

**Humber & North Yorkshire Integrated Care Board**

**Public Questions Summary Log 2024-25**

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| ICB Board Meeting  10 July 2024 |  |
| Date Submitted | 3 July 2024 |
| Question | Autism is a neurological condition, not a medical condition. Is it part of the ICS/ICB remit to address the considerable deficit of both psychosocial support and social care for autistic adults, particularly those late identified, to prevent mental and physical health problems developing impacting suicide prevalence and reduced life expectancy; and if so, how does it propose to achieve and fund this? |
| Answer | The Mental Health, Learning Disability and Autism Sector Collaborative are working with partners across the system to improve access to all-age Autism and Attention Deficit Hyperactivity Disorder (ADHD) assessments, the assessment pathway, and the support for individuals pre and post diagnosis.  Our aim is to have a Humber and North Yorkshire assessment criteria, pathway and support in place to ensure consistency across our geography, but also with the ability to flex in order to respond to the needs of our local populations at Place.  This will be supported by a Humber and North Yorkshire 5-year Strategy that will be co-created with experts by experience.  We are in the process of engaging with and seeking the ideas of experts by experience, as well as those working in the voluntary sector, commissioners and providers, including our local authority colleagues, to help shape the next steps of this work, timescales and identifying funding requirements.  In addition to the work described above, we will continue to raise the awareness of the increased risk for death by suicide of Autistic people as part of the Mental Health, Learning Disabilities and Autism Inpatient Transformation Programme and provide tailored and targeted support to this priority group as indicated within the National Suicide Prevention Strategy.  We encourage anyone interested in being involved in any parts of the above in the coming months and beyond to register their interest through emailing our team at [hnf-tr.hnymhpmo@nhs.net](mailto:hnf-tr.hnymhpmo@nhs.net). |
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| ICB Board Meeting  14 August 2024 |  |
| Date Submitted | 8 July 2024 |
| Question | What role is envisaged for the current hub and spoke, community, women's health specialist services? |
| Answer | In receiving the question, the Board noted that a detailed update was provided on the Women Living Well Programme to the previous meeting of the Board (July ’24) and would therefore refer the enquirer to the papers relating to Item 16 via the following link:  [https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/10-july-2024/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhumberandnorthyorkshire.icb.nhs.uk%2Fmeetings-and-papers%2F10-july-2024%2F&data=05%7C02%7Cclaire.stocks%40nhs.net%7Ca52af0f6aba7444e6b3a08dccb387111%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638608690470643435%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=DMwRlaTLo4fvVGR98ITqHeCYPhqcZ39zrceyxDpKvnI%3D&reserved=0)  Thank you again for submitting your question to the ICB Board and we trust you find report taken at the July Board meeting helpful in answering it. |

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| ICB Board Meeting  11 September 2024 |  |
| Date Submitted | 21 August 2024 |
| Question | As a mum of two neurodiverse children, I am always amazed when I attend medical appointments, whether it be for myself or with my children, how little knowledge and understanding the staff have on SEND.  They are always really keen to know more but I was wondering what training is in place for staff on the issue of SEND and if there are any plans to increase this? |
| Answer | Training with regards to Special Educational Needs and Disabilities (SEND) is an important requirement for all health care professionals. The Health and Care Act 2022 introduced a statutory requirement for all regulated service providers (those who provide health and social care) to ensure that their staff have had learning disability and autism training appropriate to their role. ICB staff are also required to complete appropriate training.  This obligation is met through several means, including the Oliver McGowan Training Programme as well as mandatory safeguarding training.  The Oliver McGowan Mandatory Training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have improved training and awareness. It takes the form of standardised multi-module training and is the government’s preferred and recommended training for health and social care staff.  Oliver’s Training also supports the NHS Long Term Workforce Plan ambition by upskilling the wider health and care workforce to provide insightful and personalised care for people with a learning disability and autistic people. The training includes many examples of those with SEND lived experience describing how they want to be treated.    Children’s nurses employed across partners within the ICB receive significant amounts of training regarding SEND as well as how to care for children and young people with additional needs.  The ICB has a strategic lead for SEND and SEND Coordinators have responsibility to improve service delivery and align support across childrens services, health and education. SEND Joint Area Partnerships also work at local levels, with a key priority for them being the oversight and co-ordination of training.  All organisations that provide NHS care and publicly funded adult social care are also required to follow the Accessible Information Standard (AIS). The Standard sets out a specific and consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.    For further information about SEND information, training, services and support that is available across the ICB area please feel free to contact [hnyicb.experience@nhs.net](mailto:hnyicb.experience@nhs.net). |

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| ICB Board Meeting  13 November 2024 |  |
| Date Submitted | 7 October 2024 |
| Question | While the ICB Board published its papers, agendas and minutes, webcasts its meetings (with catch-up) and invites public written questions, the same does not appear to be the case for Executive and Partnership meetings of its Collaboratives or Places.  This is in marked contrast to equivalent meetings of Local Authorities, for example Executive Committees, Health & Wellbeing Boards and Scrutiny Committees, where in many cases verbal questions are provided for as well.   1. Does the HNY ICB Board embrace the ten principles set out in the July 2022 Statutory Guidance “Working in Partnership with People and Communities” (Chapter 4, pp 24-31)? 2. Does the Board consider holding only closed meetings of the different leadership meetings of its Collaboratives and Places to be consistent with principles of openness and transparency contained within such ten principles? 3. Will the ICB Board consider the rapid introduction (with deadlines) of public access to such Collaborative and Place meetings (including public questions), subject to the usual precisely defined exceptions where business or papers will be considered only in private session.   **Notes**  The matter becomes of greater importance where statutory responsibilities of the ICB Board are delegated to such Places or Collaboratives.  The provisions of the Health Overview and Scrutiny Committee Principles (DHSC Guidance, published 29 July 2022) may also be relevant.  The section headed “The benefits of scrutiny” begins:  ***“****Proactive and constructive scrutiny of health, care and public health services, done effectively, can build constructive relationships that deliver better outcomes for local people and communities; the people who represent them, and the commissioners and providers of health and care services.”*  The matter might also be considered in the context of the ICB’s proposed Working with People and Communities Strategy*: “It is vital that we actively listen and openly share.”* |
| Answer | 1. Does the HNY ICB Board embrace the ten principles set out in the July 2022 Statutory Guidance “Working in Partnership with People and Communities” (Chapter 4, pp 24-31)?   Yes, and the ICB approved the latest version at of the “Working in Partnerships with People and Communities” Engagement Strategy for the ICB at the Board meeting on the 9 October and the 10 principles for engagement are outlined in some detail within the document – which can be viewed on our website here (Item 14 on the page).  <https://humberandnorthyorkshire.icb.nhs.uk/meetings-and-papers/9-october-2024/>  We have aligned our four key engagement priorities to the 10 principles and identified what we will deliver to not only evidence our commitment to involving the public and patients but, crucially, embed patient voice throughout our organisation and in everything we do.   1. Does the Board consider holding only closed meetings of the different leadership meetings of its Collaboratives and Places to be consistent with principles of openness and transparency contained within such ten principles?   These collaborative and place meetings are not formal decision-making forums. Any conclusions reached are only within the scope of the individuals’ role responsibilities as set out in their relevant organisations’ Scheme of Reservation and Delegation, all other decisions have to be made through the respective organisations whether that is a provider, local authority and or the ICB.  Where organisations make a formal decision there are options for members of the public to either attend or raise questions in relation to items for decision-making in the respective public meetings. This is consistent with the principles of openness and transparency.  In North East Lincolnshire, there is a formal joint committee between the local authority and ICB to enable joint decision making on matters of health and care. The Joint Committee Terms of Reference require their meetings to take place in public for the purposes of open and transparent decision-making unless where statutory exceptions apply.   1. Will the ICB Board consider the rapid introduction (with deadlines) of public access to such Collaborative and Place meetings (including public questions), subject to the usual precisely defined exceptions where business or papers will be considered only in private session.   It is not the intention of the ICB to open public access to the place and collaborative meetings that are not formal decision-making bodies. If other local authorities within HNY were to enter into joint committee arrangements with the ICB, the expectation is that these would be established as public meetings.  As mentioned above the providers, local authorities and the ICB all provide options for the public to either attend or raise questions in relation to items for decision-making in their public meetings. In addition, there are updates on the work of each of the places and collaboratives that are presented to a variety of forums including Health and Wellbeing Board or equivalent (title may vary) and the ICB that enable the public to access information and attend or raise questions in relation to items on the agenda.  In accordance with the principles in the Engagement Strategy we would expect that through places and collaboratives we create the opportunities patients and the public to be involved and contribute by sharing power and co-designing and co-producing services and solutions. |

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| ICB Board Meeting  11 December 2024 |  |
| Date Submitted | 22 November 2024 |
| Question | What progress, if any, has been made with the review of maternity provision across Humber and North Yorkshire? What process milestones and timescales have been adopted? In particular, rather than just undertaking statutory consultation on any significant proposed service changes arising from the review, is it the intention to initiate public engagement at the option development/appraisal stage?’ |
| Answer | This project is currently within the scoping phase, however, should the work progress there will be service user engagement throughout. The established Maternity and Neonatal Voices Partnership hosted in the Local Maternity and Neonatal System will be integral to leading the engagement.  There will be consultation if any future proposals meet the threshold for public consultation |

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| ICB Board Meeting  8 January 2025 |  |
| Date Submitted | 5 December 2024 |
| Question | In a recent Press Article[[1]](#footnote-2), the Chief Delivery Officer at NE & Cumbria ICB *(population c. 3.1m)* is quoted:  “*We have recently increased annual funding for autism and neurodiversity services in the region by more than £3 million per year, and this will help to support autism assessment as well as pre and post-diagnostic support.”*  Meanwhile, a recent response to a FOI request[[2]](#footnote-3) relating to North Yorkshire and York *(population c. 800k)* states:  *NHS Humber and North Yorkshire Integrated Care Board (ICB) can confirm the total contracted budget for the Adult Autism and ADHD service for North Yorkshire and York is £1,252,880 for both 2023/24 and the forecast for 2024/25.*  Does this Board consider it is taking sufficiently seriously the unmet demand for diagnostic services for Autism and ADHD assessments and the resultant impact on health inequalities, given the considerably longer backlog across North Yorkshire and York?  Why has no additional money so far been allocated for 2024/25 in NY&Y and when and by whom will such decision be made for 2025/26? |
| Answer | The ICB is taking the unmet demand for diagnostic services for Autism and ADHD very seriously and is taking action to develop and deliver new pathways for such assessments. Building sustainable and equitable services involves balancing diagnostic capacity with appropriate support and ensuring the right interventions are in place across the system, requiring careful planning, collaboration and a long-term strategy. We are working with regional and national teams in meeting the demand for autism and ADHD services and our Mental Health, Autism, and Learning Disability Collaborative is working on improvements across the entire pathway. This includes taking learning from other regions, direction from NHS England National team and sharing resources to better manage demand and meet the needs of the population.  To provide some detail about our ongoing efforts, the collaborative has outlined several key workstreams aimed at improving autism and ADHD services. These include:   * Reviewing waiting lists to ensure accuracy and transparency. * Creating unified service specifications for adult and children’s assessment services. * Developing consistent thresholds for assessment eligibility across the system. * Applying diagnostic tools consistently. * Aligning transition policies between children’s and adult services. * Mapping commissioned and non-commissioned pre- and post-diagnostic support services to understand gaps and levels of need. * Establishing pilots to promote early identification and support. * Expanding peer support networks and community advocacy programs. * Developing a central website hub for autism and ADHD resources.   These are just some of the initiatives underway to address the complexities of the autism and ADHD pathways. Each workstream is designed to improve access, quality, and outcomes while recognising the systemic constraints we face. As we move forward with this agenda, we will continue to engage with our population to ensure the voice of many is heard, through current mechanisms within each locality.  The ICB has been unable to provide additional resource in year as no such resource is available and we are balancing our resources to ensure that individuals receive the support they need while waiting for assessment, rather than channelling all funding solely into diagnostic services. The investment decisions for 25/26 will be made during the planning round currently in train but awaiting national planning guidance and information regarding financial allocations. |

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| ICB Board Meeting  12 February 2025 |  |
| Date Submitted | 17 January 2025 |
| Question | 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? |
| Answer | The capabilities of AI are rapidly advancing, and in Humber and North Yorkshire ICB we are already starting to leverage AI to enhance patient outcomes and streamline operations. The integration of AI technologies is transforming the approach to healthcare delivery, bringing more precision, efficiency, and personalisation to patient care. Notably, initiatives such as predictive analytics for patient risk stratification and AI-driven diagnostic tools are showing promising impacts.  The ICB already has an ICB AI Governance Policy (available at [https://humberandnorthyorkshire.icb.nhs.uk/documents-and-publications/operational/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fhumberandnorthyorkshire.icb.nhs.uk%2Fdocuments-and-publications%2Foperational%2F&data=05%7C02%7Chnyicb.icbboard%40nhs.net%7C8fc05be1e0344f49d89608dd4c4f59b9%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638750625868335829%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=HovBG6Emhdd8aJ57RAS8qEQo4juI%2B6tTU3pP1QALVhA%3D&reserved=0)  and is currently drafting its own AI Action Plan to maximise the value of AI across all HNY health and care providers including in mental health. The AI Plan will address topics such as training needs, a joint approach to AI safety, improving administrative processes using AI, improving clinical decision support, population health intelligence, links with academic and industry partners, and developing our own AI workforce skills.  Additionally, for the last year the ICB has hosted an active AI Community of Practice with membership from health and care partners across the system including mental health  If you are a third party that can support the ICB's strategy and priorities, you are invited to contact our Chief Digital and Information Officer at [hnyicb.digital@nhs.net](mailto:hnyicb.digital@nhs.net) |
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| Date Submitted | 2 February 2025 |
| Question | **Cognitive Rehabilitation for dementia and the potential financial savings to Social Care and self-funding individuals.**  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](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.alzheimers.org.uk%2Fblog%2Fhow-much-does-dementia-care-cost&data=05%7C02%7Chnyicb.icbboard%40nhs.net%7Ccc00a4653a0d43362a5c08dd4c515890%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638750634437743572%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=1agGP%2Fo88QejNNMBxnOse1IT49oRqS0PbwE6aciXfGA%3D&reserved=0) 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](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nice.org.uk%2Fguidance%2Fng97%2Fchapter%2Frecommendations%23cognitive-rehabilitation&data=05%7C02%7Chnyicb.icbboard%40nhs.net%7Ccc00a4653a0d43362a5c08dd4c515890%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638750634437763776%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=UyG2kvuvySaKo7d9DSZqNw4gyfJycdFDtw1CCMFGQzI%3D&reserved=0) 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](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsites.google.com%2Fexeter.ac.uk%2Fgreat-cr%2Fcognitive-rehabilitation&data=05%7C02%7Chnyicb.icbboard%40nhs.net%7Ccc00a4653a0d43362a5c08dd4c515890%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638750634437780697%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=vAChPHkevMMTRsceTZcspDrfuMVbTQdrq02AuCZFBaQ%3D&reserved=0). 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/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.alzint.org%2Fnews-events%2Fevents%2Fadi-hosting-who-rehabilitation-and-dementia-global-national-and-personal-perspectives%2F&data=05%7C02%7Chnyicb.icbboard%40nhs.net%7Ccc00a4653a0d43362a5c08dd4c515890%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638750634437794840%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=QPb9zL%2Bpmw6kPIncE21rc%2BgN%2FhqlEx8Y%2B36bGKgYO3M%3D&reserved=0)  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 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](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.carehome.co.uk%2Fadvice%2Fcare-home-fees-and-costs-how-much-do-you-pay&data=05%7C02%7Chnyicb.icbboard%40nhs.net%7Ccc00a4653a0d43362a5c08dd4c515890%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638750634437808121%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=%2Fxh7dQ9n%2FV25YYgspbNcwMJ%2FgtX%2FehvWWuSVtFs87kY%3D&reserved=0)), 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/](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.partnersindementia.org%2F&data=05%7C02%7Chnyicb.icbboard%40nhs.net%7Ccc00a4653a0d43362a5c08dd4c515890%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638750634437821167%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C0%7C%7C%7C&sdata=7xd%2FlLJOXU6EcNSicUpT8oCAsRjjrT9pOGaZ8LDOsik%3D&reserved=0)) 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? |
| Answer | Following consultation with colleagues across the ICB we can confirm that cognitive rehabilitation is currently offered via some of our VCSE organisations but there is significant variation across HNY.  Additionally, we are co-applicants on a bid with Queen Mary University London who are looking at York and North Yorkshire as potential pilot sites for a rehabilitation intervention.   * All the memory assessment services offer cognitive stimulation therapy and work around individual goal setting either directly or with third sector partners. * As an ICB we are collaborating with academic institutions and other partners to explore the use of cognitive rehabilitation. * We would welcome the opportunity to discuss with other partner agencies about initiatives/interventions that would benefit our population, and this work will be led by the MHLDA Collaborative, Dementia Steering Group who will make contact with you to address the question you have raised. |

1. [Northern Echo, 2nd December 2024](https://www.thenorthernecho.co.uk/news/24758081.autism-diagnosis-crisis-waiting-list-grows/) [↑](#footnote-ref-2)
2. ICB Ref: HNY 1164, 24th October 2024 [↑](#footnote-ref-3)