



Agenda Item No:

11

Report to:	Humber and North Yorkshire Integrated Care Board
Date of Meeting:	9 July 2025
Subject:	Update from the Acting Chief Executive
Director Sponsor:	Teresa Fenech, Acting Chief Executive
Author:	Teresa Fenech, Acting Chief Executive

STATUS OF THE REPORT:

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

SUMMARY OF REPORT:

The Chief Executive'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	Any financial implications are detailed within the body of this report.
Quality	Any quality implications are detailed within the body of this report.

HR	Any HR implications are detailed within the body of this report.
Legal / Regulatory	The ICB is 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	Any health inequality / equality implications are detailed within the body of this report.
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	Any sustainability implications are detailed within the body of this report.

MONITORING AND ASSURANCE:

The Chief Executive is actively engaged in monitoring and assurance processes through attendance at various committees and groups and also receives updates from the Executive Directors and SROs on the areas they lead.

ASSESSED RISK:

Any risks are directly associated with this paper are monitored and managed in line with the ICBs risk management processes.

ENGAGEMENT:

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

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 CHIEF EXECUTIVE'S UPDATE REPORT

July 2025

INTRODUCTION

At the time of writing this report we are awaiting the publication of the NHS 10- year plan and the review of patient safety/ quality undertaken by Penny Dash which is expected to be published alongside it.

Both of these documents are expected ahead of the board meeting and are therefore on the agenda and will be discussed in more detail at that point.

The model ICB work continues under the oversight of the Transition committee and a verbal update will be provided to ensure the board have the most up to date position in relation to this. Additionally progress in taking forward work around Neighbourhood health will, by the time of the board meeting, and an update can be provided on this – ahead of any papers that will be presented at future board meetings.

On other matters this report brings updates/highlights to the following items:

1. National news
 - a. National Oversight Framework
 - b. Maternity review
 - c. ADHD taskforce report
2. Local update
 - a. HNY Shared Care record Annual Efficiencies report
3. General information
 - a. Essay – New Health Duty for Mayors and Strategic Authorities.

1.0 NATIONAL NEWS

1A. National Oversight Framework

The NHS Oversight Framework serves as a one-year plan that details how NHS England will evaluate providers and ICBs using a set of agreed metrics. It aims to promote improvement and quickly identify organizations needing support. A review of the framework is scheduled for 2026/27 to incorporate the revised ICB operating model and the goals of the 10 Year Health Plan.

A key priority identified in the framework is achieving a financial reset, requiring all ICBs and providers to maintain a balanced net system financial position. NHS England will take immediate action against organizations that fail to deliver a surplus or breakeven position, limiting their segmentation to no better than a score of 3. The framework has this as a financial override mechanism.

The assessment process will be tailored to the support needs of each provider based on their performance score and leadership capability. NHS England will lead discussions on performance, focusing on practical guidance grounded in operational challenges.

Segmentation and Support

The framework outlines a segmentation approach that categorizes providers based on their performance. Providers rated low in both performance and capability may be placed in the Provider Improvement Programme (PIP), which is designed for the most challenged organizations. The segmentation will not apply to ICBs in 2025/26 due to significant changes we are undergoing. It is expected that there will be around 15 organisations in segment 5 and therefore part of the PIP arrangements. Initial segmentations are due to be published imminently.

The document clarifies the roles of ICBs, providers, and NHS England. ICBs are tasked with system leadership for population health, while providers are responsible for delivering high-quality care. NHS England oversees the overall performance of both ICBs and providers.

Performance Metrics

The performance assessment process will measure delivery across six domains, with specific metrics for each type of organization (acute, mental health, community, and ambulance trusts). The metrics will inform the overall segment score and identify areas needing improvement.

Domains	and	Sub-	Metrics
Domains			
Access to Services			Elective care, cancer care, urgent care
Effectiveness			
Experience	and		Patient safety, patient experience
People and Workforce			Staff engagement, training satisfaction
Finance and Productivity			Financial performance, productivity metrics

NHS England will publish a dashboard to provide public access to segmentation data, including organizational delivery scores and performance metrics. This initiative aims to enhance transparency and accountability in the NHS.

The framework includes provisions for performance incentives and enforcement actions. High-performing providers may receive greater operational flexibility, while those in segment 5 may face restrictions and scrutiny to ensure compliance with improvement plans.

In summary, the NHS Oversight Framework for 2025/26 establishes a structured approach to performance assessment and improvement within the NHS, emphasizing accountability, financial management, and the roles of various stakeholders in achieving healthcare goals.

1.B National maternity investigation launched to drive improvements

Maternity Services have been subjected to many reviews, and our board has discussed these previously, most notably with the attendance of Bill Kirk -up – the author of the reviews into both Morecombe Bay and East Kent. Maternity services are noted with our risk register as high risk in relation to quality and safety. This situation is replicated across the country however and concern has been growing that the recommendations from previous and ongoing reviews are not leading to the improvements required. In response to these growing concerns the UK government has launched a **rapid national investigation into NHS maternity and neonatal services** to address long-standing systemic issues and improve care and safety.

The review was announced by Health and Social Care Secretary Wes Streeting on 23 June 2025 and aims to uncover the truth for families affected by harm, ensure accountability, and drive urgent improvements in maternity and neonatal care. It will focus on the worst-performing services and review the entire maternity system, consolidating findings from past reviews. The investigation will be co-produced with clinicians, experts, and bereaved families, following private meetings with affected parents. Work begins in summer 2025, with a final report expected by December 2025.

References

[1] [National maternity investigation launched to drive improvements](#)

1.C ADHD Taskforce Report

The **ADHD Taskforce Report**, published in June 2025 as part of the UK government's **Neurodivergence Task and Finish Group**, outlines a comprehensive strategy to improve support for individuals with ADHD, particularly children and young people, within mainstream education settings.

The taskforce was set up to:

- Improve Educational Support:
- Address Co-occurring Needs:
- Define Best Practices:
- Long-Term Success Focus:
- National Consistency:

The Taskforce, led by Professor Anita Thapar, included educators, psychologists, NHS leaders, and representatives from neurodiversity-focused charities. The report offers a comprehensive review of the current state of ADHD services in the UK and provides a set of transformative recommendations. The drivers for the taskforce will be recognisable to members of our board as in common with many other ICBs we have long waiting times for a diagnosis and concern regarding the unregulated growth in private providers.

The report emphasises that ADHD is not solely a health issue, but one that spans education, justice, employment, and social care.

The ADHD Taskforce Report (2025) could have a significant impact on services in the Humber and North Yorkshire area. We will need the Mental Health Collaborative to fully review and identify how the recommendations should be taken forward in the context of the changing role of ICBs.

Assessment so far suggests that the following will be required.

1. Service Redesign Across Sectors

The Humber and North Yorkshire Health and Care Partnership will likely need to:

- Integrate ADHD support across health, education, justice, and social care.
- Develop multi-agency pathways that allow early intervention without requiring a formal diagnosis.
- Coordinate with local authorities and schools to embed ADHD awareness and support into mainstream services.

2. Early Intervention and School-Based Support

Local authorities may:

- Expand early years and school-based interventions, such as parenting support and classroom accommodations.
- Train educators and school staff to recognize and respond to ADHD traits early, reducing reliance on diagnosis for support.

3. Specialist Services and Fast-Track Pathways

- NHS trusts in the region (e.g., Humber Teaching NHS Foundation Trust) may need to:
 - Create fast-track pathways for individuals with severe ADHD symptoms.
 - Expand access to medication and psychological therapies, especially for those not responding to early interventions.

4. Data and Digital Infrastructure

- The ICS will likely be required to:
 - Improve data collection and sharing across services to track ADHD prevalence, service use, and outcomes.
 - Invest in digital tools for screening, monitoring, and supporting ADHD, ensuring they are evidence-based.

5. Workforce Training and Awareness

- Training programs will be needed across:
 - Primary care (GPs, nurses)
 - Education (teachers, SENCOs)
 - Social care and justice (youth offending teams, probation services)
- This will help professionals identify ADHD traits and provide appropriate support without delay.

Local Opportunities

Given the region's existing focus on mental health transformation, Humber and North Yorkshire could become a pilot area for implementing the Taskforce's recommendations, especially in:

- Community-based ADHD hubs
- Integrated digital care records
- Cross-sector workforce development

References

[1] [Neurodivergence Task and Finish Group - GOV.UK](#)

2. LOCAL UPDATE

2A Humber and North Yorkshire Shared Care Record Annual Efficiencies Report

The Humber and North Yorkshire Shared Care Record Annual Efficiencies Report (2024/25) provides a comprehensive overview of the benefits and efficiencies realised through the implementation of the Yorkshire and Humber Care Record (YHCR).

The report aims to demonstrate the real-world impact of the Shared Care Record on health and care delivery across the region and emphasises the importance of having the right information at the right time, which enhances clinical decision-making and patient outcomes. The Key Efficiency Gains are identified as:

- System Efficiency Savings: Quantified reductions in time and resources across multiple care settings.
- Hours Saved: Includes full-time equivalent (FTE) estimates, showing how much staff time has been freed up.
- Reduced Hospital Conveyances: Fewer unnecessary ambulance trips and hospital admissions.
- Lower CO₂ Emissions: Environmental benefits from reduced travel and more efficient care coordination.
- Encourage clinical buy-in and
- Support long-term digital transformation goals

2B Video: Launch of the Humber and North Yorkshire Education and Training Roadmap – Highlights of 2024-25

This month we celebrated the collaborative work of HNY partners from all sectors to deliver our Education and Training Roadmap. Under the umbrella of our Breakthrough HNY programme, the Roadmap is supporting citizens to secure the health and wellbeing benefits of Good Work and ensuring that training is aligned to the current and future needs of our multi-sector health and care partnership. This [video](#) highlights the impact of this work.

2C Connecting Innovation, Research and Improvement Across an Integrated Care System

Our HNY Innovation, Research and Improvement System (IRIS) successfully secured an informative session at NHS ConfedExpo, the UK's leading health and care conference dedicated to driving innovation and improving patient and public care held in Manchester 11th and 12th June. Speakers Jacqueline Andrews (IRIS Clinical Lead), Becky Bibby (IRIS Programme Director), Helena Teague (IRIS Business Partner), and Kathy Scott (Health Innovation Yorkshire and Humber, Deputy Chief Executive) shared the HNY approach to tackling complex health and care challenges by connecting innovation, research, and improvement across an integrated care system. They discussed the successes and challenges in creating the conditions for evidence-based changes in a complex system, from enabling the adoption and spread of digital innovations through real-world evaluation to supporting access to data for research to improve population health outcomes and building a system-wide culture of continuous improvement. Emphasising the importance of relationships, strategic partnerships, and system thinking, learning, and leadership, the speakers also reflected on the significance of innovation, research, and improvement within ICBs as strategic commissioning organisations and the delivery of the NHS 10 Year Plan. The 45-minute session attracted so many delegates that it exceeded the learning theatre's

capacity of approximately 100 people. Following this success, NHS Confederation has approached the IRIS team to collaborate on a thought leadership piece that will champion HNY and IRIS, providing a platform to share knowledge and learnings with a broader audience.

[🌟 Celebrating Success at the NHS Confed Conference! | IRIS - Innovation, Research and Improvement System at Humber and North Yorkshire](#)

3.0 GENERAL

3.A A New Health Duty for Mayors and Strategic Authorities: Getting It Right by David Buck, Luca Tiratelli, and Tom Lloyd Goodwin, published by CLES and The King's Fund in June 2025:

This essay explores how a new health duty proposed in the UK Government's 2024 Devolution White Paper can be effectively designed and implemented for Strategic Authorities (SAs) and mayors to address health inequalities.

The White Paper introduces a bespoke health duty for SAs to promote a Health in All Policies (HiAP) approach. Historically, devolution has focused on economic growth, often sidelining health equity.

The new duty is seen as a chance to reframe devolution to include health improvement and inequality reduction.

Design Principles for the New Duty

The report outlines three core design requirements:

Clear Purpose – which should correct the “growth-only” focus of devolution. Aligning key players (SAs, ICSs, local authorities) around shared health goals, it should set a minimum standard for all SAs while allowing ambitious authorities to go further.

Theory of Change and Accountability- The duty should be tied to a clear logic model and should include cooperation mandates, strategic planning, and shared outcomes frameworks.

Supportive Policy Environment - Duties alone are insufficient; they must be embedded in a coherent national strategy with funding to build capacity, Public health expertise at local and national levels and clear guidance and cross-government alignment.

Key Takeaway

“The health duty has the potential to significantly improve health outcomes and reduce health inequalities if – and only if – it enhances and sustains collaboration and action.”

<https://cles.org.uk/wp-content/uploads/2025/06/a-new-health-duty-for-mayors-and-strategic-authorities-1.pdf>

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NHS Humber and North Yorkshire Integrated Care Board