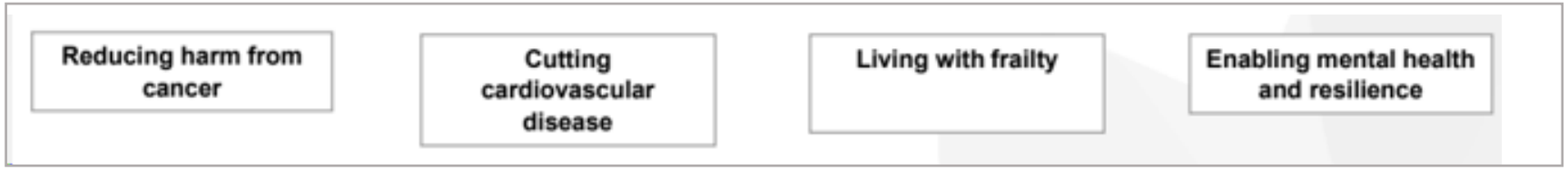
Humber and North Yorkshire Health and Care Partnership





Our ‘big priorities’: selecting high-level outcomes and measures for HNY – *example for Cardiovascular disease*

Humber and North Yorkshire Health and Care Partnership



Cutting cardiovascular disease

- Reduce premature mortality from CVD
- Hypertension: patients treated to age-appropriate national target
- Cholesterol Management: patients treated to age-appropriate national target
- Reducing smoking prevalence in adults

Our shared outcomes - as set out in the HNY Strategy

Humber and North Yorkshire Health and Care Partnership

Start Well	Live Well	Age Well	Die Well
We want every child to have the best start in life and enable everyone to be safe, grow and learn	We want to ensure the next generation are healthier than the last and have the opportunity to thrive	We want to ensure people live healthy and independent lives as long as possible by understanding what matters most to them	We want to create an environment in which people can have positive conversations about death and dying.

"It is easy for me to get the support I need for my child."

"I am safe. My family has what they need to look after me."

"My mental health matters and I can get help when I'm struggling."

"I can tell a grownup if I am feeling sad or worried."

"There are exciting career opportunities for me."

"I have meaningful employment, despite the barriers I face."

"I find ways to stay active and keep healthy that work for me.

"I get the care I need and don't get passed back and forth or get forgotten on a waiting list."

"I quit smoking and I feel great."

"I am on top of my condition and I know what to do if I need help.

"I can get advice and support for my health at home or nearby."

"I am as active as I can be. I enjoy having fun with my friends."

"When things start to go wrong with my body, I have the care I need to keep living a good life."

"I only go to hospital if it's absolutely necessary

"My wishes are known and respected."

"Me and my family can choose how best to say goodbye."

"I feel able to talk about what kind of death I would like before I get sick."

"We are able to talk confidently with patients about their end of life wishes."

Our shared outcomes – with example high level outcomes measures for HNY

Humber and North Yorkshire Health and Care Partnership

Start well	Live Well	Age Well	Die Well
• Child mortality rate • Children in care • Children killed or seriously injured on roads • Children in relative low income families • School pupil absence • Children seen by a dentist in past 12 months • Prevalence of overweight and obesity in Reception • Hospital admissions for mental health conditions aged <18 • School pupils with social, emotional and mental health needs • Attainment 8 scores • 16 and 17 year olds NEET • New birth visits completed within 14 days • Immunisations tbc • Dental decay in 5-year-olds	• Smoking at time of delivery • Breastfeeding prevalence at 6-8 weeks • Adults classified as overweight or obese • Physically inactive adults • Deaths from drug misuse • Admissions for alcohol-related conditions • Gaps in employment between the overall employment rate and 1) those with a physical or mental long-term health condition; 2) those in receipt of long-term support for a learning disability; 3) those in contact with secondary MH services • People with a long-term MSK problem • QOF prevalence • Urgent referrals for cancer • Emergency admissions for self-harm	• Flu vax coverage age 65+ • Adult social care users who have control over their daily lives • Estimated dementia diagnosis rate • Adult carers (age 65+) who have as much social contact as they would like • Adult social care users who have as much social contact as they would like • Blind and partially sighted registered, age 65+ • Permanent admission to residential and nursing care homes • People of pensionable age receiving winter fuel payments • People aged 65+ offered reablement services following discharge from hospital • Adult social care service users (65+) satisfied with care and support services	• Deaths with 3+ emergency admissions in the last 90 days of life • Palliative care prevalence QOF • Community service care plans • Voice of Lived experience (VoLE)

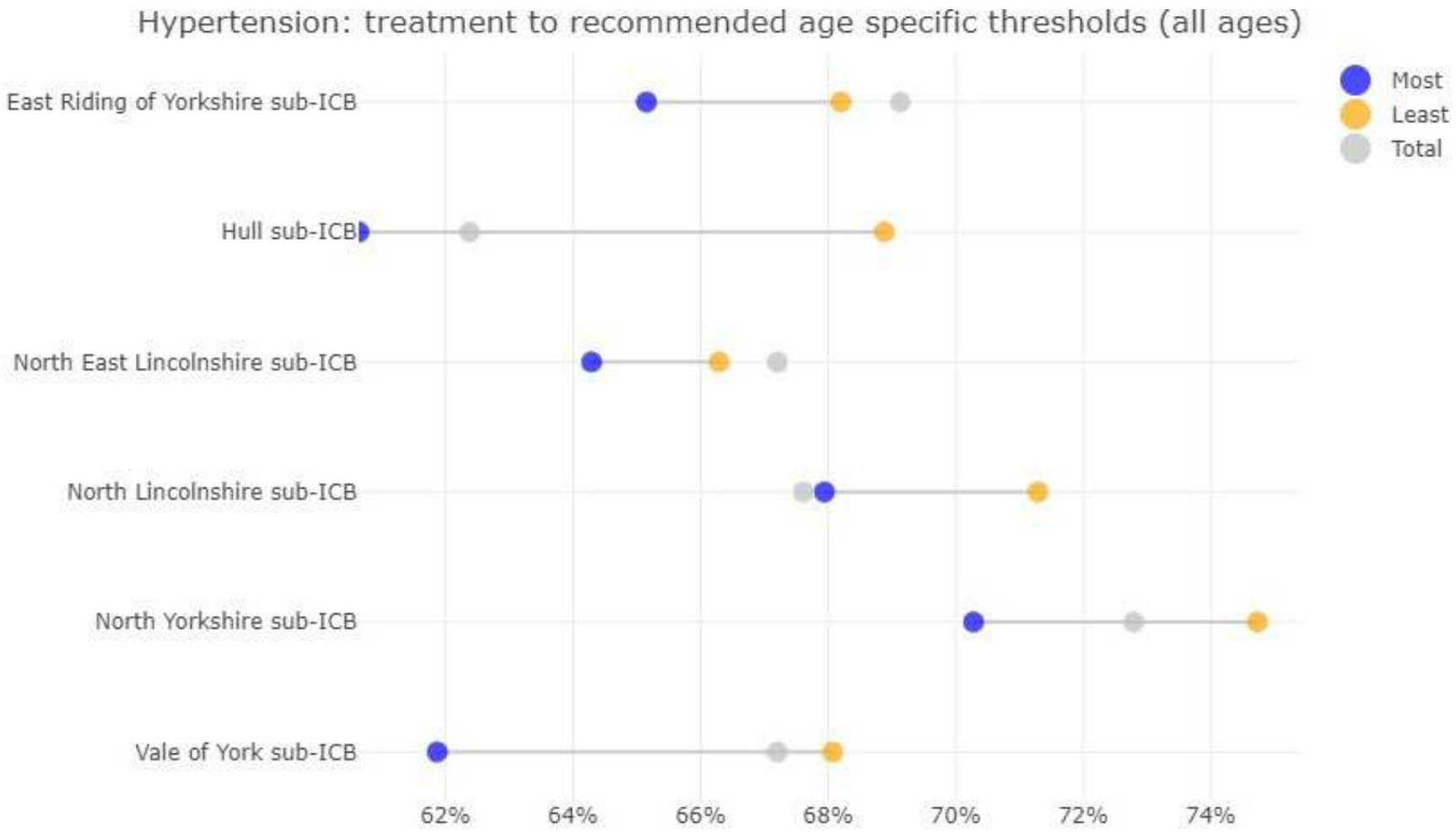
- Consolidates where there are common existing Place outcomes framework commitments
- Builds on workshop with wider system partners held earlier this year
- Aligns to national Public Health Outcomes Framework or similar where possible

Measuring health inequalities examples

Hypertension – inequalities in treatment to recommended age-specific thresholds

– gaps between most and least deprived quintiles (yr up to Sep23)

Humber and North Yorkshire Health and Care Partnership



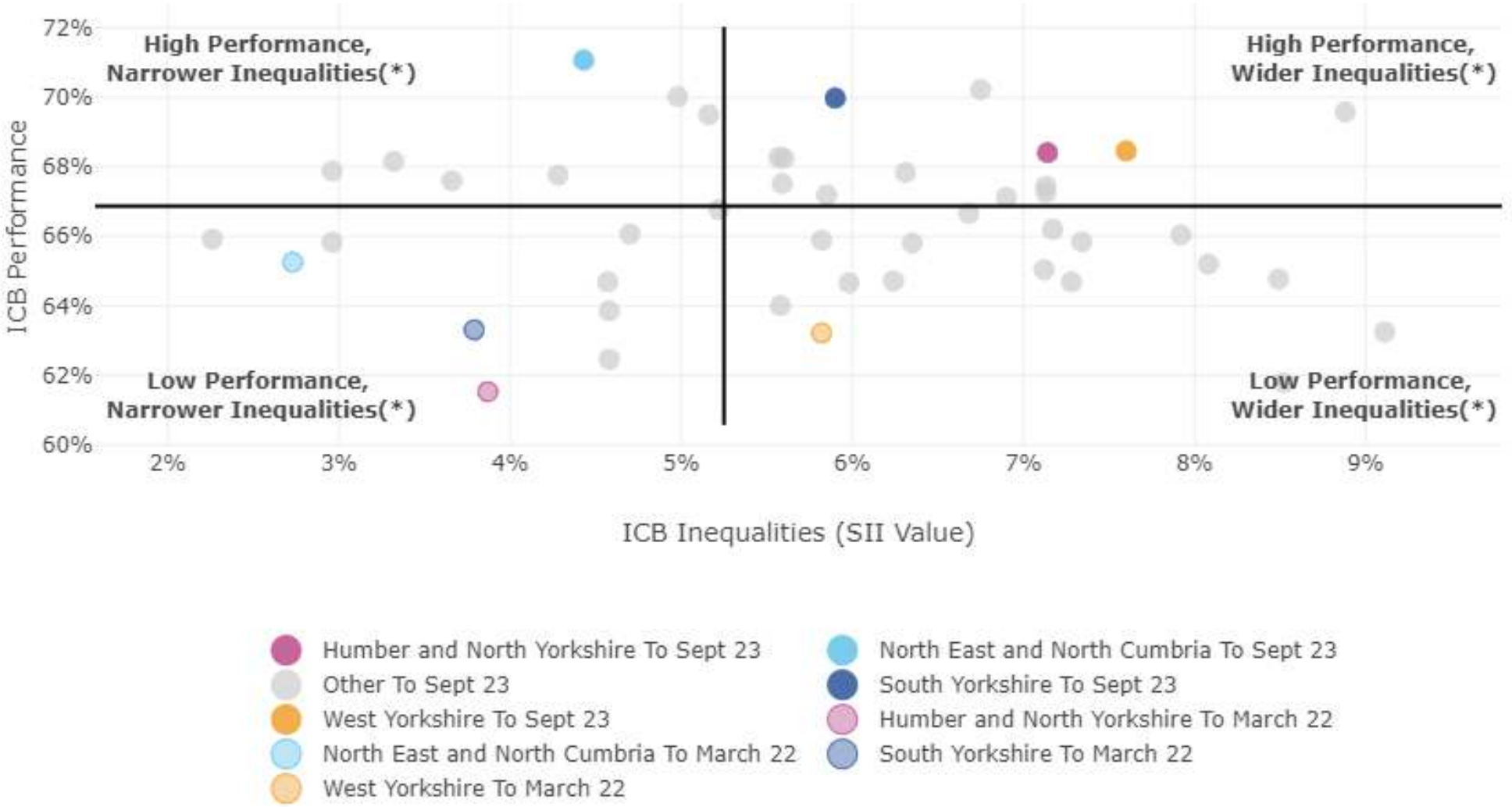
Source: CVD Prevent

Measuring health inequalities example

Hypertension – inequalities in treatment to recommended age-specific thresholds

using Slope Index of Inequalities (SII) (yr up to Sep23)

Humber and North Yorkshire Health and Care Partnership



Source: CVD Prevent

Importance of incorporating the voice of lived experience in our approach

- Complements quantitative data and helps us better understand our progress against our priority outcomes
- Potential links to our *Insight Bank* programme in HNY
- Explore opportunities for integrated visualisation alongside quantitative data (incl. work with academic partners)
- Triangulation of patient/public voice, evidence (published and unpublished) plus quant data

Next Steps

Humber and North Yorkshire Health and Care Partnership

- Further consultation with ICP system and programme leads on defining specific outcomes and selecting indicators for inclusion. **(March-April)**
- Mapping / logic modelling to ICP Programmes – Places, Committees, Collaboratives etc. **(March-April)**
- Joint work between with LA public health analysts and BI team to co-develop visualisation tools and to populate metrics, including populating measures at sub-place level where possible. **(2024/25 tba)**
- Further work on making our outcome measures more meaningful / impactful for the public.

Annex – Example Outcomes Framework summary format

Humber and North Yorkshire Health and Care Partnership

Population health outcomes indicators - Humber and North Yorkshire

Our ambition		Unit	Date	ERY	Hull	NE Lincs	N Lincs	N Yorks	York	HNY	Y&H	England	Trend	Ambition
Live longer, healthier lives	Healthy life expectancy - females	years	2018-20	67.9	57.9	57.5	56.4	66.4	64.6	63.5	62.1	63.9		68.5
	Healthy life expectancy - males	years	2018-20	65.3	53.8	55.2	58.7	67.3	65.3	62.7	61.1	63.1		67.7
	Gap in HLE - females	years	2018-20							11.5				
	Gap in HLE - males	years	2018-20							13.5				
Shining a light														
Reducing harm from cancer	Under 75 mortality from cancer	DSR per 100,000	2022	115.6	162.3	141.8	130.6	104.6	124.1	123.6	130.3	122.4		
	Cancer diagnosed at stages 1 or 2	%	2021	55.0	48.4	54.8	52.6	53.2	52.6	52.8	52.6	54.4		
	Bowel cancer screening coverage	%	2023	74.4	68.0	71.6	73.1	78.1	77.1	74.7	73.9	72.0		
	Cancer 5-year survival (index of all cancers)	%	2016							55.5	55.0	55.7		
Cutting cardiovascular disease	Under 75 mortality from all circulatory diseases	DSR per 100,000	2022	68.1	128.4	106.3	100.5	70.7	75.0	85.5	89.6	77.8		
	Last BP 140/90 or less (with hypertension, aged<80)	%	2022/23	61.2	65.2	68.7	67.8	70.3	65.5	66.5	67.8	65.7		
	Type 2 diabetes with blood glucose 58mmol/mol or less	%	2022/23	64.8	63.5	61.7	65.3	66.2	61.1	64.0	63.2	64.0		
	Smoking prevalence in adults (18+)	%	2022	10.2	18.9	21.8	15.4		8.7		13.1	12.7		
Living with frailty	Emergency admissions due to falls, aged 65+	DSR per 100,000	2021/22	1,634	1,951	1,512	1,512		2,065		1,901	2,100		
	Emergency admissions for hip fracture, aged 65+	DSR per 100,000	2022/23	549	672	566	642	503	535	560	572	558		
	Frailty index													
	Polypharmacy													
Enabling mental health and resiliance	Suicide rate	DSR per 100,000	2020-22	11.4	11.8	8.0	8.7	11.4	12.9	11.1	12.1	10.3		
	People with a low satisfaction score	%	2022/23	7.3	6.3	5.9	5.4		3.7		6.4	5.6		
	Mental health QOF prevalence	%	2022/23	0.75	0.99	0.94	0.82	0.91	0.86	0.88	0.96	1.00		
	Depression: QOF incidence	%	2022/23	1.2	1.4	1.9	1.7	1.1	1.2	1.3	1.4	1.4		
Every child has the best start in life	Infant mortality	crude per 1,000	2020-22	2.8	4.2	3.5	4.0	3.1	3.1	3.3	4.6	3.9		
	Emergency admissions <18	crude per 1,000	2021/22	68.8	69.6	103.7	94.8	92.5	98.3	86.3	72.4	70.7		
	Good level of development at then end of Reception	%	2022/23	68.7	65.5	68.8	66.8	70.3	69.7	68.7	66.1	67.2		
	MMR 2 doses at age 5	%	2022/23	94.4	85.6	91.6	85.5	90.3	86.5	89.6	87.1	84.5		
	Overwight and obesity in Year 6	%	2022/23	35.5	40.4	39.0	36.6	34.5	34.5	36.2	38.1	36.6		

RED/GREEN – significantly worse/better than England average, YELLOW – not significantly different from England average. BLUE/LIGHT BLUE – significantly lower/higher than England average. **Source**: OHID Fingertips

Humber and North Yorkshire
Health and Care Partnership

Agenda Item No:	14

Report to:	**INTEGRATED CARE PARTNERSHIP**
Date of Meeting:	**20 March 2024**
Subject:	**Q4 ICB Governance Review – Committees of the Board**
Director Sponsor:	Karina Ellis, Executive Director of Corporate Affairs
Author:	ICB Corporate Affairs Team (Governance and Development)

STATUS OF THE REPORT:

Approve ☒ Discuss ☒ Assurance ☒ Information ☐ A Regulatory Requirement ☒

SUMMARY OF REPORT:

Good governance is central to the running of Humber and North Yorkshire System. It ensures the system partnership arrangements are meeting the legislative responsibilities and provides assurance the duties required of a public body in an efficient and effective manner.

System governance processes are there to demonstrate clear accountability, transparency, that we are operating ethically and that we are well-led. It not only gives our communities, staff and partners confidence in the ICB but also provides assurance to NHS England and the Government in the ICS and system decision-making processes.

RECOMMENDATIONS:

The Committee is asked to:

i) Discuss and approve the Committee Annual Report for 2023/24 and agree to delegate authority to the Chair and Executive Director Leads to make any additional amendments as required due to timing issues.

ii) Discuss and agree any updates to the terms of reference, noting that they will then be taken to the ICB Board for approval.

ICP STRATEGIC OBJECTIVE

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS

Finance	The HYICB Finance, Performance and Delivery Committee is a Committee of the ICB Board and is required to undertake compliance reviews for year-end alongside all other ICB Board statutory and non-statutory committees.
Quality	The HNYICB Quality Committee and the Clinical and Professional Committee are Committees of the ICB Board and are required to undertake compliance reviews for year-end alongside all other ICB Board statutory and non-statutory committees.

HR	The HNYICB Workforce Board and Remuneration Committees are Committees of the ICB Board and are required to undertake compliance reviews for year-end alongside all other ICB Board statutory and non-statutory committees.
Legal / Regulatory	The HNY ICB Constitution states that the ICB Board and its Committees have a duty to carry out a review of effectiveness annually and report findings within the Annual Governance Statement.
Data Protection / IG	There are no data protection or information governance issues arising from this report.
Health inequality / equality	All Committees of the ICB Board have a role in ensuring we enact our duties in relation to equality and health inequalities.
Conflict of Interest	No conflicts of interest have been identified prior to the meeting. Conflicts of interest compliance will be considered within the review and detailed within the Committees annual reports.
Sustainability	There are no sustainability implications relating to this paper, however sustainability controls and mitigations will be considered on a case-by-case basis, as appropriate.

ASSESSED RISK:
The ICB has a statutory and regulatory obligation to ensure that systems of control are in place, to minimise the impact of all types of risk.

There are no significant risks aligned to this paper, however it should be recognised that the Quarter 4 Governance Review is a significant programme of work and slippage may impact on the delivery of the ICBs Annual Report and Annual Governance Statement.

MONITORING AND ASSURANCE:
The ICB Board is required to monitor the effectiveness of its governance arrangements, including its committees. The outcome of this is reported to NHS England via the ICB Annual Report.

ENGAGEMENT:
A wide variety of subject matter specialists, senior officers, Committees and the ICB Board will be engaged in this work, as required.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

1.0 Introduction and Purpose

1.1. A light-touch review of the ICB Board and its eleven committees' governance was previously approved by the ICB Board. This year's approach draws upon the same multi-faceted methodology used in 2022/23, where any actions identified from the previous reviews will be checked as well as any further learning from the current year. The review comprises three elements:

i) Committee effectiveness review 2023/24
ii) Committee annual report 2023/24
iii) Committee terms of reference 2024-25

1.4 The purpose of this report is to present the above documents to the Committee and seek a number of recommendations that will satisfy year end requirements.

1.5 It should be noted that each Committee has been assigned a 'governance lead' to support the secretariat and 'heads of/leads' of the Committee to complete this work. The Chair and Executive Director lead/s have also been engaged with in this process before the reports have been reviewed by the Committee.

1.6 In preparation for the Q4 review, each Committee secretariat has ensured that a decision register has been kept up to date throughout the financial year.

2.0 Committee Effectiveness Review 2023/24

2.1 The Committee effectiveness review **2023/24.** The Committee Members are being asked to answer the following questions to provide additional assurance to itself and the HNYICB Board that it was managed itself effectively in 2023/24 and how we look to continually improve as we move into 2024/25. A survey has been sent out and responses will be collated and shared with the Committee.

	Committee Effectiveness: Feedback from the Committee
1	What do you think has gone well?
2	What do you think went less well?
3	What would you do differently?
4	Do you feel key messages have sufficiently been fed back into respective partners organisations governance structures?

2.3 The outcome of all Committee effectiveness reviews will be shared with the Partnership Committee, Health & Wellbeing Boards and discussed at the ICB Board Meeting as part of the year-end assurance process.

3.0 Committee Annual Report

3.1 The draft Committee Report **2023/24** is attached at **appendix A** for discussion and approval.

3.2 It should be noted that depending on the date the report has been received by the Committee, that there may be some gaps where additional input will need to be made following the meeting but before year-end. If this is the case, we will ask that the Committee delegates authority to the Executive Director and Chair to approve any minor updates made in respect of this, due to timing issues.

3.3 Summaries from all Committee annual reports will form part of the Annual Governance Statement, published within the ICB Annual Report as part of the year-end processes.

4.0 Committee Terms of Reference

4.1 The draft terms of reference are attached at **appendix B** for discussion and approval.

4.2 The terms of reference may have been updated to include:

- Any changes required following updates approved by the ICB Board to the Scheme of Reservation and Delegation (SORD) and Operational Scheme of Delegation (OSD)
- Any changes requested/required following discussions with the Chair / Executive Director leads,
- Any changes required from a corporate perspective, ie standard paragraphs that need updating.
- and the in-year effectiveness of their operation of the ICP to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System

4.3 The terms of reference will be taken to the ICB Board for formal approval, as part of the year-end processes and shared with Health and Wellbeing Boards in each Place for approval.

5.0 Recommendations

The Committee is asked to:

- Discuss and approve the Committee Annual Report for 2023/24 and agree to delegate authority to the Chair and Executive Director Leads to make any additional amendments as required due to timing issues.
- Discuss and agree any updates to the terms of reference, noting that they will then be taken to the ICB Board for approval.

END.

APPENDIX A

INTEGRATED CARE PARTNERSHIP (ICP) – Annual Report 2023/24

This report covers the work of the Integrated Care Partnership of the Humber and North Yorkshire for matters relating to the year 2023/24. This report provides the HNY ICB Board with a summary of the work done and how the Committee has discharged its responsibilities in supporting the ICBs Annual Governance Statement (AGS) and Assurance Framework.

Committee Membership

The committee consists of the following members:

- The Chair of the ICB (who will also be the chair the ICP)
- The Vice Chair of the ICP (usually an elected member, nominated by the councils)
- The Chief Executive of the ICB
- The Deputy Chief Executive / Chief Operating Officer of the ICB.
- 6 Place Leaders (Usually Local authority Chief Executives or their nominated deputy)
- 6 Elected Members, (Usually Health and Wellbeing Board Chairs or holders of other relevant portfolios).
- 6 NHS Place Directors
- 2 Directors of Public Health (ideally one from the Humber area and one from North Yorkshire and York)
- A representative of Healthwatch (who will support the committee in respect of the voice of lived experience)

Attendance records are detailed within the minutes and show that there was a high level of attendance from all member organisations throughout 2023/24.

Numbers required for quorum and any instances where the Committee was not quorate

The Partnership Committee is quorate when at least nine members of the Committee are present to include at least:

- Chair or Vice Chair
- Chief Executive or Deputy Chief Executive of the ICB
- Two Place Leaders (LA Chief Executives or deputies)
- Two Elected Members (in addition to the Vice Chair if the Vice Chair is chairing the meeting)
- Two NHS Place Directors (ideally representing a different Place to the Place Chief Executives)
- One Director of Public Health

Nominated deputies count towards the quorum and Members will count towards the quorum if attending remotely.

There were no concerns regarding quoracy throughout 2023/24.

Conflicts of Interest

No conflicts of interest were identified relating to matters on the agenda during the course of the year.

Date of approval of terms of reference

The Partnership Committee reviewed its Terms of Reference in June 2023, and these were presented and approved by the ICB Board and Health and Wellbeing Boards in each Place.

Key Role of the Committee

The Partnership has the responsibility of creating an Integrated Care Strategy that outlines how the diverse health needs of the local population will be addressed. This strategy takes into account any relevant joint strategic needs assessments produced by Health and Wellbeing Boards in the Humber and North Yorkshire area. The Strategy identifies the main priorities and factors that will enable the health and care system to focus on integrating efforts to support the joint health and wellbeing strategy.

To ensure effective implementation, the strategy is supported by six Place Health and Care partnerships. These partnerships will facilitate collaboration among different Places to streamline processes across the larger geographical area.

In addition, the ICP oversees population health strategies and adopts a system-wide approach to reducing Health Inequalities. It actively encourages and supports the development of key anchor organisations and promotes collaboration in socio-economic development.

The ICP also plays a key role in fostering innovation, research, and improvement across the ICS footprint. Furthermore, it nurtures and sets an example of an open and inclusive approach among its partners.

Strategic risks delegated to the Committee for scrutiny as per the Assurance Framework

As per the ICB Board Assurance Framework, no risks are assigned to the ICP. Any risks associated with the delivery of the Partnership Strategy will be managed through the lead partnership organisation with responsibility for the specific area.

Main Responsibilities of the Committee

The Partnership Committee provides the formal leadership for the Integrated Care Partnership. It comprises of:

- Futures Group
- Place Leaders Group
- Formal ICP Board

The Partnership is a collaborative forum with shared accountability responsible for developing, agreeing and overseeing the integrated care strategy across Humber and North Yorkshire. It tracks progress against the key objectives, making recommendations to the ICB on delivery of integrated care strategy and on matters that span more than one place such as major service reconfiguration, capital investment, collective action and campaigns.

Special responsibility of the ICP – Twice Yearly Symposium

The ICP also invited the wider leadership community across our ICS to come together in a symposium format. The purpose of the symposium is to:

- Share knowledge, promote learning.
- Build partnerships and create an opportunity for networking.
- Communicate - sharing progress and challenges.

Summary of the key outcomes of the Committee

The Integrated Care Partnership (ICP) is a statutory committee jointly convened by Local Authorities and the NHS, comprised of a broad alliance of organisations and other representatives as equal partners concerned with improving the health, public health and social care services provided to their population.

Improvements have been made to the ICP to reflect a system approach to reducing health inequalities and promote partnership working and the development of an outcomes framework. This includes a life course approach, highlighting 16 high-level metrics, and plans for further data collection and segmentation to assess inequalities.

In discharging its duties, the Partnership Committee have agreed several standing items including strategic partnership reviews/ updates from

- Chairs Partnership Reviews
- Local Government Partnership Reviews
- Futures Group Reports
- ICB Chief Operating Officer Place reports

The Partnership Committee has covered various topics during 2023-24:

June 2023

- Approval of the Terms of Reference
- Population Health and Prevention Programme Update – it was noted that the ICB had been selected as one of seven pilot sites nationally to accelerate the Core20+5 work, working with the Institute for Healthcare Improvement and Health Foundation.
- Integrated Health and Care Strategy Outcomes Framework - It was noted that the main challenge was in influencing change. It was suggested that there needs to be a greater understanding context driving behaviours and obesity was highlighted as an issue with links to social inequalities and poverty. Early intervention lung checks were referenced as a success story and needs to be considered further.

September 2023

- Voice of lived experience update - The ICB is at the start of this journey and is seeking to gain a better understanding of the key issues affecting the population they serve. This includes their concerns about the services provided and wider health and wellbeing issues. The initial focus has been on access to services, primary care and dentistry, and waiting times and difficulties in making appointments. The Partnership also discussed the importance of co-production and long-term relationships with user groups to gain richer, more informed insights.
- Seasonal Preparedness - Communication and engagement with the population was emphasised as a key factor in winter planning and assurance was provided that work was ongoing for improved messaging and relaying information, particularly in terms of Covid-19 vaccination uptake.

- Sustainability/Green plan - The Partnership noted that the climate crisis is also a healthcare crisis, posing challenges to healthcare delivery. Local Authorities agreed to act as leaders for change working closely with the Partnership to address climate change.
- Women's Health Hub **-** A key focus was on understanding and addressing health issues affecting women and girls in the area, with particular emphasis on areas where services may be lacking or not delivered effectively. The Partnership supported the development of the hubs.

October 2023 - Symposium

- In 2023-24 the symposium focused on the 'State of the nation' for children and young people in the North of England (Including an overview of the Child of the North and Child of the North APPG reports and their recommendations.) This included a personal experience from a young person and explored the impact of child poverty and trauma on mental health.

December 2023

- A Focus on Start Well strategy outcome – the Partnership explored the challenges for children and young people services from a Social Care perspective and discussed the need for a m for a new, integrated, sustainable model for children's health and wellbeing services, highlighting the importance of outcomes and the need to stop activities. A Childrens System Leader was proposed.

March 2024

APPENDIX B

INTEGRATED CARE PARTNERSHIP – Terms of Reference

Humber and North Yorkshire Integrated Care Partnership

Terms of Reference

JANUARY 2024

Terms of Reference:	Humber and North Yorkshire Integrated Care Partnership
Authorship:	Corporate Affairs
Board / Committee Responsible for Ratifying:	ICB Board Health and Wellbeing Boards
Approved Date:	xxxx
Ratified Date:	xxxx
Review Date:	Year End 2024/2025
Version Number:	v3.0
The online version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such may not necessarily contain the latest updates and amendments.	

Contents

TO BE UPDATED FOLLOWING AGREED CHANGES

Parties to the Terms of Reference

The Integrated Partnership is a statutorily equal partnership between the NHS and local government to work with and for their partners and communities. The members of the Humber and North Yorkshire Integrated Care Partnership (the **Partnership**), include:

1.1. Local Authorities

The following are Local Authorities (the **Councils**) within Humber and North Yorkshire:

- East Riding of Yorkshire Council
- Hull City Council
- North Lincolnshire Council
- North East Lincolnshire Council
- North Yorkshire County Council
- City of York Council

1.2. National Health Service

NHS Humber and North Yorkshire Integrated Care Board (the **HNY ICB**)

As members of the Partnership all ~~of these~~ organisations subscribe to the vision, principles, values, and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in these Terms of Reference.

1.3. Definitions and Interpretation

These Terms of Reference is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

1.4. Term

These Terms of Reference shall commence on the date of approval of all Parties. It will be subject to an annual review by the Partnership Committee to ensure it remains consistent with the evolving requirements of the Partnership as an Integrated Care System and will be published on the Humber and North Yorkshire Integrated Care Partnership website.

Introduction and context

This Terms of Reference (ToR) is an understanding between the Councils and Humber and North Yorkshire Integrated Care Board ("the Statutory Organisations"), established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).

("the Statutory Organisations"), established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022

It sets out the details of our commitment to work together in partnership to realise a shared ambitions to improve the health and wellbeing of the circa 1.7 million people who live and work in Humber and North Yorkshire.

The Integrated Care Partnership is a statutory committee jointly convened by six Local Authorities and the NHS Humber & North Yorkshire Integrated Care Board and comprises of a broad alliance of organisations and other representatives as equal partners concerned with improving the health, public health and social care services provided to their population. ~~joint committee of NHS Humber and North Yorkshire Integrated Care Board, the Local Councils of East Riding of Yorkshire, Hull, North Lincolnshire, North East Lincolnshire York and North Yorkshire ("the Statutory Organisations"), established in accordance with Section 116ZA of the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022).~~

The Partnership will act as the 'guiding mind' of Humber and North Yorkshire Health and Care Partnership (Integrated Care System (ICS)) and is authorised to operate within these Terms of Reference, which set out its purpose, membership, authority, and reporting arrangements.

The Partnership is one of the four core elements of an Integrated Care System along with Place, the Integrated Care Board, and the Sector Collaboratives. The Partnership will not duplicate the work of the Local Health and Wellbeing Boards. Members of the Partnership Committee will champion and act as ambassadors of effective partnership working for local population benefit.

2.1. Purpose

The ICP will create the space for partners to develop joint strategies that better serve local populations, based on population health management approaches. They will enable partners to plan for the future and develop strategies for using available resources creatively to address the longer-term challenges which cannot be addressed by a single sector or organisation alone.

There is a statutory requirement for the ~~primary, initial purpose of the~~ Partnership to ~~is to~~ produce an Integrated Care Strategy. This ~~will shape the priorities for the ICS to be delivered collectively in partnership to improve the health and care of the circa 1.7 million people we serve.~~will be informed by both Health and Wellbeing Boards (HWB) and Joint Strategic Needs Assessments (JSNA) and will shape the priorities for the ICS to improve the health and care of the circa 1.7 million people we serve. Our mandate is to:

- Improve outcomes in population health and healthcare.
- Tackle inequalities in outcomes, experience and access.
- Enhance productivity and value for money.
- Help the NHS support broader social and economic development.

We believe that many of the needs and health aspirations of our population are best met locally, in the six places we have identified in our partnership geography.

With patience, respect, and a willingness to work together, the ICP will drive the direction and policy of the ICS, by:

- Being r~~R~~ooted in the needs of the population and communities it serves at place, and collectively across Humber and North Yorkshire.
- Overseeing population health strategies.
- Overseeing the system approach to reducing Health Inequalities.

- Overseeing and promoting partnership working in respect of the socio-economic development.
- Encouraging and supporting the development of key anchor organisations and their role in supporting local prosperity.
- Encouraging and supporting Innovation, Research, and Improvement across the ICS footprint.
- Enhancing productivity and value for money by ~~S~~supporting integration and subsidiarity locally and regionally where it is appropriate and effective to do so.
- Nurturing and role-modelling an open and inclusive approach between partners.
- Taking a person centred, strength-based approach; Think Person, Think Family, Think Community.
- ~~Adding value to Place by coming together where appropriate to do things once across the larger geography.~~

How we work together in Humber and North Yorkshire

~~Our shared purpose~~

~~Our shared purpose is to improve the lives of the people who live and work in Humber and North Yorkshire and reducing health inequalities.~~

3.1. Our shared vision and objectives

Our Aims

We aim to narrow the gap in healthy life expectancy by 2030 and increase healthy life expectancy by five years by 2035.

Our outcomes are to ensure that our population can:

Start ~~life~~ well, live well, age well and ~~end life~~ die well

Our ambitions

- Enabling wellbeing, health and care equity.
- Transforming people's health and care experiences and outcomes.
- Radically improving children's wellbeing, health and care.

3.2. Our shared values and behaviours

We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values and have aligned these to the Nolan Principles which define the standards of conduct expected by a person or people in public office:

a. **Selflessness -** act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
b. **Integrity -** not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
c. **Objectivity -** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
d. **Accountability -** are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.

e. **Openness -** be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
f. **Honesty -** a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
g. **Leadership -** promote and support these principles by leadership and example.
Objectives.

Partnership Committee

Whilst the ICP has no formal delegated powers from its constituent organisations, it will provide an authorising environment through a leadership, oversight, and support for system-wide activities, playing a key role in ensuring joint accountability to our population. The ICP will also continue to evolve in the way it works in response to the changing priorities of the partnership.
The Partnership does not replace or override the authority of the Councils or HNY ICBs Boards and Committee. Each of them remains sovereign and Councils remain directly accountable to their electorates.

4.1. Responsibilities

The Partnership Committee provides the formal leadership for the Integrated Care Partnership. The Partnership Committee is responsible for

- Developing and agreeing an **integrated care strategy** across Humber and North Yorkshire- and tracking progress against the key objectives.
- Making recommendations to the ICB on delivery of integrated care strategy and on matters that span more than one place such as major service reconfiguration, capital investment, collective action and campaigns.
- Having **oversight** of delivery of the integrated care strategy, including tracking progress and review.
- Working effectively, collaboratively with partners with **shared accountability**.
- To be responsible for the oversight, monitoring and implementation of remedial actions in relation to any risks which are aligned to the committee and managed within the respective organisations.

4.2. Membership and attendance

~~The ICP will meet face-to- face at an agreed venue.~~The ICP membership shall be agreed by the ICP and appointed by the relevant organisations.

The membership of the Partnership Committee is comprised of the following:

- 6 Place Leaders (Usually Local authority Chief Executives or their nominated deputy)
- 6 Elected Members, (Usually Health and Wellbeing Board Chairs or holders of other relevant portfolios).
- 6 NHS Place Directors
- 2 Directors of Public Health (ideally one from the Humber area and one from North Yorkshire and York)
- A representative of Healthwatch (who will support the committee in respect of the voice of lived experience)
- Chair of the ICB (who will also be the co-chair the ICP)
- ~~The Vice~~ Co-Chair of the ICP (usually an elected member, nominated by the councils)
- Chief Executive of the ICB
- Deputy Chief Executive / Chief Operating Officer of the ICB.

4.3. Chair and Vice Chair

Meetings will be chaired by either of the co-chairs.

~~The Vice Chair will be selected from the Elected Members, nominated by the councils.~~ The Co-Chairs will be selected from HNYICB and one selected from the Elected Members, nominated by the councils

Note: Co-Chairs, on behalf of the Partnership Committee or at their own discretion, may establish specific reference groups or challenge groups from the wider leadership community to inform their own thinking and understanding.

The Co-Chairs will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these ToR. A forward plan will be developed to support the setting of the agenda.

~~4.4 Substitutes~~ Deputies

Members are permitted to nominate a suitable ~~substitute~~ deputy to attend a meeting of the Partnership Committee on their behalf should they be unable to attend themselves.

Members are responsible for fully briefing any nominated ~~substitutes~~deputies.

~~Substitutes~~ Deputies need to be confirmed in writing to the Chair of the ICP ahead of the meeting.

Attendees

- The Partnership Committee may invite members of the broader Leadership Community to their meetings as needed/required.
- Executive Directors/Officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.
- Other individuals may be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

4.5. Quoracy

The Partnership Committee will be quorate to include at least:~~The quorum will be the following~~:

- ~~Chair or Vice Chair~~One of the Co-Chairs
- Two Place Chief Executives or their nominated deputy
- Two Elected Members (in addition to the Elected Co-Chair if they are ~~Vice Chair if the Vice Chair~~ is chairing the meeting)
- Two NHS Place Directors (ideally representing a different Place to the Place Chief Executives)
- One Director of Public Health
- Chief Executive or ~~Deputy Chief Executive of the ICB~~ Director of the ICB

Nominated ~~substitutes~~ deputies may speak and vote on their behalf and where applicable will form part of the quoracy ~~will count towards the quorum~~ and Members will count towards the quorum if attending remotely.

If any member of the ICP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

4.6. Decision Making Arrangements

The Partnership Committee will ordinarily reach conclusions by consensus. Any decisions taken will be recorded in the minutes of the meeting.

If consensus cannot be reached and if timeframes allow, then the item will be re-scheduled for discussion at the next meeting of the ICP. Otherwise, decisions will be taken by majority.

Only members (or nominated deputies) of the Partnership Committee may vote. Each member is allowed one vote, and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Co-Chairs of the Committee will hold the casting vote.

If a decision is needed which cannot wait for the next scheduled meeting, the Co-Chairs may conduct business on a 'virtual' basis using Microsoft Teams.

4.7. Conflicts of Interest

In advance of any meeting of the ICP, consideration will be given as to whether conflicts of interest are likely to arise in relation to any agenda item and how they should be managed.

At the beginning of each meeting of the ICP members will be required to declare any interests that relate specifically to a particular issue under consideration. If the existence of an interest becomes apparent during a meeting, then this must be declared at the point at which it arises. Any such declarations will be formally recorded in the minutes for the meeting.

The Chair of the ICP will determine how any declared interests should be managed.

ICP members must ensure that they always comply with their organisational policies/ professional codes of conduct.

4.8. Meeting Arrangements

The Partnership Committee will meet ~~quarterly~~ no less than four time per year and face-to-face.

Note: Extraordinary meetings may be called for a specific purpose at the discretion of the of the ~~Chair in consultation with the Vice-Chairs~~ Co-Chairs. At least five clear working days' notice will be given when calling meetings.

The quarterly meetings of the Partnership Committee will be held in public via an electronic livestream.

4.9 ~~Committees~~ Sub Groups of the Integrated Care Partnership

The **Futures Group** will report to the Integrated Care Partnership Committee quarterly.

~~The purpose of the Futures Group is to drive progress and "get things done" in respect of achieving the Integrated Care Partnerships declared strategy. It will achieve this by finding ways:~~

The purpose of the Futures Group will be to pursue partnership working that increases the capacity and effectiveness of the ICS in delivering on its long-term ambitions. This will go beyond the existing health and care partnership (NHS, local authorities, patient voice, voluntary sector) and harness the capabilities of universities, colleges, the private sector and health charities.

The intention is to position the Futures Group as a 'first mover' (thought leader and innovator), generating multi-sector partnerships producing scalable transformative change that can be adopted more widely.

The group will focus on the medium to long term only and will working across four main themes – research, workforce, technology and population health. The Group will:

1. ~~To w~~Work together with clear focus on our strategic organisational objectives, which can deliver system change and system sustainability.
2. ~~To c~~Create 'joined up' thinking and avoid silos.
3. ~~To~~ 'M~~m~~ake things happen'. A committee which enables change and transformation.
4. To ensure that transformation and innovation are at the heart of our health and care system.
5. ~~To c~~Create a 'team' of multi-disciplinary leaders who share a commitment to the transformation agenda- and by bringing this work together can find the ways in which their work overlaps improving connected working and avoiding duplication.
6. ~~To d~~Develop a generation of innovative system leaders- supporting our talent and succession objectives.
7. ~~To appoint an external chair who b~~Bring~~s~~ rigour and challenges from an academic setting.
8. To report to the ICP in respect of development and progress.

The Futures ~~Committee~~ Group will have an external chair and independent members, along with executives from across the ICS. The minutes of the meeting will be shared with the ICP.

The **Place Leaders Group** will report to the ICP quarterly.

The purpose of the Place Leaders Group is to strengthen partnerships at Place. Meeting alongside the Futures Group the intention is to share best practice and learning from Places and explore scalable opportunities arising from current Place, regional and national initiatives, which best meet the objectives of the Partnership Strategy and address the wider determinants of health.

4.11 Special responsibility of the ICP – ~~Twice Yearly~~ Symposium

At least ~~Twice~~once a year, the ICP will invite the wider leadership community across our IC~~S~~s to come together in a symposium format, where they will welcome guests from the wider health and social care population, along with other partners including education, business, and other public sector organisations.

The purpose of the symposium will be:

- Sharing knowledge, promoting learning
- Building partnerships and creating an opportunity for networking
- Communication- sharing progress and challenges.

4.12. Reporting Arrangements

In addition to the Futures Group and the Place Leaders Group the ICB will receive regular report from the Population Health ~~Board~~committee, Start Well ~~Board~~ committee and Place Health and Care Partnerships. ~~will share relevant information with the ICP.~~

The minutes of the meetings shall be formally recorded by the secretariat and the Co-Chairs will provide the agreed key messages of each of its meetings, for information, to the ICB Board, Health & Wellbeing Boards, and Place Committees

The Co-Chairs will provide assurance reports to the Board at each meeting and shall draw to the attention of the Board any issues that require disclosure to the Board or require action.

~~4.12.~~4.13. Secretariat and Administration

The Committee shall be supported initially by the Executive Director of Corporate Affairs, and with the Secretariat ~~function~~ provided by the ICB Corporate Affairs function. The secretariat function which will include ensuring that:

- All meeting venues are fit for purpose.
- The agenda and papers are prepared and distributed 5 days in advance having been agreed by the Chair.
- Quality minutes are taken and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept.
- The Chair is supported to prepare and deliver reports to the Committee.
- The Committee is updated on pertinent issues/ areas of interest/ policy developments.
- Action points are taken forward between meetings and progress against those actions is monitored.
- The secretariat is responsible for ensuring that the annual programme of business is regularly updated according to the Committees objectives and associated risks.

4.14. Review

The Partnership Committee will review its effectiveness at least annually.

END