



Agenda Item No:

10

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	9 July 2025
Subject:	Update from the Acting Chair
Director Sponsor:	Not applicable
Author:	Jason Stamp, Acting Chair

STATUS OF THE REPORT:

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

SUMMARY OF REPORT:

The Chair's report is a regular feature at board meetings, updating the Board on key activities since the last meeting. It highlights emerging issues and significant developments not covered in the agenda.

A verbal update on other key areas may also be given.

RECOMMENDATIONS:

Members are asked to:

- i) Receive the Chairs report for information.

ICB STRATEGIC OBJECTIVE

Managing Today	<input checked="" type="checkbox"/>
Managing Tomorrow	<input checked="" type="checkbox"/>
Enabling the Effective Operation of the Organisation	<input checked="" type="checkbox"/>
Voice at the Heart	<input checked="" type="checkbox"/>

IMPLICATIONS

Finance	There are no direct financial implications arising from this report.
Quality	The revised governance structure ensures continued oversight of quality and safety through appropriate executive leadership and committee alignment.

HR	The Remuneration Committee has oversight of leadership arrangements and Board roles to ensure consistency with statutory responsibilities and organisational values
Legal / Regulatory	The changes maintain alignment with statutory duties and reflect the ICB's commitment to robust governance and supports compliance with NHS England guidance and reinforce clear lines of accountability at Board level.
Data Protection / IG	There are no direct data protection / IG implications associated with the recommendation set out in this report. The Audit Committee is responsible ensuring we maintain compliance within this area.
Health inequality / equality	No adverse implications are associated with the recommendation set out in this report. The Workforce Board have a role in ensuring we enact our duties in relation to health inequalities, supporting the delivery of the ICB People Strategy.
Conflict of Interest Aspects	No conflicts of interest have been identified at time of drafting this report. Conflicts of interest will be managed in accordance with the ICB's Conflicts of Interest Policy.
Sustainability	There are no sustainability implications to consider within this report.

ASSESSED RISK:

There are no significant risks directly associated with this paper. However, failure to maintain effective governance arrangements or address gaps could compromise the ICB's ability to discharge its statutory functions effectively. Ongoing compliance with the Constitution and statutory duties remains essential to avoid potential intervention by NHS England.

MONITORING AND ASSURANCE:

Adjustments to leadership roles and committee membership ensure continuity of decision-making and effective oversight during transitional periods, supporting the ICB's ability to maintain robust governance and assurance processes.

ENGAGEMENT:

The Chair frequently meets with a range of key stakeholders to discuss the work of the Integrated Care Board and the ICBs emerging plans for transition.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No ☒ Yes ☒

If yes, please detail the specific grounds for exemption.

NHS HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

ACTING CHAIR'S UPDATE REPORT

July 2025

1.0 INTEGRATED CARE BOARD

I would like to thank all Integrated Care Board members for their time in meeting with me over the past three weeks to share their reflections around the work of the Board. I would like to thank all of our partners and Board members for their continued support and commitment at a challenging time.

In light of our ongoing work around ICB transition, we have made a number of changes to the core membership of the Integrated Care Board, with a particular focus on strengthening the participation of our Local Government colleagues.

At our last meeting the Board agreed to a revised governance structure for our Boards and Committees and clearer lines of accountability and reporting into the Integrated Care Board on a regular basis. This will allow the Integrated Care Board to take greater assurance of work taking place across the partnership and increase connectivity and communication across the system.

As of July 2025, the membership of the NHS Humber and North Yorkshire Integrated Care Board will be:

Role	Named Individual
Acting Chair	Jason Stamp
Independent Non-Executive Director/ Vice Chair	Mark Chamberlain
Independent Non-Executive Director	Stuart Watson
Independent Non-Executive Director	Richard Gladman (until end of July 2025)
Acting Chief Executive/ Director of Nursing	Teresa Fenech
Deputy Chief Executive/ Chief Operating Officer	Amanda Bloor
Executive Director of People/ Acting Deputy Chief Executive	Jayne Adamson
Executive Director of Clinical and Care Professionals	Nigel Wells
Executive Director of Finance and Investment	Desiree Irving Brown
Executive Director of Strategy	Peter Thorpe
Executive Director of Communications, Marketing and Media Relations	Anja Hazebroek
Executive Director of Corporate Affairs	Karina Ellis
Acting Chief Operating Officer	Shaun Jones
Public Health Representative	Louise Wallace (North Yorkshire Council)
Provider Partner Member	Michele Moran (Humber Teaching NHS Foundation Trust)
Local Authority Partner Member	Alison Barker (North Lincolnshire Council)
Primary Care Partner Member	Dr Bushra Ali
Directors of Adult Social Care	Tracy Meyerhoff (Hull City Council) Victoria Lawrence (North Lincolnshire Council)
Directors of Children's Services	Martin Kelly (City of York Council)

	Merlin Joseph (East Riding of Yorkshire Council)
Collaborative of Acute Providers	Simon Morritt (York and Scarborough Teaching Hospitals NHS Foundation Trust)
Neighbourhood Health Collaborative	Andrew Burnell (City Health Care Partnership)
Primary Care Collaborative	Dr Simon Stockhill
Associate Non-Executive Director	Professor Dumbor Ngaage (until September 2025)
Associate Non-Executive Director	Dr Deepti Ali (until September 2025)

Voting members of the Board, as outlined in the Constitution are highlighted in the table.

Following the restructure of Board membership several previous members have now been stood down but will continue to support the development of our work within our wider partnership arrangements. I would like to take this opportunity to thank Councillors Owen, Harrison and Shreeve and Professor Charlie Jeffery from the University of York for their valuable contributions.

Following the formation of the new Neighbourhood Health Collaborative, which provides an opportunity to closely align the emerging work around community services, primary care and the voluntary and community sector, the VCSE Collaborative will no longer have a specific place at Board level. Our ongoing commitment to maximising the significant contribution of the voluntary and community sector will be a core element of our thinking around Neighbourhood Health moving forward and our collective challenge is in unlocking the potential of the voluntary and community sector and growing and developing our provider market at pace.

This will be the last Integrated Care Board meeting for Richard Gladman, one of our Independent Non-Executive Directors, who has now relocated to the South Coast and feels that this is an appropriate time to step down from the Board. I would like to thank Richard for his support and commitment during his tenure and wish him well for the future.

In light of the pace of proposed changes to the role of Integrated Care Boards moving forward, we will not be recruiting for a replacement Independent Non-Executive Director at this point. I am pleased that the ICB Remuneration Committee have supported my proposal to extend the tenure of our two remaining Independent Non-Executive Directors for a further six months to offer additional support and continuity during the transition period.

2.0 INTEGRATED CARE PARTNERSHIP

As part of the anticipated 10 Year Plan, the role of the Integrated Care Partnership is likely to change, and Teresa and I were pleased to host a workshop session with members of our Humber and North Yorkshire Integrated Care Partnership on 25 June 2025. Following some positive reflections on the achievements of the Partnership to date, it was agreed that the style of future meetings would change moving forward, with the ICB acting as a strategic partner within a wider and more inclusive partnership structure. The previous Futures Group has now been stood down and its functions will be absorbed into the new partnership structure. Positive discussions took place around the potential of developing the new look partnership on a thematic basis and including a broader group of stakeholders linked to a specific theme. The opportunity to engage with elected mayors, the private sector and voluntary and community sector groups and organisations were welcomed. The next steps around this work will be to convene a smaller working group to develop a set of proposals to support the launch of the new Partnership arrangements in the early autumn.

3.0 ENGAGEMENT WITH KEY STAKEHOLDERS

Over the past month I have continued to meet with a range of key stakeholders to discuss the work of the Integrated Care Board and our emerging plans for transition. They have included the Local Medical Committees, Local Authority Leaders and the Chairs of Health and Wellbeing Boards and the ICB VCSE Collaborative. I have also met with the Chairs and Non-Executive Directors of our provider organisations. I have valued the support I have been offered to the ICB and its staff during this challenging time.

4.0 TRANSITION COMMITTEE

I continue to Chair the ICB Transition Committee, providing oversight and assurance around our current plan. As part of this work, we will also be developing and testing future governance arrangements for the new organisation, including Board and Committee structure. There is emerging guidance on the proposed membership of a new look Integrated Care Board which we will need to consider in the development of our proposed model.

Jason Stamp
Acting Chair
NHS Humber and North Yorkshire Integrated Care Board

END.