## Humber, Coast and Vale Health and Care Partnership

# Principles and Actions to support Health and Care Planning, Prioritisation and Resource Allocation

"It's a big challenge; we're in it together, so let's do the right thing at the right time."

#### Introduction

Responding to Covid-19 has required an incredible amount of us as a health and care system, as you all know, and there is still a long road ahead of us. It has been clear to see that we have prioritised the safety of patients and staff through innovations and service improvements, and there has, and continues to be, commitment amongst colleagues to provide the best possible service to patients and clients within the restrictions and challenges that Covid-19 has brought.

The experience of the Coronavirus pandemic has provided more evidence, should anyone have needed it, that collaboration and partnership working is essential for delivering 21<sup>st</sup> Century health and care services for a population. It is more important than ever that we lean on those partnerships and relationships as we enter this next phase of our system's response to Covid-19.

The UK's health and care system 'as we knew it' will not be seen again, and as we start to emerge and recover from the pandemic we will be faced with a 'new norm'. Across the Humber, Coast and Vale Health and Care Partnership (HCV Partnership) we have been working together to develop our plans for the delivery of health and care services for the remainder of this financial year. As we undertake this work, the scale of the challenge facing us as a system is becoming clearer. Covid-19 has widened health inequalities that existed in our communities and there are people in our communities who have avoided health and care services due to fear of Covid-19 who may have needs that have gone unmet. It is a big challenge, but not one we face alone.

One of the biggest challenges is how we manage the growing lists of patients across the HCV Partnership waiting for access to treatment and care. It is clear that to address this challenge prioritisation and validation of the health and care needs now and in the future are required, to ensure that our population receive equity of access to treatment and care. The HCV Partnership Clinical and Professional group have developed the following principles and have aligned actions to support prioritisation and validation across programmes of work and throughout all organisations and places across HCV.

Our message as a leadership group to you is that we're in it together, so let's do the right thing at the right time.



### PRINCIPLES

We will:

Be **open and transparent** with our Patients, the Public and All Staff about the challenges we are facing and provide clear communications

Work together and embed shared ownership of care, treatment and risk across Humber, Coast and Vale, the health and care sectors and with the Patients

Share patient health and care demand lists across Humber, Coast and Vale to ensure our people have fairer and easier access to services, starting with hospital services including Cancer and Diagnostics and continue into other sectors as soon as possible e.g. Mental Health

**Ensure equity of access** to advice and guidance, specialist healthcare services, diagnostics and treatments across patient cohorts

**Review and prioritise health and care needs of patients based on clinical risk and vulnerability** ensuring the process is transparent and takes into account the holistic needs of the patient

**Ensure integrated health and care pathways are deployed** throughout Humber, Coast and Vale, that make effective use of resources available across the system, embed best practice and create optimum and alternative pathways to meet the needs of the patient whenever possible

**Enable patients to manage their own health conditions** and promote prevention over cure by improving existing arrangements and where required developing and implementing new models and support tools

**Ensure alignment of resources to support the needs** of the patient, with a particular emphasis on investment in the primary and community sector and services



### Actions

#### We will:

**PHASE 2** – May 2020 to August 2020

Secure Covid care

Protect urgent care

Enable cancer referrals

and appropriate

diagnostics

capacity

**PHASE 3** – from August 2020

**Develop** shared waiting lists and share review and prioritisation

**Embed** active referral, triage with appropriate care navigation and expert input

**Embed** digital first across the patient pathway

Implement system pathways

**Publish** regular transparent, comparable metrics and data

**Progress** population health management approach

**Embed** and encourage Place / PCN population health priorities / work plans

From April 2021

**Invest** in community assets and community facing workforce

**Communicate** widely prevention strategies.

These actions have been identified to support the delivery of the principles. The implementation of the actions will require us to build further on the collaborative and partnership working that we have seen in response to the Covid-19 pandemic. There are plans being developed across the Geographical Partnerships (Humber and North Yorkshire & York) and the Partnership Collaborative Programmes (Cancer, Mental Health, Planned Care and Unplanned Care etc.) who will provide the leadership to take these actions forward. We recognise that there will be a need to keep open communication and partnership working at the heart of the implementation as we will all have a part to play.

Humber, Coast and Vale

## **Anticipated Impact**

PRINCIPLES:	ANTICIPATED IMPACT:		
	Enhanced Patient Experience	Improved Quality and Safety	Risk Reduced
Shared Ownership of Care	Care about me, agreed with me	Progression flagged earlier	Shared clinical risk across clinical communities ensured
Improved self-management of Conditions	Personalised prevention embedded	Increased Health Awareness	Earlier flagging of issues
Prioritised health and care needs	Equitable and early access to care delivered	More holistic approach to managing health and care demand and addressing health inequalities	Reduced risk or progressed disease complications Shared clinical risk across clinical communities ensured
Equity of access to expert input	Early care input secured	Early disease intervention	Reduced disease progression and late presentation
Integrated health and care pathways	Appropriate care guaranteed	Standardised care accepted	Appropriate care given in all sectors
Appropriate aligned resources	Care at home or nearer to home offered	Appropriate input made	Better compliance and attendance

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