



# Humber, Coast and Vale Health and Care Partnership

## Annual Report

2018/19



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# Introduction

## Our Partnership

The Humber, Coast and Vale Health and Care Partnership is a collaboration of health and care organisations who believe they are stronger when working together. We are striving to improve the overall health and wellbeing of our population as well as the quality and effectiveness of the services we provide.

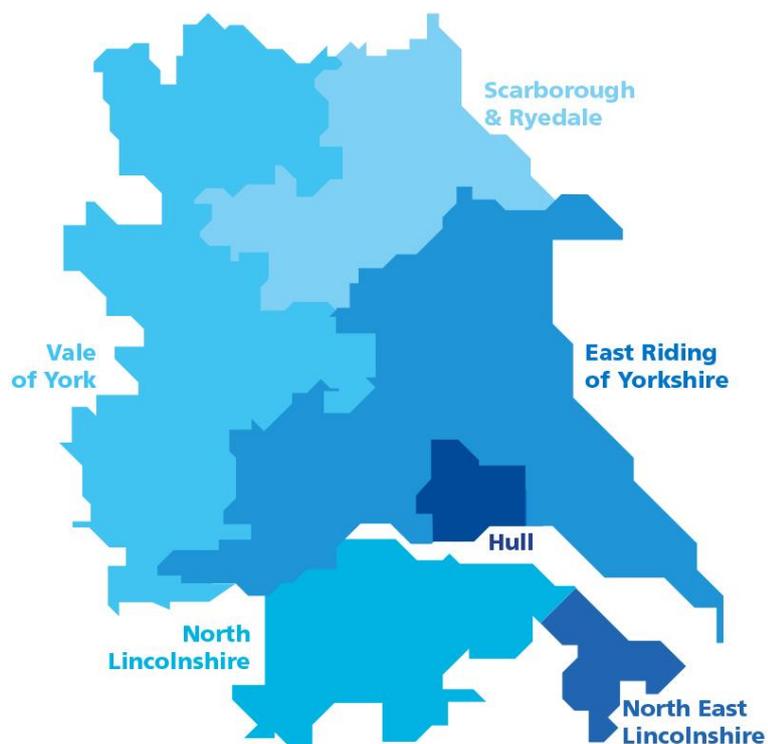
Our Partnership was established in early 2016, when 28 organisations from the NHS, local councils, other health and care providers and the voluntary and community sector came together to start thinking about the challenges facing the NHS and wider health and care sector over the coming years.

Since then, we have been working together – within our six places (as shown on the map) and across wider geographies, where it makes sense to do so – to look for ways to join up health and care services and to make them work better for our local people.

This report provides an overview of the Partnership’s work and documents some of our key achievements across eight priority areas during 2018/19.

Our achievements over this period have laid the foundations for our Partnership Long Term Plan, which will set out the work the Partnership will undertake over the next five years as we continue to work with our partner organisations to and improve the health and wellbeing of the 1.4 million people who live in the Humber, Coast and Vale area.

We want everyone in our area to have a great start in life and to have the opportunities and support they need to stay healthy and to age well.



## Key Achievements and Highlights

Since it was established in early 2016, the Humber, Coast and Vale Health and Care Partnership has made significant progress in developing collaborative ways of working and transforming services. The partners have developed strong relationships that are leading to improvements in health and care services and in the broader health and wellbeing of local people across our region.

By working collectively as a Partnership, we have:

- **Secured £88.5million in capital investment** to improve emergency care and speed up diagnostic testing across Humber, Coast and Vale. This investment will enable us to improve A&E facilities and increase diagnostic capacity at four of our hospitals: Scarborough Hospital, Hull Royal Infirmary, Scunthorpe General Hospital and Grimsby's Diana Princess of Wales Hospital.
- **Built a new inpatient mental health unit** for children and young people across our region who need mental health care and support.
- **Trained and recruited 80 Advanced Clinical Practitioners and 40 Physicians Associates** to work within the Humber, Coast and Vale area, helping to create a new workforce for the future.
- **Put in place new or improved specialist perinatal mental health services** for women across the whole region who need mental health support before, during or after their pregnancy.
- **Trained over 1000 people to become Cancer Champions** so that they now have the knowledge and skills to raise awareness and help to spot the signs of cancer in their communities.
- **Established a crisis café in each of our localities** to provide a safe place for people experiencing mental health difficulties.

These are just a few of the many achievements from the work that has been undertaken in partnership across Humber, Coast and Vale over the year from April 2018 to March 2019. Further details of these and other successes are set out in the report below. These are grouped by each of our collaborative programme areas.

# Cancer

## Introduction

Cancer survival is the highest it has ever been. In Humber, Coast and Vale the percentage of people surviving at least one year following diagnosis has increased from 64.5% in 2001 to 71.6% in 2016.

More cancers are also being diagnosed early, when curative treatment is more likely. Despite this, too many people in our area have their lives cut short or significantly affected by cancer, with consequent impact on their families and friends.

## Priorities for 2018/19

Over the last 12 months we have made significant progress to improve cancer care and outcomes for patients. We have been working with passionate and committed clinical leaders to improve and develop rapid diagnostic pathways and continued to prioritise our four main areas of work:

- Awareness and early diagnosis
- Diagnostics
- Treatment and pathways
- Living with and beyond cancer

## NHS Long Term Plan

The [NHS Long Term Plan](#) was published in January 2019 and identified the priorities and changes that the NHS is going to make over the next 10 years. The plan identified a number of key ambitions for cancer services, including:

*By 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis. The proportion of cancers diagnosed at stage 1 and 2 will rise from 50% to 75%.*

In response to the NHS Long Term Plan, we have worked with our stakeholders to produce our long-term plan objectives:

- Increased lifestyle choices that minimise risk of cancer
- Standardised treatment pathways across our area
- Equity of access to high-quality services for our patients
- Services designed to reduce inequalities in health

These objectives are linked to our four existing goals and will help us to achieve our vision of: *achieving world class cancer outcomes for our communities.*

## Successes for 2018/19

We want to ensure that patients present to primary care sooner, and are diagnosed earlier, so that outcomes are likely to be more successful. This is why we are focusing on awareness and early diagnosis as one of our main areas of work.

### NHSE Targeted Lung Health Check programme in Hull

In November 2018, Hull was selected as one of 10 sites in England to be part of phase one of the NHSE Targeted Lung Health Check programme. The new service aims to save lives by detecting lung cancer and other lung conditions much earlier, when successful treatment is more likely.

This service will be delivered via mobile units at local supermarkets or community settings to support ease of access in areas of high deprivation.

The Humber, Coast and Vale Cancer Alliance - incorporating NHS Hull Clinical Commissioning Group, Hull and East Yorkshire Hospitals NHS Trust, Hull GP surgeries and Yorkshire Cancer Research - is leading on the development of the programme and checks will commence during 2019/20.

### Digital Pathology

Digital slide scanners were procured for Hull and East Yorkshire Hospitals NHS Trust and York Teaching Hospital NHS Foundation Trust as part of the modernisation of pathology services.

This will support workflow efficiencies and easier access to second opinions and enable connection with wider regions such as West Yorkshire and Harrogate Cancer Alliance, for clinical and research purposes.

### Faecal Immunochemical Testing (FIT)

The Faecal Immunochemical Test (FIT) is a new cost-efficient, take-home test that can be used as a 'rule out' test for significant bowel disease. Following emerging evidence, the Cancer Alliance System Board supported the roll-out of FIT for patients with low-risk symptoms of bowel disease.

The Alliance has worked with CCG and primary care colleagues to co-ordinate the roll-out of FIT across the region. The Cancer Alliance also received transformational funding to support a research programme to test the use of FIT in patients with high-risk symptoms of bowel disease. This research is currently ongoing in York.

### Introduction of Cancer Care Reviews

The Cancer Care Review is a tool which supports the development of personalised care for patients. The review is a discussion between a patient and their GP or practice nurse about their cancer journey. It helps the person affected by cancer understand what information and support is available to them in their local area, open up about their cancer experience and enable supported self-management.

During the year, the Cancer Care Review pack produced by the Humber, Coast and Vale Cancer Alliance was distributed to most general practices across the area, with the remainder going out by the end of 2019.

### Establishment of Clinical Groups

The Alliance's System Board is keen to support the development of clinical leadership to lead Alliance-wide collaborative actions for the implementation of the rapid diagnostic and assessment pathways for colorectal, prostate and lung cancer.

A number of stakeholder events have been held over the year, which were led by the newly appointed clinical leads:

- Clinical Lead for Colorectal Cancer: Mr Praminthra Chitsabesan, Consultant Colorectal Surgeon at York Teaching Hospital NHS Foundation Trust.
- Clinical Lead for Lung Cancer: Dr Gavin Anderson, Consultant Respiratory Physician at Hull and East Yorkshire Hospitals NHS Trust.
- Clinical Lead for Prostate Cancer: Mr Matt Simms, Consultant Urologist at Hull and East Yorkshire Hospitals NHS Trust.

The events have been well attended and supported by clinical and non-clinical staff across primary and secondary care.

Benchmarking has also been undertaken with each provider trust to map current pathways in place against optimal pathway for lung, prostate and colorectal tumour sites.

A further focus of the events was to undertake action planning using benchmarking information to meet 62-day targets.

### Priorities for 2019/20

Our workplan for 2019/2020 will continue to be about improving diagnosis, strengthening collaboration and clinical leadership, developing new ways of working, promoting prevention and helping people living with and beyond cancer, whilst ensuring that we involve and listen to those affected by cancer.

Our priorities for the year include:

- The commencement of the roll-out of the NHS Targeted Lung Health Check programme in Hull.
- Our Cancer Champion programme continuing to train people across our communities on the signs and symptoms of cancer. The programme will start to deliver a 'train the trainer' model.
- The introduction of network models of radiology reporting.
- Commencement of digitalisation of pathology.
- Roll-out of rapid diagnostic centres as part of the NHS Long Term Plan.

- Continued development of rapid pathways for lung, colorectal, and prostate cancer.
- Commence rapid diagnostic pathway work for upper gastrointestinal cancer.
- Implementation of multidisciplinary team standardisation.
- Create a vision and begin to implement a new model of lung cancer service.
- Develop a clinical guidance for the prostate cancer pathway.
- Increase uptake of cervical screening.
- Develop and implement risk stratified pathways for prostate and colorectal cancers.
- Launch a new website and a Facebook page to raise the Alliance's profile and provide opportunities for involvement and engagement.
- Host the Alliance's first celebration conference so partners can celebrate our successes and come together to share and learn from each other.

# Urgent and Emergency Care

## Introduction

The Urgent and Emergency Care Network was formed in November 2015 to implement the national Urgent and Emergency Care pathway. The Network came under the umbrella of the Humber, Coast and Vale Health and Care Partnership in 2016 and has since continued to work on the transformation of the urgent and emergency care model in Humber, Coast and Vale.

Nationally, Urgent and Emergency Care Networks were established to operate strategically, covering populations of between 1 million and 1.5 million, with the aim of improving the consistency and quality of urgent and emergency care. The networks are responsible for bringing together A&E delivery boards and other relevant stakeholders to address the challenges in the urgent and emergency care system.

This followed a review of urgent and emergency care in 2013 which identified the following:

- The demands being placed on urgent and emergency care services were growing significantly over the previous decade: the number of A&E attendances had risen by more than one million in three years, while pressure increases every winter put further strain on the system. Demand is increasing between 5% and 30% every year.
- In 2012 there were 438 million visits to a pharmacy for health-related reasons; 340 million GP consultations; 24 million calls to NHS urgent and emergency telephone services; 7 million emergency ambulance journeys; 21.7 million attendances at A&E departments, minor injury units and urgent care centres; and 5.2 million emergency admissions to hospitals in England.

## Priorities and Achievements

In 2018/19 the focus of work has been to provide the Humber, Coast and Vale input into the NHS 111 procurement at a regional level (Yorkshire and Humber). In addition, the focus was also on the development and implementation of Urgent Treatment Centres to support out-of-hospital care, the introduction of extended access in primary care, and alignment and closer integration of the clinical assessment system from NHS 111 through to local clinical assessment services.

### NHS 111 Calls

NHS 111 procurement was achieved in 2018. A new model was developed with specific adaptations for the three sub-regions in Yorkshire. For Humber, Coast and Vale, there was a focus on integration and joint working with the established local clinical assessment services and the implementation of the broader out-of-hospital care system.

The service was eventually procured from the existing NHS 111 provider, Yorkshire Ambulance Service, with delivery of a new service model.

## NHS 111 Online

NHS 111 Online was introduced in 2017 in Humber, Coast and Vale, with the region being one of the first in the country to pilot this new service. There was a soft launch, so it wasn't advertised but when people rang NHS 111 they were advised there was an online option. This was so that the algorithms could be tested and to ensure the system worked appropriately.

Before the introduction of NHS 111 Online there had been a steady growth of telephone calls to NHS 111 in Yorkshire and Humber. The number of NHS 111 calls per week rose year-on-year by 4.3% (the equivalent of an extra 1,413 calls per week), but since the online service has been introduced the number of weekly calls has reduced by 0.1% year-on-year.

## Urgent Treatment Centres

The aim of the Urgent Treatment Centres is to provide a comprehensive urgent care service as part of the overall out-of-hospital urgent care service. The development of Urgent Treatment Centres continued in 2018/19, with eight centres operating in Humber, Coast and Vale (in Hull, Selby, York, Beverley, Bridlington, Goole, Scarborough and Malton) and two more scheduled to open in North Lincolnshire and North East Lincolnshire in 2019/20.

## Direct Booking

One of the national requirements is to have the ability to book healthcare appointments via NHS 111 (calls and online), if required after triage. In Humber, Coast and Vale, significant work has taken place to ensure people can book appointments in this way. There are some national technical issues to overcome but currently 44.9% of appointments in Humber, Coast and Vale can be booked via NHS 111 each day (compared to the national target of 30%).

## Performance

The Urgent and Emergency Care Network has been developing a performance dashboard to have an overview on improvements across the system. This gives the Network an overview of performance across Humber, Coast and Vale on national commissioner and provider indicators.

Over winter the Network was given extra resources for transformation, which has been invested via the A&E delivery boards to support reduction in 'stranded' and 'super-stranded' patients, and support admission avoidance. The Network set some specific measurements to be monitored:

- Reduction in length of stay/reduction in admissions from the top 10 care homes in each locality.
- Reduction in average length of stay/adherence to trajectory for 'stranded' and 'super-stranded' patients.

This resulted in some admission avoidance during winter, but this remained difficult to sustain as admissions increased over the winter period. A review with the national team on progress

against the Urgent and Emergency Care Network 18/19 priorities and the transformational funds received positive feedback.

## Priorities for 2019/20

In 2019/20 the focus of work will be to:

- Relaunch the Network to ensure people understand the contribution being made to achieve better engagement and involvement from all stakeholders, including regular engagement mechanisms with the A&E delivery boards, including collaborative workshops.
- Ensure that the Long Term Plan priorities for urgent and emergency care are delivered in Humber, Coast and Vale, which are:
  - i. Humber, Coast and Vale covered by 24/7 integrated urgent care accessible via NHS 111 (phone or online).
  - ii. All hospitals with a major A&E will provide same-day emergency care seven days a week for at least 12 hours a day, and provide an acute frailty service for at least 70 hours a week.
  - iii. Working towards achieving assessment within 30 minutes of arrival.
  - iv. Further reduce delayed transfers of care rates in partnership with the local authorities.
  - v. Further consolidation of extended access, direct booking and ensuring the Urgent Treatment Centres are compliant with the standards to support the single point of access and the care assurance system.
  - vi. Consolidate the transformation projects undertaken during winter 18/19 to ensure they support admission avoidance.
- Improved performance to provide an overview and assurance on delivery to the Humber, Coast and Vale Health and Care Partnership on: constitutional targets; specific targets; monitor information from the A&E delivery board; develop high-intensity user plans across Humber, Coast and Vale using NHS RightCare information and address the system-wide issues; oversight of the pressure points in the system ensuring appropriate action is taken to address these.
- Emulate good practice from Humber, Coast and Vale and other areas to ensure, through workshops and improved communication, that the Network:
  - i. Supports urgent and emergency mental health target delivery.
  - ii. Identifies what is working well elsewhere, spreads good practice across Humber, Coast and Vale.
  - iii. Understands the impact of good practice and transformation across Humber, Coast and Vale (staffing, activity etc).
  - iv. Identifies support that can contribute to delivery (i.e. public health, social care, third sector).

- Support to both the Humber and Scarborough Acute Service Reviews, by ensuring the Network provides advice and guidance on the national urgent and emergency care priorities and good practice to support delivery in the reviews.
- Link into the Humber, Coast and Vale Health and Care Partnership's Executive Group, Clinical Advisory Group and Programme Leads' Group to ensure that urgent and emergency care initiatives are aligned to other programmes of work.

# Maternity

## Introduction

The requirement for local maternity systems (LMS) was first described in the 2016 [Better Births](#) report as follows:

*Providers and commissioners should work together in local maternity systems covering populations of 500,000 to 1.5 million, with all providers working to common agreed standards and protocols.*

An LMS was therefore formed in Humber, Coast and Vale to provide links between the different parts of the maternity system in the area. The scope includes pre and post-conception services, labour and birth, links with neonatal care and support for related health and wellbeing initiatives.

The national agenda arising from Better Births includes the requirement for several pieces of work to support the aims of:

- Improved safety for women, babies and families.
- To ensure families can make informed choices.
- Wherever possible, ensuring care can be personalised to their needs.
- To provide 'continuity of carer' so there is consistency of midwifery care throughout pregnancy and beyond.

Additionally support for postnatal and perinatal care needed to be improved, professionals needed to work more closely together, and the implementation of LMSs had to support more integrated systems.

Our LMS consists of six hospital sites where births take place: Scarborough, York, Hull, Goole, Scunthorpe and Grimsby; as well as a network of support elements for home birth, and neonatal units of different levels of skill and patient management at all of these sites, apart from Goole.

There are good working links with local commissioners, public health teams in local authorities, neonatal teams, hospital and community-based midwife teams, analysts and communications colleagues, as well as membership of regional maternity transformation boards and clinical networks. Support staff in education and training, workforce, analytics, finance and IT are also part of the wider team.

Additionally during 2018/19 the LMS introduced a [Maternity Voices Partnership \(MVP\) group](#) in each area, based on a hub and spoke model. This work builds on the successful group already in place in Northern Lincolnshire, where a group of parents has met to input into local maternity care for a number of years.

## Priorities and Achievements

The LMS was relatively young at this stage; evolving during this period and there was significant work done to identify the requirements for the team and draw up plans for the core workforce, strategic prioritisation and requirements for safety improvements to meet national targets.

Leadership of the team changed during this period and so there was background work to be done in ensuring continuity of the ambition and objectives, presence at local and regional events and recruitment to team roles once agreed.

Key programme milestones for this period included:

- A restructure of the LMS Executive Board and LMS Delivery Board with the appointment of a Senior Responsible Officer and Deputy for the LMS; adequate executive presence and regular meetings set up with the core team to ensure structural progression.
- A restructure of the safety group, reporting to the executive board and leading the investigation of individual incidents and trends, and include membership from safety groups across each strand of the LMS.
- A refresh of the progress plan for the LMS against the Better Births report.
- Establishment of an LMS website, for women, families and professionals.
- Phase one of 'continuity of carer' pilots to be established, with the aim of meeting a target of 20% compliance on pathways by March 2019.
- To identify funding for training from Health Education England to grow numbers of midwives with specialist skills, including understanding of 'continuity of carer' requirements and midwife sonography.
- To appoint a chair for the various MVP groups introduced in Humber, Coast and Vale.
- To have two full-time LMS midwives in post.
- To support the rollout of the Preventing Cerebral Palsy in Pre-Term Labour project across the LMS with financial support for a champion in each acute Trust.
- To develop groups to support LMS-wide guideline development and a prevention (health and wellbeing across pre and post-conception) agenda.
- To explore technological support available for the LMS and make contact with digital leads.

A number of these key priorities were achieved during 2018/19, with particular success around establishing a clear governance structure, planning around the aims and objectives of the LMS and supporting meetings for continued visibility and growth.

Staff were recruited into a number of the posts described, with a chair for the MVP group in post in December 2018, and two LMS midwives recruited over the period up to March 2019.

Specific projects were progressed; for example the 'continuity of carer' model was introduced in a number of areas, with particular success in establishing teams in Hull. Whilst the nationally-set target of achieving 20% of women on suitable pathways was not met, a final proportion of 11.3% was achieved across the region with plans for scaling up significantly over 2019/20.

Progress was also made on safety-related work, with a significant improvement against the requirements of the Preventing Cerebral Palsy in Pre-Term Labour project; while self-assessment and implementation of action plans against the Saving Babies' Lives Care Bundle, first issued in 2016, also took place. Plans were put in place to establish a guidelines group and funding was obtained for a number of safety and quality training packages.

Communications and engagement were taken very seriously, with good relationships established with the Humber, Coast and Vale Health and Care Partnership team, growth of the MVP local groups and planning for the LMS website commenced.

### Priorities for 2019/20

Against the work commenced in 2018/19 there were then a number of key challenges for 19/20 identified.

The most significant of these in terms of impact for women, babies and families was the extension of the 'continuity of carer' target, with an ambition of 35% nationally set for March 2020. The significant part of the additional midwifery support in the LMS core team was allocated against this requirement, with other support being allocated to continuing and enhancing the safety agenda.

Additionally, a significant decision was made to appoint a Programme Lead which would coordinate this ongoing work with the use of standard programme management techniques, provide local leadership and enhance regional visibility.

Supporting staff for project leadership, improved clinical input into areas such as the guidelines group and enhanced work on the prevention agenda were all also highlighted as priorities.

Key programme milestones for this period will include:

- Continued LMS core team growth; the appointment of a Programme Lead, Project Officer and Prevention Lead.
- 'Continuity of carer' progress, monitoring and improvement against targets to be prioritised.
- Consideration of the requirements of the NHS Long Term Plan (released January 2019).
- Safety Group to be supported with new projects, including maternity-neonatal work, saving babies lives care bundle v2 (released March 2019), clinical negligence scheme for Trusts

(year 2), avoiding term admissions into neonatal units (ATAIN) and other maternity-relevant safety work.

- Website and associated communications to have relevant and accurate content and go live.
- To progress the potential for a single LMS IT system and related data dashboard and service user apps.

# Primary Care

## Introduction

The Humber, Coast and Vale primary care delivery plan for 2018/19 was aligned with the national planning priorities set out in the [General Practice Forward View](#), the [NHS Long Term Plan](#) and, towards the end of the year, the [Five-Year Framework for GP services](#).

This was then translated into workstreams that were designed to improve the sustainability, efficiency and effectiveness of our local primary care services; and make them better placed to achieve the national policy ambitions to reduce health inequalities and improve the health and wellbeing of our communities.

The delivery plan was scheduled across the duration of the respective initiatives and plans set out within the five-year frameworks for the General Practice Forward View and the NHS Long Term Plan for primary medical care.

## Priorities for 2018/19

### Governance and Planning

- Establishment of Primary Care Programme Board (in April 2019) to ensure closer alignment of service transformation and strategic workstreams with the Partnership.
- Development of Primary Care workforce strategy (in March 2019) to align local strategic planning priorities across our region and align with the General Practice Forward View.
- Development of local Primary Care estates strategies to align with the launch of Estates and Technology Transformation Fund and the Humber, Coast and Vale strategy.
- Delegation of primary medical care - all CCGs are operating fully delegated functions for the commissioning and contracting of primary medical care services.

### Investment in Primary Care: Planning Priorities 2018/19

The General Practice Forward View secured new investment in Primary Care worth £2.4billion over five years by 2020/21. The Partnership's Primary Care Delivery Plan (2017/18 to 20/21) will receive £388million investment across nine GP Forward View programmes, including:

- General Practice resilience programme
- Vulnerable Practices Programme
- Estates and Technology Transformation Fund
- Online consultations
- Access funding
- Training care navigators and medical assistants
- Career plus scheme
- GP retention
- Reception and clerical training

An investment plan was developed to enable the Partnership to manage the release of funding at system level for the first four General Practice Forward View programmes: General Practice resilience, GP retention, reception and clerical staff training, and online consultations.

The Partnership also committed to service investment and aligned to the key principles that commit each CCG to fully invest the delegated allocations in primary care services.

It was also agreed that CCGs maintain the investment of a recurrent £1.50 per patient into primary medical care services, as well as pool resources to support the delivery of local NHS Digital plans to ensure IT infrastructure parity across Humber, Coast and Vale.

### Improving Access to General Practice: Extended Hours

The CCGs commissioned providers to improve access for their local communities and enable all patients to access routine primary medical care between 8am and 8pm every day.

### Workforce: Support and Development for 2018/19

Working with Health Education England, the ambition is to support and develop the workforce to improve service resilience and provision, as well as reduce health inequalities across local communities. This includes creating new roles to attract the best people into local health services.

The plan will align to the local workforce strategy, which will set out the need to increase the capacity of the clinical workforce. There is an estimated need for 86 trainee GPs to be appointed in Humber, Coast and Vale every year.

The Humber, Coast and Vale Workforce Board Partnership Forum regularly reviewed data to understand current GP supply and demand to provide a larger General Practice workforce.

The local Primary Care Workforce Development Group will maximise all opportunities from national programmes and build on the local work and programmes that have already been launched. In addition, the current workforce is supported and developed through the provision of access to training and development programmes.

### Digital and Technology

The programme of work was developed to support the delivery of the digital roadmap for Humber, Coast and Vale; and ensure the implementation of the NHS Long Term Plan and GP contract reform within the five-year period.

The main priority was to move the entire Partnership forward, with all practices and all Primary Care Networks benefiting from improvement work outlined in Digital First Primary Care, including: system and equipment replacement, implementation of contractual changes (relating to online booking), removal of fax machines, data governance and digitalisation of records by 2022.

## Estates and Technology Transformation Fund

The Humber, Coast and Vale plan was to maximise funding from the Estates and Technology Transformation Fund programme to increase investment in primary medical care services and, in turn, underwrite the development of service infrastructure across the area. There were also plans for smaller-scale improvements to facilities and IT services to support day-to-day business functionality.

A total of 22 projects were identified and prioritised for development through the Estates and Technology Transformation Fund programme. The projects are mainly improvement grants to develop existing premises. Consideration is being given to a small number of potential new-build projects.

A total of £12-14million was secured for the development of the Primary Care estates to 2021. A total of £2.6million has been committed to develop GP IT systems.

## Primary Care Network Contract Development Plans

Primary Care Networks are an essential building block of every integrated care system or sustainability and transformation partnership. PCNs will deliver tangible benefits for patients and clinicians, including integrated care for patients and more sustainable and satisfying roles for staff, promoting development within multi-professional teams.

Work commenced to ensure full geographical coverage across Humber, Coast and Vale was delivered by July 2019. A clear plan for the development of PCNs is required to enable PCNs to develop the necessary skills and competencies to align the service changes and outcomes with the ambitions set out in NHS Long Term Plan.

## Quality and Digital Governance Standards

All Primary Care service users in Humber, Coast and Vale should be assured that the service is underpinned by the most robust and comprehensive governance and quality structures.

Fully delegated CCGs should have in place assurance systems and processes to regularly monitor and evaluate primary care commissioning provision, covering activity, quality, safety and sustainability. CCGs had started to develop the necessary assurance frameworks by the close of 2018/19.

## Key Priorities for 2019/20

The following priorities were identified for 2019/20:

### Governance and Planning

Development of Primary Care Strategy (by March 2020) to align local strategic planning with transformation planning and priorities set out in the General Practice Forward View.

## Investment Planning and Priorities

General Practice Forward View allocation of funding across the four programme areas: practice resilience, GP retention, reception and clerical staff training, and online consultation. The funding to be utilised across the Humber, Coast and Vale primary medical care services will increase from £223.86million in 2019/20 to £1.2billion by the close of the five-year programme.

The priority investment areas will be aligned to the delivery of the NHS Long Term Plan and Five-Year Framework for GP Services to include the CCG delegated budgets, core CCG funding (£1.50 per patient), improving access, PCN clinical directors, GP Forward View programme Investment, international GP recruitment, and clinical pharmacists

The NHS Long Term Plan and Five-Year Framework for GP Services contracts followed and confirmed the further investment totalling £4.5billion over five years from 2019 to 2024.

## Improving Access to General Practice: Extended Hours

The service will be implemented to enable all patients across Humber, Coast and Vale to access routine primary medical care between 8am and 8pm every day.

## Workforce: Support and Development

Continue to develop the existing workforce plan and initiatives. Implement the additional roles scheme for PCNs.

## Digital and Technology

To progress delivery plans outlined in the earlier Priorities 2018/19 section.

## Estates and Technology Transformation Fund

To progress projects commissioned to completion by 2021. To establish an effective pipeline of projects for business-as-usual funding.

## Primary Care Networks

To agree a timescale to complete an initial assessment of PCNs by 1<sup>st</sup> July 2019. The likely timescale for roll-out is during Q3 in 2019/20.

Implement the Network Contract Direct Enhanced Service and preparation for the delivery of the seven national service specifications: medications review, care homes, anticipatory care requirements, personalised care, early cancer diagnosis, cardiovascular disease prevention and diagnosis, and tackling neighbourhood inequalities.

To establish full PCN geographical coverage across Humber, Coast and Vale by July 2019.

Continue to progress the Additional Roles Reimbursement Scheme, starting with clinical pharmacists and social prescribing link workers.

### Local Professional Networks

Begin work to ensure dental, eye health and pharmacy services become fully integrated members of the Primary Care Networks.

### Population Health Management

This will be progressed through PCNs which will engage the additional clinical workforce to support the delivery of the seven national service specifications: medications review, care homes, anticipatory care requirements, personalised care, early cancer diagnosis, cardiovascular disease prevention and diagnosis, and tackling neighbourhood inequalities.

Optimise resource within CCGs to support the development and delivery of commissioning initiatives and priorities, by using staff secondments or resourcing staff time to provide local access to specialist skills.

# Mental Health

## Introduction

The Humber, Coast and Vale Health and Care Partnership's Mental Health programme has had a challenging, but successful year. We have seen significant transformation of our mental health services, and real improvements for our service users across the communities we serve.

In January 2019, the [NHS Long Term Plan](#) set a clear direction for mental health, centred around integration and collaborative working to improve mental health outcomes.

To enable this delivery, geographical areas are being formed into Integrated Care Systems, which bring together local partners from healthcare organisations, local authorities and the voluntary sector, with the aim of aligning governance and decision-making processes, and eventually funding and budgets.

Alongside the prioritisation of partnership working, families, carers and service users have also been key in the development of the work we deliver, and their input is fundamental at every stage.

As we go forward, we will be developing different models of provision and commissioning services which will be focused on what our local communities and people need. This year particularly we have had huge success in securing vital transformation funding to help us deliver our key priorities, over £12million in total. The programmes of work that will benefit from this investment include:

- Suicide prevention
- Community mental health teams
- Children and young people's services
- Individual placement support
- Perinatal mental health
- Forensic pathways

## Engagement and Co-Production

Families and carers, our 'experts by experience', are key in the development of the work we deliver. Their input is fundamental to feeding in to every stage of our process. The Humber, Coast and Vale Health and Care Partnership has a strong track record of engagement and co-production across our workstreams.

Local engagement events for services users, carers and staff are held throughout the development and implementation of our pathways to ensure a wide range of views are able to shape our mental health services.

We invite these 'experts by experience' to be part of our steering groups to ensure strategic decisions are well informed, reflect service users' needs and that models of care are co-produced.

Our approach so far has gained support from clinical leaders, health and local authority commissioners, primary care networks, the voluntary sector and public health across Humber, Coast and Vale.

### Successes for 2018/19

- Continued development of our perinatal specialist mental health services and our crisis and liaison services. It has been great to see our partners across the system working collaboratively to make these successes happen.
- Finalising the governance and structure for the Mental Health Partnership.
- Beginning to build strong working relationships with our partner organisations, in turn helping to build relationships across our services, and looking for ways to work with new partners.
- Securing transformational funding for the suicide prevention and individual placement support workstreams.
- Establishing workstreams for children and young people and suicide prevention.
- Establishing a regular performance reporting system to the Mental Health Delivery Board

### Key Priorities for 2019/20

We aim to build on the strength of our existing partnership working to drive delivery of our priorities. We will also champion our national pilots to lead the way in providing the best possible care for the people we support.

Our priorities for 2019/20 will be to continue our work around the following areas:

- Adult eating disorders
- Autism and learning disabilities
- Children and young people's mental health
- Community mental health teams
- Crisis and liaison
- Dementia
- Forensic pathways
- Individual placement support
- Perinatal mental health
- Suicide prevention

# Planned Care

## Introduction

Humber, Coast and Vale partners have been working collaboratively for three years on areas where we can improve the health of our population in relation to elective care (also known as planned care).

The work of the Elective Network, formed in 2018, is supported by an Elective Network Delivery Group and a Strategic Board, with representatives from partners across Humber, Coast and Vale. Clinical leadership and engagement is key to our work.

The [NHS Long Term Plan](#) pledges radical change for people needing planned care. The National Elective Care Transformation Programme is leading transformative change to make sure patients needing planned care see the right person, in the right place, first and every time, and get the best possible outcomes, delivered in the most efficient way.

## Priorities 2018/19

The Elective Network identified the following priority areas for 2018/19:

- Musculoskeletal (MSK) conditions
- [Cardiovascular disease](#)
- Gastroenterology
- Diabetes pathways – including prevention and self-care strategies
- Dermatology – including enhanced use of technological solutions
- Ophthalmology – service redesign to address demand, waiting times and waiting lists and follow up backlog
- Respiratory medicine – service redesign focusing on community provision including children
- The development of clinical thresholds for treatment
- Outpatients transformation
- Complex rehabilitation

The Elective Network also committed to work on the following NHS RightCare priorities:

- Cardiovascular disease
- Gastroenterology
- Respiratory

The Elective Network has also supported the development of models of care within both the Humber and Scarborough Acute Services Reviews, including supporting the work programmes of operational delivery and/or clinical networks in complex rehabilitation; urology; ear, nose and throat (ENT); and cardiology.

## Successes for 2018/19

### Clinical Thresholds

The four Humber CCGs have aligned 54 commissioning statements, and are working to align more commissioning statements in 2019/20. The Vale of York and Scarborough and Ryedale CCGs are also working to align their policies.

### Cardiology

A Cardiac Operational Delivery Network was established in June 2018. Since it was established the Network has:

- Adopted a single-system vision for cardiology which is being further developed as part of the Humber and Scarborough Acute Service Reviews.
- Introduced an atrial fibrillation detection pilot programme across Humber, Coast and Vale, supported by the Yorkshire & Humber Academic Health Science Network.
- Implemented the British Health Foundation [blood pressure detection pilot programme](#) in Healthy Living Pharmacies in Hull and East Yorkshire.

### Gastroenterology

The Partnership was the first Sustainability and Transformation Partnership or Integrated Care System in England to implement the faecal calprotectin pathway across its region. This was achieved in January 2019.

This pathway helps GPs to make the distinction between irritable bowel syndrome (IBS) and irritable bowel disease (IBD) when diagnosing patients, with the pathway improving early diagnosis rates and helping to prevent unnecessary colonoscopies, with average savings of £220,000 per CCG anticipated. The Royal College of GPs has introduced the faecal calprotectin pathway as part of its IBD toolkit.

### Orthopaedics

The Elective Network rolled out a first contact practitioner pilot programme in East Riding of Yorkshire, with a reduction in referrals to orthopaedics services between 10% and 28% achieved. In Vale of York and Scarborough and Ryedale, referral management services have been introduced to support triage to musculoskeletal (MSK) services with impressive results.

### Outpatient Transformation

The York and Scarborough system is working with primary care and secondary care clinicians to transform the front end of the outpatient pathway. The work was piloted in rheumatology and led to improved quality of referrals, fewer new outpatient appointments, lower did-not-attend rates and better communication between consultants and GPs.

## Diabetes

### *National Diabetes Prevention Programme*

The Humber, Coast and Vale Health and Care Partnership was part of the third wave of sustainability transformation partnerships or integrated care systems to introduce the NHS Diabetes Prevention Programme (NDPP).

The NDPP encourages people to take an online test to discover their risk of developing Type 2 diabetes, with those deemed to be at risk advised to contact their GP to see if they are eligible to take part in the programme.

Across Humber, Coast and Vale our GPs have made a very promising start with 3,682 referrals and 1,435 individual assessments carried out between July 2018 and March 2019.

### *Humber, Coast and Vale Diabetes Overview*

Partners worked collaboratively to submit transformation bids, which allowed delivery of:

#### **Multi-Disciplinary Foot-Care Team**

Community clinics were introduced in locations with high amputation rates to improve patient attendance, empower them to self-manage their conditions and, ultimately, reduce amputations. As March 2019, 3,487 patients attended these clinics.

#### **Structured Education Courses**

The Elective Network worked with Hull and East Yorkshire Hospitals NHS Trust and City Healthcare Partnership to redesign how education courses are delivered in Hull and East Yorkshire, which has made it easier for patients to attend. The programme in North East Lincolnshire to educate people who have type 2 diabetes or those at risk of developing the condition has been enhanced.

#### **Waiting Times**

The Partnership reduced waiting lists to begin treatment after referral year-on-year (March 2018 to March 2019) by 1,079 (to 109,170), and reduced the number of patients waiting more than 52 weeks for treatment by 97% (311 patients) during this period.

#### **Priorities for 2019/20**

The Elective Care Programme aims to further utilise the links between the three Planned Care Boards and our Elective Network Board, which has been successful in achieving the 52-week waiting time performance target and the development of plans to reduce waiting lists.

The Elective Programme will build on this success and support the delivery of the National Elective Care Transformation Programme which will maintain focus on:

## Medicines Optimisation

The six Humber, Coast and Vale CCGs have agreed a shared plan relating to self-care with expected benefits detailed in the CCGs' quality, innovation, productivity and prevention (QIPP) plans.

The pharmacist-led information technology intervention software for reducing important and common medication errors in general practice prescribing will be introduced in Vale of York and Scarborough.

The three Trusts are working with Yorkshire & Humber Academic Health Science Network to support the introduction of the transfer of care around medicines process, which supports patients leaving hospital who might need extra support taking their prescribed medicines.

## MSK and Orthopaedics

Projects to deliver optimised MSK/orthopaedics services include increasing the use of First Care Practitioners to ensure patients access advice and self-care expertise more quickly, adopting a Humber, Coast and Vale-wide approach to managing back pain.

## Diabetes

The Partnership will work with partners to create a range of apps to allow digital access to the National Diabetes Prevention Programme. The Partnership will also develop targeted support and access to weight management services in primary care for people with type 2 diabetes or hypertension (with a body mass index of 30 or higher).

Other programmes of work include: offering low-calorie diets to relevant patients, and offering flash glucose monitors to patients with type 1 diabetes.

## Cardiovascular Disease

The main areas of focus are: optimal management of known patients with atrial fibrillation and optimal management of known hypertension patients.

## Respiratory Disease

The areas of focus are: case finding and accurate diagnosis of chronic obstructive pulmonary disease (COPD), medicines optimisation for inhaler use and pulmonary rehabilitation.

## Outpatient Service Transformation

A programme of work will take place to address the priorities and explore potential opportunities to provide alternatives to unnecessary face-to-face outpatient appointments.

## Ophthalmology

Identifying opportunities to ensure patients receive assessment, treatment and care in the most appropriate setting in the first instance, including: improving referral processes, as well as those

processes used in outpatient clinics; addressing lack of capacity; and improving data collection and coding.

# Digital

## Introduction

Digital transformation is a fundamental aspect of 21<sup>st</sup> century healthcare. Benefits include improved citizen-centred care, supporting health and care professionals whilst improving efficiencies within the system.

Digital is increasingly becoming recognised as an enabler to providing good quality care within the health and social care system. The [NHS Long Term Plan](#) acknowledges healthcare is no exception to the technological revolution being experienced by modern life.

The Humber, Coast and Vale Strategic Digital Board leads and oversees efforts to transform health and care through better use of digital technology in the area.

The Board supports the work of two Local Digital Roadmap Boards in each of our sub-regions (Humber and York/Scarborough), including work to improve sharing of records across organisations and the wider use of digital technology by partner organisations.

## Priorities for 2018/19

The following priorities were identified for 2018/19:

- Develop a digital strategy for the health and care system in our local area.
- Improve the way relevant health and care information is shared between the different parts of our local health and care system.
- Maximise the level of external investment into Humber, Coast and Vale for digital transformation and ensure it is targeted appropriately.

## Successes for 2018/19

### Yorkshire and Humber Care Record

In June 2018, NHS England announced that Yorkshire and Humber had succeeded in a bid to become one of five areas chosen to be local health and care record exemplars (LHCRE). NHS England launched the LHCRE programme to reduce unnecessary patient tests and improve patient safety by improving the sharing of patient records to support joint working between different providers of health and care services.

Working with partners in West and South Yorkshire on the Local Health and Care Record Exemplar (LHCRE) programme, also known as the [Yorkshire and Humber Care Record](#), the Partnership received a share of £7.5 million investment to put in place electronic shared health and care record, that makes the relevant information about people instantly available to everyone involved in their care and support who needs to be able to see it, including patients.

In March 2019, nine GP practices became the first organisations in Humber, Coast and Vale to start using this technology and they are already reporting benefits particularly from GPs who are involved with caring for patients receiving cancer treatment at Leeds Teaching Hospitals NHS Foundation Trust. Accessing up to date information from the hospital has allowed GPs to better understand the care their patient is receiving, helping them to manage questions and treatment more effectively.

### Securing Investment in Digital Infrastructure

In August 2018, the Partnership began work to produce a three-year investment case that identifies the main priority areas for investment in digital technology and infrastructure, to enable the Partnership to access up to £9.977m over the next three years for investment in digital technology within provider organisations.

In 2018/19, £2.5 million of investment was secured to support investment into digital technology in the following areas:

- Supporting record sharing and transfers of care between different providers.
- Supporting connectivity with non-acute settings (i.e. care homes and community services).
- Personalised digital care.
- Improving hospital flow and efficiency through better digital solutions.

### Supporting Innovation – Humber Care Tech Challenge

In September 2019, the Humber Digital Board sponsored an event to encourage and foster innovation in the digital and tech sector – the Humber Care Tech Challenge. The purpose of the event was for teams from all sectors to try to solve some real-world care challenges using readily available technology. The challenge produced some truly incredible concepts, ranging from interactive fridge magnets with integrated telecare facilities to room description tools for the visually impaired.

The winning team, a partnership between Hull Computer Science Society (CSS) and City Health Care Partnership, produced a Smart Care Home System with Alexa integration allowing for an individual to interact with the home through a spoken interface. Work is under way to develop this solution and introduce it into the local area to support people within Humber, Coast and Vale to live independently.

### Priorities for 19/20

- Further deployment of the Yorkshire and Humber Care Record technology to more GP practices across Humber, Coast and Vale.
- Undertake the work required to link major provider organisations (starting with the acute hospital trusts) into the Yorkshire and Humber Care Record technology so that more information can be shared through the technology.

- Development of an electronic palliative care coordination (EPaCCs) system to support sharing of information and joint care planning across multiple organisations for people at the end stages of life.
- Develop an investment plan to support the digital strategy and continue to maximise investment into digital infrastructure across all partners;
- Support the clinical transformation programmes with digital solutions.

# Workforce

## Introduction

The Humber, Coast and Vale Health and Care Partnership is developing a comprehensive approach to meeting our region's workforce needs now and in the future.

We are working together with partner organisations to ensure we can find and keep the right people, in the right places, with the right skills, to deliver care for our populations.

## Priorities for 2018/19

In 2018/19 the focus of work has been to:

- Develop the current workforce by concentrating on retention, development of skills and system leadership.
- Increase the future workforce supply by developing new roles linking with and increasing training places, developing apprenticeships and maximising recruitment.
- Develop the workplace by focusing on employment practice, wellbeing of the workforce and looking at new employment models.
- Build infrastructure and investment by understanding what we need and ensuring appropriate use of the funding available.

## Successes for 2018/19

One of the main developments during 2018/19 was the reshaping of the Local Workforce Action Board to form the Humber, Coast and Vale Workforce Board.

The Workforce Board, chaired by Rob Walsh, Chief Executive of North East Lincolnshire Council and North East Lincolnshire CCG, supported the development of the first [Humber, Coast and Vale Health and Care Partnership Workforce Plan](#). Colleagues from partner organisations across Humber, Coast and Vale were invited to a series of workshops to help to co-produce the plan, which was agreed in November 2018.

Some other key milestones for the workforce programme during 2018/19 include:

- 115 funded Advanced Clinical Practice trainee places for Humber, Coast and Vale, 80 have been recruited so far.
- Excellence Centre delivery plan developed focusing on support-level staff in health and social care.
- 48 Physician Associate places funded on a two-year preceptorship programme across the NHS, 41 have been recruited so far.

- Multi-professional education initiatives utilising the post graduate medical schools to support ACPs in training (primary care and emergency medicine) and newly qualified PAs (Foundation School).
- Medical school expansion.
- Cervical Smear training pilot. Haxby Practice and the University of Hull working in partnership to address immediate skill shortages.
- Developing a Career Framework for Humber, Coast and Vale apprenticeships project.

## Introduction to the Excellence Centre

The Humber, Coast and Vale Excellence Centre was established in April 2018, connecting health and social care organisations and promoting system-wide leadership in the development and implementation of strategies that enable the recruitment, retention and development of the support staff workforce.

## Excellence Centre priorities for 2018/19

The following priorities were identified for 2018/19:

- Establish and launch a Health and Social Care Excellence Centre in Humber, Coast and Vale.
- Create system-wide connectivity with health and social care employers working in partnership to identify and address workforce challenge, creating opportunities for collaboration and the sharing of good practice to strengthen the whole area.
- Develop greater understanding of workforce issues and identify where developments pertaining to the health and social care support staff workforce can add value.
- Ensure the Humber, Coast and Vale Excellence Centre is sustainable with evidence of added value to the system.
- Enable greater access to high-quality education and training for the health and social care support staff workforce.
- Increase the supply of health and social care support staff by strengthening strategies within each locality – i.e. promoting careers in the sectors.
- Enable more equitable access to consistent information that supports recruitment, retention and development of health and social care support staff

## Excellence Centre successes for 2018/19

- The launch of the Excellence Centre in April 2018.
- Website, e-based skills platform, newsletters and a Twitter feed – creating mechanisms for effective communication with stakeholders.

- Since the launch of the Excellence Centre, a further three events have been delivered across the region enabling stakeholders to learn, engage and network with others. Around 80 to 100 people have attended each of these events and the feedback has been excellent.
- Guidance produced for accessing apprenticeship levy – to help smaller providers develop apprentice programmes.
- [Nursing Associate](#) growth - the Excellence Centre has worked with primary care, hospices and care homes to increase the number of Nursing Associates in employment, alongside our larger provider organisations.
- Locality-based workforce groups have been established in North Lincolnshire and North East Lincolnshire, Hull and East Yorkshire, and Vale of York and Scarborough and Ryedale.
- The Excellence Centre facilitated the development of a rotational apprenticeship, creating agreement between local Health and Care employers to begin a pilot programme.
- Improving learning opportunities for hard-to-reach groups – the Excellence Centre secured two-year funding to develop and deliver Extension for Community Healthcare Outcomes, with a hub in each of the local areas.
- Greater access to learning opportunities for health and social care workforce - a skills platform has been developed to enable access to various learning opportunities.

## Introduction to the Faculty of Advanced Practice

A steering group of organisations across Humber, Coast and Vale was established in 2016/17 when it was identified a growth in Advanced Clinical Practitioners and Physician Associate roles were pivotal to addressing ongoing workforce challenges in the area.

The steering group emerged into the Faculty in 2018/19 and has representatives from all Humber, Coast and Vale organisations that could employ Advanced Clinical Practitioners and Physician Associates, as well as education providers delivering the programmes.

This enables a collaborative and system-wide approach to the recruitment, retention and development of these roles in sufficient numbers to meet service need.

## Faculty of Advanced Practice priorities for 2018/19

- Establish a Faculty of Advanced Practice that brings key stakeholders together to grow sufficient numbers of Advanced Clinical Practitioners and Physician Associates to meet service need and ensure employability.
- Work with Faculty members and clinicians to improve retention, create development opportunities and career progression.
- Work collaboratively to address area-specific recruitment challenges.
- Share good practice and agree the implementation of consistently high standards to ensure quality learning environments across Humber, Coast and Vale.
- Create research and evaluate the impact and value of Advanced Clinical Practitioner and Physician Associate roles on the delivery and outcomes of care to inform decision making.

## Faculty of Advanced Practice successes for 2018/19

- The Faculty successfully coordinated the recruitment of 80 Advanced Clinical Practitioners and 41 Physician Associates.
- The Faculty held two successful events for qualified and trainee Advanced Clinical Practitioners and Physician Associates. Building on their success, future events have been planned.
- The Pipeline into Advanced Practice model was developed and shared across Humber, Coast and Vale to demonstrate where Advanced Clinical Practitioner trainees can be identified and recruited from.
- Best practice guidance for the supervision of Advanced Clinical Practitioners and Physician Associates in training, developed with stakeholders to promote good practice across the region.
- Best practice guidance to retain Advanced Clinical Practitioners, developed with stakeholders for use within the region to promote retention strategies within employing organisations.
- Governance framework for Physician Associates to promote quality and safe practice when introducing the role within organisations in Humber, Coast and Vale.
- Development of Faculty of Advanced Practice section on Humber, Coast and Vale Health and Care Partnership website – to allow for effective communication with the Faculty and qualified and trainee Advanced Clinical Practitioners and Physician Associates.