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| **Agenda Item No:**  | **17b** |



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| **Report to:**  | Humber & North Yorkshire Integrated Care Board |
| **Date of Meeting:** | 12 February 2025 |
| **Subject:** | **Question(s) to the Board** |
| **Director Sponsor:** | Karina Ellis, Executive Director of Corporate Affairs |
| **Author:** | Governance & Compliance Team |

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| **STATUS OF THE REPORT:** Approve [ ]  Discuss [x]  Assurance [ ]  Information [ ]  A Regulatory Requirement [ ]  |

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| **SUMMARY OF REPORT:**In accordance with ICB procedures, public board meetings include a standing agenda item allowing members of the public to submit up to two questions in advance about any item on the published agenda. The ICB Chair has the discretion to decide whether to address questions not related to an agenda item during the meeting.Two questions from members of the public have been received for consideration by the Chair. These questions are listed in **Appendix A** at the end of this report.For information, multiple queries concerning Goole Hospital have been received. These were identified as feedback on engagement rather than direct questions to the Board. To maintain consistency, these queries were forwarded to the Communications and Engagement Team, who are managing this work and have responded directly. The team is maintaining a record of all queries, and no additional inquiries have been received to date.Please refer to the link below for the publication of previously submitted questions and answers to the board.  <https://humberandnorthyorkshire.icb.nhs.uk/public-questions-and-petitions/> **RECOMMENDATIONS:** Members are asked to receive the questions listed in **Appendix A** and note that the responses provided to the meeting will subsequently be sent in writing to the enquirer. |

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| **ICB STRATEGIC OBJECTIVE**  |

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| Leading for Excellence |[x]
| Leading for Prevention |[x]

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| Leading for Sustainability |[x]
| Voice at the Heart |[x]

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| **IMPLICATIONS** |

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| Finance | No adverse implications identified in relation to the submission of the question.  |
| Quality | No adverse implications identified in relation to the submission of the question.  |
| HR | No adverse implications identified in relation to the submission of the question.  |
| Legal / Regulatory | No adverse implications identified in relation to the submission of the question.  |
| Data Protection / IG | No adverse implications identified in relation to the submission of the question.  |
| Health inequality / equality | No adverse implications identified in relation to the submission of the question.  |
| Conflict of Interest Aspects | No adverse implications identified in relation to the submission of the question.  |
| Sustainability | No adverse implications identified in relation to the submission of the question.  |

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| **ASSESSED RISK:** There are no risks identified in relation to this paper.  |

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| **MONITORING AND ASSURANCE:** Monitoring and assurance of the matter will be undertaken by the ICB Board. |

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| **ENGAGEMENT:**In line with the procedure, the ICB will facilitate subsequent follow-up, as required. |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** No [x]  Yes [ ]  |

 **Appendix A**

**Questions to the Board**

**Question 1: AI in Mental Healthcare**

As the adoption of AI continues to shape the delivery of mental healthcare, what is the ICB’s approach to leveraging these tools to enhance outcomes, improve efficiency, and ensure equitable access to services? Additionally, if you are a third-party that is able to support the ICB's strategy and priorities, who would be the best person to contact regarding this matter in the first instance?

**Question 2: Cognitive Rehabilitation for dementia**

The financial cost of dementia care to the state and individuals is well known: <https://www.alzheimers.org.uk/blog/how-much-does-dementia-care-cost> and expected to increase exponentially in the coming years. It is therefore important we identify and implement cost effective approaches to dementia care which have a strong evidence base.

A relatively recent dementia specific approach, known as Cognitive Rehabilitation (CR), recommended in the NICE guidelines <https://www.nice.org.uk/guidance/ng97/chapter/recommendations#cognitive-rehabilitation>

has been shown in large, randomised control trials to make significant savings to care costs by delaying transition to residential care facilities by six months. CR is mainly used to maximise the functionality of people with dementia in relation to specific (SMART) goals which they find important: <https://sites.google.com/exeter.ac.uk/great-cr/cognitive-rehabilitation>. There is also an ongoing international debate about the rights of people with dementia to have access to reablement services (CR is a reablement service) as those of us without dementia often do: <https://www.alzint.org/news-events/events/adi-hosting-who-rehabilitation-and-dementia-global-national-and-personal-perspectives/>.

Our organisations initial exploration into potential financial savings gained from the implementation of CR demonstrates that there are potential savings to both Social Care and self-funding individuals:

Potential savings to Social Care

In York, the standard rate or allowance (the maximum York’s Local Authority pays for a residential dementia care home place) for people with dementia without savings is £755 per week, which equates to £19,630 per person over a six-month period. If we start to scale this figure up, it is possible to start seeing significant savings to Social Care. For example, £19,630 x 100 people = £1,963,000 (minus the cost of delivering CR and domiciliary care costs, as people with dementia delaying transition into care will potentially require domiciliary care over that 6-month delay).

Potential savings to self-funding individuals

The average residential dementia care home in the UK currently costs £1205 per week: <https://www.carehome.co.uk/advice/care-home-fees-and-costs-how-much-do-you-pay>),

which equates to £31,330 per person over a six-month period. These residential care costs minus the costs of delivering CR and domiciliary care costs as mentioned above, have the potential to make significant savings to self-funding individuals.

Our organisation (<https://www.partnersindementia.org/>) can provide further information and detail about the research evidence for this approach to dementia care.

Is this something the ICB Board would consider investigating further, and if so, how, and when could this happen?

**END.**