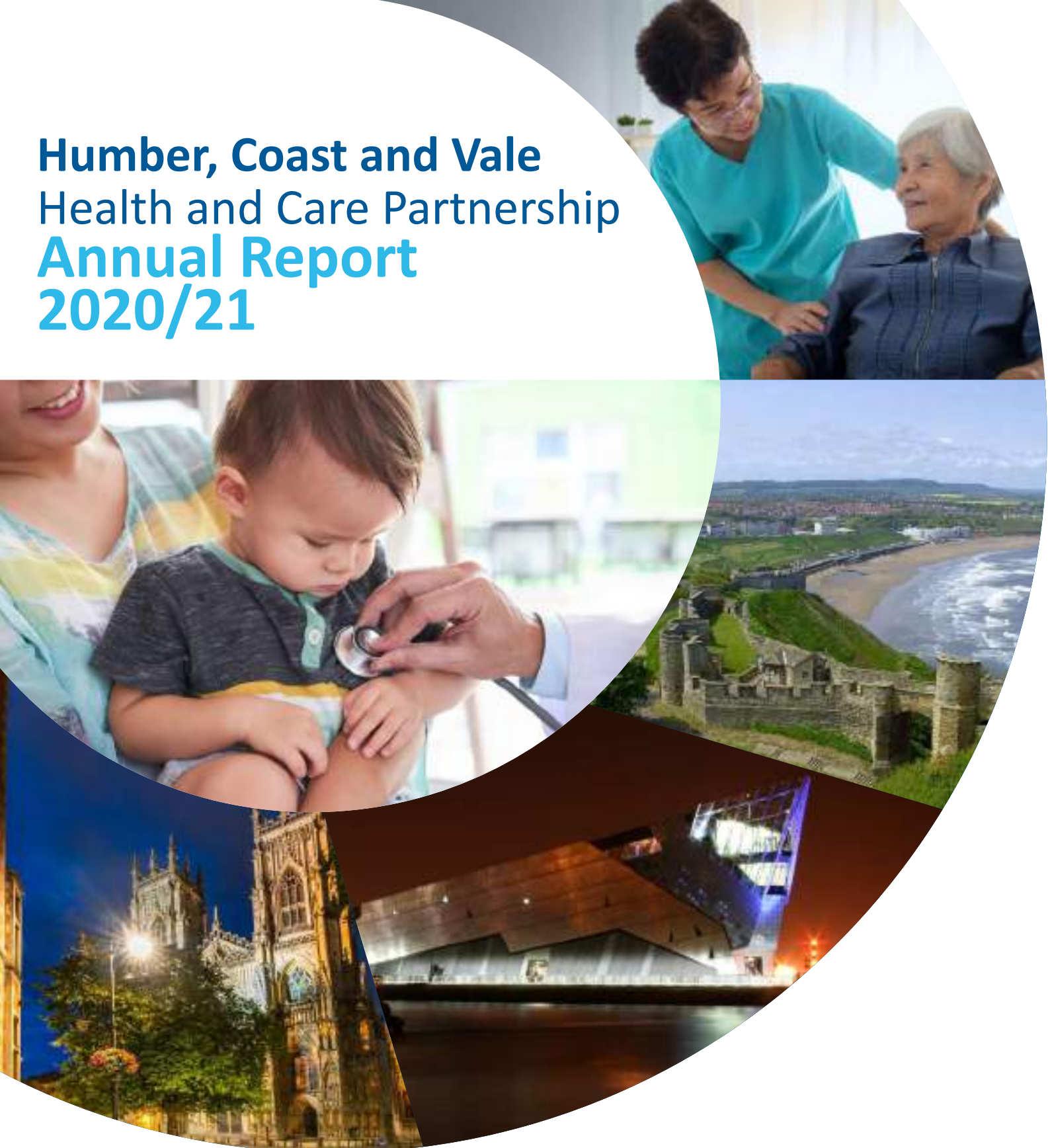


Humber, Coast and Vale Health and Care Partnership Annual Report 2020/21



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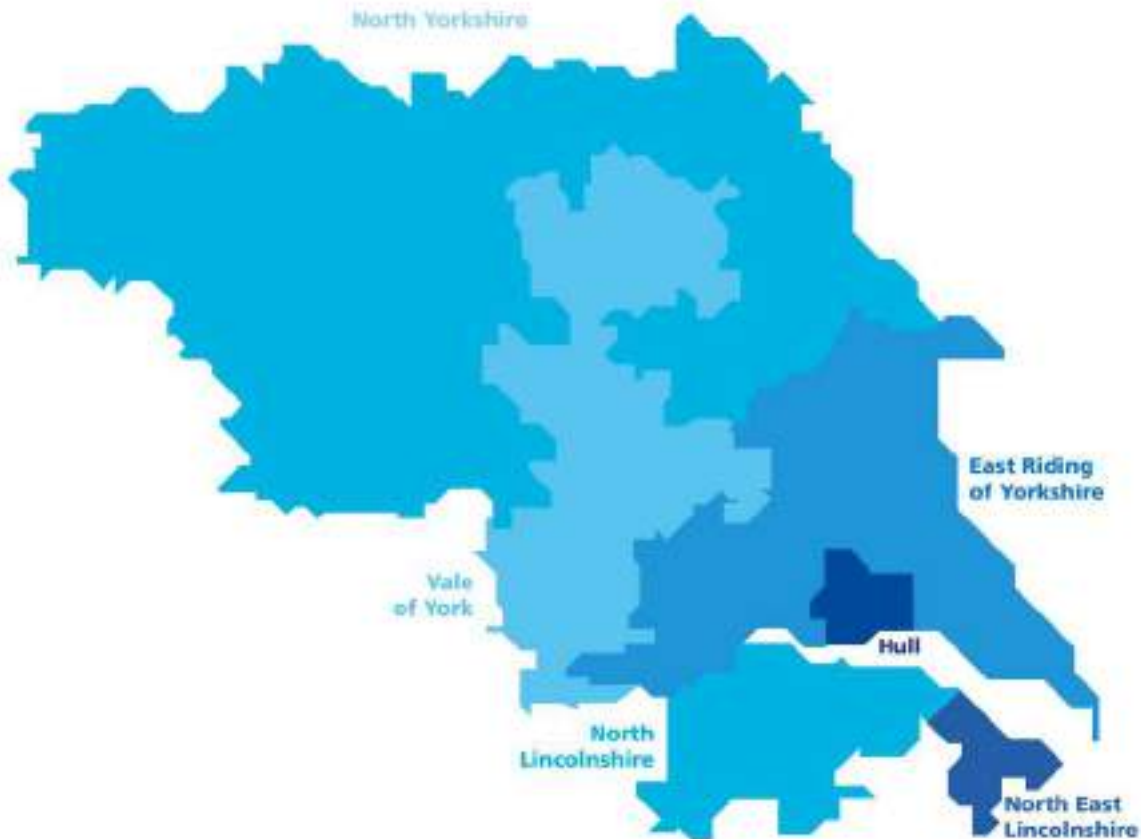
About the

Humber, Coast and Vale Health and Care Partnership

The Humber, Coast and Vale Health and Care Partnership is a collaboration of health and care organisations which 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.

Together we form the system of organisations that are responsible for planning, paying for and providing health and care services within Humber, Coast and Vale. We serve a population of 1.7 million people, all with different health and care needs.

The HCV Partnership works across a geographical area of more than 1,500 square miles which includes cities, market towns and many different rural and coastal communities. Our area stretches along the east coast of England from Scarborough to Cleethorpes and along both banks of the Humber. Humber, Coast and Vale incorporates the cities of Hull and York and large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire.



The HCV Partnership was established in early 2016, when 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 in future years. Since then, we have been working together – within our six places (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.

There are different organisations from across the health and social care sector which are **formal members of the HCV Partnership**. This includes our four acute hospital trusts, three mental health providers, six clinical commissioning groups (CCGs), six local councils, three community services providers and two ambulance trusts.

These organisations, however, only represent part of the health and care system across our area. Across Humber, Coast and Vale there are around 230 GP practices, 550 residential care homes, 10 hospices, 180 home care companies and thousands of voluntary and community sector organisations all helping to keep our local people well.

For more information about the HCV Partnership please visit humbercoastandvale.org.uk/where



Introduction

We are pleased to announce that the 2020/21 Humber, Coast and Vale Health and Care Partnership annual report has been published.

It is something of an understatement to say that 20/21 has been a difficult year due to the challenges that the coronavirus pandemic has presented for our health and care system. But, despite the challenges, this has been another year of success and achievement.

The annual report captures the Partnership's work and documents some of the key achievements of our different programmes throughout the year in line with the requirements of the [Humber, Coast and Vale Partnership Long Term Plan](#), which provides an overview of the work that we are undertaking to improve the health and wellbeing for our population and is aligned with the [NHS Long Term Plan](#).

In the HCV Partnership Long Term Plan we identified [four priority areas or key things](#) we want to achieve in order to deliver the vision set out by the Partnership; and the activity outlined throughout this report aligns to these priority areas.

In May 2020 the Partnership [announced it had become an Integrated Care System \(ICS\)](#), after its application for ICS status was ratified by NHS England and NHS Improvement (NHSEI).

Achieving ICS status – a year earlier than required to – is a real testament to the strength of commitment of all of our leaders across our Local Authorities, NHS bodies and other health and care organisations to developing a strong and effective partnership across Humber, Coast and Vale.

It is also a signal of the confidence that the national team has in our Partnership and should be a source of great pride for everyone who is a part of the Humber, Coast and Vale Health and Care Partnership.

Working as an ICS enables our local services to provide better and more joined-up care for patients and improve the health and quality of life of local people.

In November 2020, NHSEI [set out principles for the future of ICSs in England](#) and outlined two proposals for how ICSs could be embedded in legislation by April 2022.

Much of the approach outlined in the NHSEI document is already being developed or is in place in partnerships across England including in Humber, Coast and Vale; and we need to build on that as we consider the adjustments that need to be made to reflect the policy changes.

With support from NHSEI colleagues and the neighbouring ICSs we will continue to move forward and implement shadow arrangements from April 2021, with further work to be undertaken during the year as part of the transition period, prior to full implementation in April 2022.

As a health and care system we are determined to emerge from the coronavirus pandemic better equipped to tackle the health issues which affect our communities.

When faced with the rapid increase in Covid-19 cases and restrictions that were put in place to stop the spread of the virus, health and care teams across Humber, Coast and Vale worked quickly to make changes to the way they delivered services to ensure they could continue to provide the best possible care in a manner which was safe to staff and patients.

These innovations and changes were compiled into our [Understanding our Response to Covid-19 rapid insights report](#). The reason for collating all these examples was so lessons could be learned and shared across our health and care system.

Towards the end of 2020, following on from the initial response to Covid-19, the attention of the NHS turned to determining how we would gain the upper hand in the fight against coronavirus.

The Covid-19 vaccination programme is considered a key turning point in the fight against coronavirus and its roll-out is a significant step in the right direction as we look to return to a way of life which resembles the one we enjoyed before the pandemic.

On 9th December 2020, 84-year-old [great-grandmother Sheila Page](#) became the first person in the Humber, Coast and Vale region to receive the Covid-19 vaccine.

More than four months on from that historical day (as of 18th April 2021) the Humber, Coast and Vale Covid-19 vaccination programme has administered more than 1.2 million vaccine doses across our region.

Below are just a few of the many achievements of the work that has been undertaken in partnership across Humber, Coast and Vale over the year from April 2020 to March 2021. By working collectively as a Partnership we:

- **Achieved Integrated Care System (ICS) status** in May 2020 – a year earlier than required to. Being awarded ICS status recognises the significant progress the Partnership has made in recent years in developing local health and care services that meet the needs of our population.
- As of 18th April 2021, we have administered more than 1.2 million vaccine doses as part of the Humber, Coast and Vale Covid-19 vaccination programme.
- Were awarded £16million to **upgrade hospital A&E departments** across the region to help respond to the Covid-19 pandemic and winter pressures.
- Transformed our health and care services in response to the emergence of Covid-19 to ensure they could continue to provide the best possible care safely. More than 330 unique changes and innovations were captured in our **Understanding our Response to Covid-19 rapid insights report**, with this learning being used to improve health and care services in our communities long after the pandemic is over.
- Launched the **Ask a Midwife Facebook service** with maternity service providers so expectant and new mums and their partners could communicate with midwives to raise any concerns conveniently, as well as receive key information as their pregnancy or labour progressed.
- Introduced a new **emergency department digital integration (EDDI) system which allows people to be allocated a time via the NHS 111 service to visit A&E** for non-life threatening conditions. Introducing this system in our hospitals has helped to manage the number of people waiting in emergency departments at any one time, which has helped with social distancing and other Covid-19-related guidelines.
- Encouraged more than **6,500 people to complete suicide prevention training during the last year as part of the Partnership's #TalkSuicide campaign** – which equates to one person trained every 79 minutes.
- Launched the **Humber, Coast and Vale staff resilience hub** to support health, care and emergency service workers who may be struggling from the impact of the Covid-19 pandemic. The service is a confidential and is independent of existing mental health and internal occupational health services.
- Became one of only seven health and care partnerships in the country to **secure funding (worth £500,000) as part of a two-year national green social prescribing scheme** aimed at helping communities hardest hit by coronavirus by connecting people with nature and their local environments to improve their mental health and wellbeing.
- Continued to raise awareness of cancer and promote the importance of early diagnosis through the **Cancer Champion training programme**. Despite needing to pause face-to-face sessions due to Covid-19, the programme was adapted to deliver these sessions virtually and to date has trained more than 2,300 people.

- Developed a **careers pathway with transferable skills matrix**, which was adopted by the Government's Department for Work and Pensions to encourage people looking for work to consider roles in the health and care sector.
- Provided more than **500 tablet devices to ensure that care home residents could remain connected to GPs** from the outset of the coronavirus pandemic. Deployment of this technology meant the care and support that GPs would normally provide to residents during care home visits could continue.

You can read about these achievements, and other accomplishments, in greater detail in the 20/21 annual report.



Professor Stephen Eames CBE
System Lead
Humber, Coast and Vale
Health and Care Partnership



Dr Nigel Wells
Clinical Lead
Humber, Coast and Vale
Health and Care Partnership



Our response to Covid-19

It is something of an understatement to say that 2020/21 has been a difficult year due to the challenge that the coronavirus pandemic has presented our health and care system. But throughout the response to Covid-19 across Humber, Coast and Vale, we have continued to use the strength of the Partnership to support organisations to work together for the good of our staff, patients and communities.

For more than a year now, across our region colleagues have been going above and beyond day after day to respond to the ongoing coronavirus situation. Their dedication and commitment to provide the best possible service to patients and clients within the restrictions and challenges that Covid-19 has created is remarkable.

The initial phase of responding to Covid-19 involved partner organisations taking action to ensure the immediate support our communities needed was available, whether that be critical care capacity within our hospitals or community support for those isolating at home. This work was undertaken rapidly and by working together across organisations and across sectors.

Throughout the initial response, the Partnership supported the operation of mutual aid of personal protective equipment (PPE) between different provider organisations, both within and beyond Humber, Coast and Vale, to ensure all partner organisations had access to the equipment they needed.

A number of working groups were established to provide collective leadership on key issues such as PPE, testing and digital transformation, as well as meeting regularly in a variety of forums to share good ideas and tackle problems and challenges together. Throughout the response to Covid-19, which is of course still ongoing, leaders have taken every opportunity to transform systems and services for the greater good of the people and communities we serve.

In addition to working together to battle Covid-19, partners across Humber, Coast and Vale have worked to ensure other essentials, such as routine cancer care, maternity services and other important health services, can continue.

In April 2020 the Humber, Coast and Vale Testing Steering Group was established to provide strategic leadership and oversight across all aspects of our local testing strategy. The over-arching ambition of this group is to provide a mechanism through which the different aspects of the Government's testing strategy can be coordinated in order to maximise the benefit of testing for the population of Humber, Coast and Vale.

Within each of [six places that make up Humber, Coast and Vale boards](#) were established to oversee outbreak management plans at a local authority level. The HCV Testing Steering Group provides a mechanism to coordinate between local authorities and NHS partners to ensure all organisations can respond effectively to outbreaks should they arise.

In the early stages of the first Covid-19 wave, a large number of rapid changes and service improvements were made to ensure our staff could continue to deliver quality health and care services in a safe manner during these difficult times. We asked each of the HCV Partnership organisations to submit [examples of how they implemented changes and service improvements in response to covid-19](#) – and the response was impressive to say the least, with more than 330 unique clinical and non-clinical responses received from across our health and care system.

The Partnership's Clinical and Professional Leaders' Group, led by Dr Nigel Wells, HCV Partnership Clinical Lead, commissioned a report to capture and evaluate all these innovative health and care service changes. The [Understanding our Response to Covid-19 rapid insights report](#) was produced in partnership with the Yorkshire & Humber AHSN to help us learn from the changes made across the Partnership in response to the pandemic, and this learning is being used to shape how we provide care in the future to ensure we can continue to provide the best possible care.

There were recurring themes within the submissions, including increased use of digital solutions, changes to how services are accessed (e.g. implementation of new triage systems and increased use of advice and guidance), supporting community and social care services in different ways and a focus on the workforce, including supporting their health and wellbeing. A number of enabling factors that were common across many of the changes were identified. These included the role of effective communication, collaborative working, embracing technology, agility of decision-making/removing bureaucracy and changes in behaviour and attitudes.

In summer 2020 following the initial response to the pandemic our partner organisations began collectively planning the next phase of the system's response. The focus began to turn to building capacity back up within organisations while also preparing for subsequent spikes in Covid-19 transmission within local communities.

The continued presence of Covid-19 and measures to control its spread, including strict infection and prevention control procedures, continued to constrain the ability of partner organisations to increase their activity levels over the coming months. Therefore system-wide plans were developed and refined, working through the two geographical partnerships (Humber; North Yorkshire and York) to ensure the most effective use of all available capacity within the health and care system and identify the most appropriate ways to meet the health and care needs of the population.

In parallel, the Partnership's Clinical and Professional Leaders' Group worked collaboratively to agree a set of system-wide principles and a shared approach to clinical priorities to support the implementation of recovery plans across Humber, Coast and Vale. The principles and associated plan sought to ensure all partners were working together to meet the health and care needs of our population within the continued restrictions put on the system by Covid-19.

With outbreak management plans and other measures in place in all six areas of Humber, Coast and Vale our Partnership was able to respond well to the second wave of Covid-19, which arose at the back-end of summer 2020 after national lockdown restrictions had been relaxed and further intensified following the arrival of cooler weather in autumn and winter.

And towards the end of 2020, following on from the initial response to Covid-19, the attention of the NHS turned to determining how we could gain the upper hand in the fight against coronavirus. Throughout December and January 2021, our collective Covid-19 response included working together to establish the Humber, Coast and Vale Covid-19 vaccination programme, bringing partners together to rapidly deploy vaccinations across the region.

The Covid-19 vaccination programme is considered a key turning point in the fight against coronavirus and its roll-out is a significant step in the right direction as we look to return to a way of life which resembles the one we enjoyed before the pandemic.

On 9th December 2020, 84-year-old great-grandmother Sheila Page became the **first person in the Humber, Coast and Vale region to receive the Covid-19 vaccine** in our first hospital hub run by Hull University Teaching Hospitals NHS Trust.

More than four months on from that historical day (as of 18th April 2021) the Humber, Coast and Vale Covid-19 vaccination programme has administered more than 1.2 million vaccine doses across our region.

As touched on earlier, health and care services had to be reconfigured quickly in response to the emerging threat of coronavirus in the early months of 2020, while some non-urgent outpatient appointments and routine surgeries were postponed to support this work and provide staff with the capacity to deal with the sharp rise in Covid-19 hospital admissions during the pandemic's first wave.

Waiting times for hospital treatments are therefore very much a recognised concern across the Humber, Coast and Vale Health and Care Partnership, as they are in every part of the country due to the disruption caused by Covid-19. And with the continuing pressures on our hospitals, the HCV Partnership's Elective Care programme was refocused to concentrate on the recovery phase of the response of Covid-19.

Initially focusing on specialties with the most significant waiting lists where comprehensive recovery plans could be developed, the Elective Care programme agreed with provider trusts to focus initial efforts on the ophthalmology, urology and ear, nose and throat (ENT) specialties.

Clinicians working within the acute trusts within the Partnership, supported by the Elective Care programme, continue to work tirelessly to perform as many operations as possible within the constraints of the coronavirus pandemic.

We are exploring how patients can be offered additional support while they wait to be seen. For example health training, coaching and support are being developed to help patients better manage their health while waiting for care or treatment.



Priority 1

Helping people to look after themselves and stay well

See pages [9-15](#) of the *Humber, Coast and Vale Partnership Long Term*.

The NHS has historically functioned as an ‘illness’ service rather than a ‘health’ service. In Humber, Coast and Vale we want to see a fundamental shift in focus of our health and care services from picking people up when they fall ill to helping to prevent people from becoming unwell in the first place. This also means getting better at anticipating when people may need support and being proactive in providing it.

We know from our extensive engagement with local communities that not everyone finds it easy to get the health or the care they need. Sometimes this can mean people don’t get the right help, or get it later than is ideal. We want to ensure our health and care services are fairer and easier to access for our population, especially those who need them most. By achieving this we will contribute to how long people can expect to live in good health and help to reduce the inequalities in life expectancy that we see in our region.

There cannot be a ‘one size fits all’ approach to these challenges, which is why in each of our six [places](#) we need to work with local people and professionals differently over the coming years. Whilst the way in which we work will vary from place to place, there are common principles, themes and strategies which we will adopt everywhere.

These are:

- Embedding prevention into our service models to help people to stay healthy; and where this is not possible, to slow or halt the progression of disease.
- Increasing the resilience of our local people and communities, helping them to cope with change better in the future.
- Focusing on particular areas within the Humber, Coast and Vale Health and Care Partnership where we have significant health inequalities, recognising that these are driven largely by socio-economic factors and therefore we need to work with many partners to address these.
- Increasing personalisation of care and support, embracing the fact that none of these challenges can be met if we treat everyone the same, so we need to give people greater control over their own health, care and wellbeing.

These programme updates follow in this section of the HCV Partnership annual report: Population Health Management; Voluntary, Community and Social Enterprise (VCSE); and Black, Asian, Minority Ethnic (BAME) Network of Networks.



Population Health Management

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Population Health Management programme, including its progress to date and longer-term objectives.

Early in 2020 the Humber, Coast and Vale Health and Care Partnership was selected to participate in the [NHS Population Health Management Development Programme](#) (see also [P67](#) of the Humber, Coast and Vale Partnership Long Term Plan).

Population health management is a technique that enables local health and care partners to use data to design new models of proactive care and deliver improvements in health and wellbeing which make best use of the collective resources.

Population health management also focuses on the wider determinants of health – which have a significant impact on a person's health as research demonstrates that only 20% of their health outcomes are linked to the ability to access good-quality healthcare.

For example, people who live in cold, damp housing may be more likely to develop respiratory problems in years to come because their lungs are affected by the mould spores in their home. If we improve their housing now by working with partners such as local councils and housing associations, they may not end up with various health conditions (asthma and other respiratory problems) in the future.

As set out in the [NHS Long Term Plan](#), local NHS organisations will increasingly focus on population health and local partnerships with local authority-funded services, through Integrated Care Systems (ICS), such as the HCV Partnership. Therefore population health management is a critical building block and will enable primary care networks, places and the ICS to deliver with their local partners true personalised care.

The overriding objective of the 22-week NHS Population Health Management Development Programme is to support the HCV Partnership to make better use of available data and local intelligence to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across our entire [1.7 million population](#).

Seven primary care networks from across Humber, Coast and Vale have participated in the programme – [Whitby, Coast and Moors](#), [Selby Town](#), [Meridian Health Group](#) (North East Lincolnshire), [Symphonie](#) (Hull), [Scarborough Core](#), [Holderness](#) and [North Lincolnshire South](#). The Partnership has also delivered a place-focused workstream in York and, after a successful expression of interest, we have secured the delivery of two enhanced finance and contracting modules across York and North East Lincolnshire.

Despite the challenges of Covid-19, we have seen a brilliant effort from colleagues across the HCV Partnership to embrace the NHS Population Health Management Development Programme. During this time, we have made significant progress in many areas including data maturity, segmentation and clinical decision making based on data and analytics.

The HCV Partnership is now approaching the conclusion of the programme. The Partnership's ambition is to become a leading system in the use of population health management techniques, while longer term we want every strategic decision to be made with population health management in mind for the benefit of the residents of Humber, Coast and Vale.

Looking ahead in order to scale population health management across Humber, Coast and Vale, specific actions around infrastructure, insight and intervention will be prioritised. To ensure the HCV Partnership continues to build on the momentum gained during the programme, and embraces the full capabilities of population health management, commitment is required across the HCV Partnership.

More information

Also see pages [10](#), [17](#) and [67](#) of the *Humber, Coast and Vale Partnership Long Term Plan*.



Voluntary, Community, Social Enterprise

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Voluntary, Community and Social Enterprise (VCSE) programme, including its progress to date and longer-term objectives. See also [page 11](#) of the Humber, Coast and Vale Partnership Long Term Plan.

The VCSE sector is an important partner for statutory health and social care organisations and plays a key role in improving health and care outcomes for its communities, not only by delivering services but also by shaping their design and advocating for, representing and amplifying the voice of service users, patients and carers.

The importance of the VCSE sector is highlighted throughout the [NHS Long Term Plan](#). This view is also reflected in the [Humber, Coast and Vale Partnership Long Term Plan](#) which led to the inception of the Humber, Coast and Vale VCSE Leadership programme in the early months of 2020.

The VCSE sector has been integral to the response to Covid-19 in our most vulnerable communities across Humber, Coast and Vale. The work they have undertaken has been hard to measure but they were key partners in co-ordinating services at a time to when communities needed them most.

Jason Stamp was appointed as chair of the Humber, Coast and Vale VCSE Leadership programme in July 2020, while Gary Sainty joined as programme director in February 2021.

The emergence of Covid-19 halted the programme's progress in parts but the forming and embedding the VCSE's Leadership Group at pace during the pandemic, particularly during its peak, enabled the VCSE sector to be included in conversations around the health and care system's recovery and restoration from an early stage and has enhanced visibility and appreciation of the sector's role within health and social care.

Once the Humber, Coast and Vale response to Covid-19 had been developed and implemented, work resumed to integrate the VCSE sector into the wider HCV Partnership and to look at how its collective skills, experience and knowledge can be used to help us all achieve better outcomes at both a place and system level.

Through participation in the VCSE Leadership programme, the HCV Partnership is working with the VCSE sector towards the following outcomes/benefits:

- Increased VCSE sector involvement and visibility in design and delivery of integrated care.
- Embedding of partnership working between the VCSE sector and local out-of-hospital care (in particular through emerging primary care networks).
- Improved relationships and deeper trust between VCSE and statutory organisations in all **six geographical areas (places) of Humber, Coast and Vale**.
- Improved recognition and mutual understanding among statutory organisations of the structures, role, value and impact of the VCSE sector and commitment to sustain an equal partnership beyond the lifetime of the programme.

The programme has made great strides over the year to integrate the VCSE sector into the HCV Partnership. Some of the VCSE's key achievements to date include:

In December 2020, it was announced that the Partnership has become one of just seven health and care partnerships in the country to **secure £500,000 as part of a two-year national scheme** aimed at helping the mental wellbeing of communities hardest hit by coronavirus.

The 'green social prescribing' project examines how health and care services, working with communities and local organisations, can connect more people with nature and nature-based activities to improve their mental health and wellbeing.

The Partnership was also successful in its bid for £30,000 from NHS England and NHS Improvement to undertake work to evaluate and embed **NHS Volunteer Responders** into local systems.

More information

Also see pages **11** of the *Humber, Coast and Vale Partnership Long Term Plan*.



Black, Asian and Minority Ethnic Network of Networks

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Black, Asian and Minority Ethnic (BAME) Network of Networks programme, including its progress to date and longer-term objectives. See also [P9-12](#) of the Humber, Coast and Vale Partnership Long Term Plan.

The death of George Floyd in May 2020 and the subsequent Black Lives Matter demonstrations across the world have challenged everyone, including those working in the NHS and the wider health and social care sector, to shine a light on the continuing presence of racism and racial injustice in our societies, as well as the disproportionate effects of Covid-19 on our Black, Asian and Minority Ethnic (BAME) colleagues and communities.

The Humber, Coast and Vale Health and Care Partnership, like many other Integrated Care Systems across the country, has begun to develop a specific workstream to focus on anti-racism and improved representation of people from BAME communities.

This work is being led by Steve Russell, Chair of the HCV Partnership's BAME Network of Networks and Chief Executive of Harrogate and District NHS Foundation Trust; and Jayne Adamson, the HCV Partnership's People Lead.

The first meeting of the Humber, Coast and Vale BAME Network of Networks took place in late February 2021. During the meeting the network began to consider a set of actions to take forward, including:

- Developing a Humber, Coast and Vale workplan for feedback and comments from existing BAME networks.
- Continuing to develop and expand the membership and focus of the Humber, Coast and Vale BAME Network of Networks with clear governance that provides safe spaces for psychological safety and encourages greater inclusivity.
- Developing other areas of support and governance such as a white allyship group to gain executive sponsorship, collaboration and buy-in to the agreed workplan and our ambitions.

The BAME Network of Networks is working with the Humber, Coast and Vale Voluntary, Community and Social Enterprise (VCSE) programme to develop knowledge and understanding of existing community leaders and support organisations within our BAME communities across Humber, Coast and Vale. This work supports the HCV Partnership to engage and involve more effectively with organisations and local leaders across our diverse communities.

The BAME Network of Networks is also working to create stronger links between community representatives and our BAME workforce, which is important for attracting new BAME staff members to our workforce.

More information

Also see pages 9-12 of the Humber, Coast and Vale Partnership Long Term Plan.



Priority 2

Providing services that are joined-up across all aspects of health and care

See pages 16-23 of the Humber, Coast and Vale Partnership Long Term.

The complexity of our health and care system can make it difficult for patients to navigate between different organisations and services. It places responsibility on individual patients, their families and carers to co-ordinate between the different organisations and aspects of their care, often when they are least equipped to do so.

Working together, the Humber, Coast and Vale Health and Care Partnership has the opportunity to fundamentally reshape services so that they are properly joined-up and working together based around the needs of individual patients, not the needs of organisations.

The experience of someone who needs care should be completely seamless so that the care provided meets all of their needs in the most efficient and effective way possible, regardless of how many different organisations or professionals are involved.

To achieve this outcome, we are working together in a number of areas:

- Developing primary care, so that every neighbourhood has access to a single team of health and care professionals who can meet a wide range of their needs locally and in a joined-up way.
- Joining up services outside of hospital, so that care is designed around the needs of the person, not the needs of the different organisations providing it.
- Developing our unplanned care services, so that appropriate care, advice and support is available to citizens of Humber, Coast and Vale when they need it unexpectedly.
- Securing a long-term, sustainable future for our hospital services, so that our hospitals are working together to provide high-quality care for our populations when they need to be in hospital.

These programme updates follow in this section of the HCV Partnership annual report: Primary Care; Urgent and Emergency Care; and Acute Services Reviews.



Primary Care

Primary care services provide the first point of contact in the healthcare system, acting as the ‘front door’ of the NHS. Primary care includes general practice (GP), community pharmacy, dental, and optometry (eye health) services.

During 2020/21, the Humber, Coast and Vale Primary Care programme remained aligned with the national planning requirements set out in the [GP Forward View](#), the [NHS Long Term Plan](#), the [five-year framework for GP services](#), as well as the changes to the [GP contract agreement](#) for 20/21 to 23/24.

The planned programme of work was significantly affected by Covid-19 so some priorities were reset to concentrate on service continuity, particularly in respect to the realignment of care across the community. Subsequently, elements of the transformation plans have been deferred.

Ensuring access (including face-to-face appointments) to GP services, delivering support for high-risk patients and providing access to adequate supplies of personal protection equipment (PPE) were prioritised. Later in the year, the rollout of the vaccination programme also required the diversion of significant resources.

Also see pages [17-20](#) of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

These Humber, Coast and Vale priorities and plans were developed for delivery over the remaining period within the five-year plan, up to 2023/24:

- To optimise funding to support the development of primary care.
- To invest in and develop our existing workforce to improve service resilience (see [P17](#) of the HCV Partnership Long Term Plan).
- To utilise digital transformation opportunities, extending and enhancing the care offered to patients and improving access; and to support clinicians and other staff to manage workloads while delivering care effectively and efficiently (see [P18](#) of the HCV Partnership Long Term Plan).
- To improve the infrastructure across primary care services and continue to utilise funding secured through the [Estates and Technology Transformation Fund](#).
- To make sure our people can access services that are safe and consistent in quality across Humber, Coast and Vale.
- To support [primary care networks](#) to deliver initiatives set out in the [primary care network service specifications](#), in order to meet the unique health and care needs of their local populations, delivering clear benefits for both patients and clinicians (see [P17](#) of the HCV Partnership Long Term Plan).
- To maintain service transformation and access to primary care services as outlined through the [next steps response to Covid-19](#) letter from NHS England and NHS Improvement.
- To deliver a collaborative approach to the flu vaccination programme across GP practices and community pharmacies.
- To procure an electronic eyecare referral service for Humber, Coast and Vale.

20/21 Successes

Investment

A total of £266million has been invested in primary care via the six Humber, Coast and Vale clinical commissioning groups (CCGs) during 20/21. By the close of the five-year funding programme the total investment will be £1.2billion. An additional £5.4million was allocated this year through the GP Covid-19 capacity expansion fund.

Investment included:

- The CCGs' designated budgets for local GP primary care services.
- Core CCG funding to improve patient access to services outside of normal working hours
- [GP Forward View](#) investment to support practice resilience and improvement, the retention of experienced GPs and the recruitment of GPs from overseas. This amount was over £1million and, as a forecast spend for the recruitment of clinical staff through the [Additional Roles Reimbursement Scheme](#), totals £7.757million. The workforce pooling scheme secured an additional £120,000 to support implementation.
- Funding for primary care networks to implement organisational development plans and pay clinical directors for the additional commitment required to local vaccination programmes.

Transformation funding through the **GP Forward View** programme has been allocated across four programme areas:

- Over £7.5million to support the delivery of premises projects planned for completion in 2022 through the **Estates and Technology Transformation Fund** or NHS development capital in Humber, Coast and Vale.
- £4million for digital transformation.
- £1.4million to support a local electronic eyecare referral project.
- £1.3million to support additional costs incurred from managing Covid-19 and maintaining services.

Primary care networks

Humber, Coast and Vale achieved 100% primary care network coverage last year, with a total of 39 primary care networks now in operation. Although four planned **direct enhanced services** (non-core services) were deferred, the direct enhanced service for care homes has been successfully implemented. The early cancer diagnosis work, which supports practices to review their referral systems and patient monitoring, began as planned.

Workforce

Work with **Health Education England** to develop workforce capacity and skills to meet primary care needs continued. In 2020, all 109 advertised Humber, Coast and Vale GP training vacancies were filled. The Humber, Coast and Vale Health and Care Partnership's Workforce Board continues to support the implementation of all national programmes.

Work and training programmes launched before Covid-19 also continued. Further priorities include sponsoring work to progress the Additional Roles Reimbursement Scheme through initiatives that facilitate joint roles across the system with social care, community health, mental health providers and ambulance services.

The building bridges, GP mentorship, training hub and GP fellowship initiatives have continued to build on their initial success. **Hull York Medical School** and the local **training hub** have developed a year-long course for practice nurses. Health Education England has funded the development of this programme, which began this year and will lead to an academic qualification.

Funding has been secured to develop a **GP workforce pooling tool** for Humber, Coast and Vale and will be developed and implemented in 2021.

Digital and technology

Online consultations have improved patient access to care and helped clinicians manage demands on their time. All of Humber, Coast and Vale GP practices now offer online consultations.

From the outset of Covid-19, the initial priority was to invest in online technology to support the continuation of primary care services. This included online consultation and video consultation platforms as well as laptops for clinicians and tablets for care homes.

During the second half of the year, delivery of the **Digital First Primary Care** programme was prioritised. Over £1million in revenue funding was used to support the **Yorkshire and Humber Care Record** in piloting several innovative projects.

Capital investment worth £5million supported a comprehensive upgrade of IT infrastructure, computer software licences for the primary care workforce and IT equipment for primary care network staff.

Estates and Technology Transformation Fund

Seven major premise development projects were completed in 20/21. The projects secured a total investment of approximately £4million through the Estates and Technology Transformation Fund and have increased practice capacity through significant extensions and remodelling. Standard funding secured £579,000 for improvements across 12 projects.

Community pharmacies

The collaboration between community pharmacies and primary care networks continues, with the **GP community pharmacist consultation service** supporting patients to access the most appropriate healthcare service for their needs.

Early on in the response to Covid-19, community pharmacies quickly implemented systems to remain open for face-to-face services, working hard to complement system transformation and ensure patients received their medication. Community pharmacies were also key in delivering the flu vaccination programme.

Covid-19 vaccination programme (primary care-led)

Primary care networks and community pharmacies (later on) were instrumental in the launch of the national **Covid-19 vaccination programme**. Working at speed and to challenging schedules, local programmes were quickly operational.

General ophthalmic services – electronic eyecare referral service

The service specification and local pilot planned for Humber, Coast and Vale was adopted for the North East and Yorkshire region following the launch of the national initiative in December 2020. A provider for the system across Humber, Coast and Vale was procured and funding of approximately £1.4million was secured.

20/21 challenges

Recruitment to the Additional Roles Reimbursement Scheme has proved challenging. The area is not fully utilising the funding available under the updated GP contract funding offer, but Humber, Coast and Vale CCGs have been exploring options to address this. Work is ongoing to increase training capacity in local areas struggling with recruitment, such as Hull, Scarborough and North East Lincolnshire.

The impact of Covid-19 on service transformation plans involving the development of clinical capacity and service provision has been significant. Primary care networks have been required to

set up Covid-19 vaccine programmes within a challenging timeframe, co-ordinating this alongside existing competing demands on capacity across the system.

Primary care services have had the task of sourcing adequate PPE and supplies to ensure key services including dental, pharmacy and opticians could remain open and provide face-to-face patient care.

21/22 priorities

As we move into 2021/22, our focus will be on these key priorities:

- Maintaining investment in primary care through the GP Forward View and five-year framework for GP services.
- Continuing with the workforce development programme, while expanding the Additional Roles Reimbursement Scheme to include posts such as paramedics, mental health practitioners and allied health practitioners.
- Developing and implementing the GP workforce pooling tool for primary care networks in Humber, Coast and Vale.
- Work with Health Education England, which is planning to offer 129 GP training posts for Humber, Coast and Vale during 2021.
- Complete the 10 delayed Estates and Technology Transformation Fund projects.
- Supporting primary care networks on organisational and/or operational and workforce development plans for recruitment to additional roles.
- Schedule planning across the programme to realign priorities with the [NHS Long Term Plan](#) and [Five Year Framework for GP Services](#).
- Develop a GP community pharmacist consultation service with engagement of the local representative committees and primary care networks to support referral of patients from GP practices to community pharmacies for less severe health conditions.
- Implement the electronic eyecare referral service across Humber, Coast and Vale.

More information

Read the *Humber, Coast and Vale Partnership Long Term Plan* pages [17-20](#) for more information about the Primary Care programme.



Urgent and emergency care

Urgent and emergency care is a key part of the health and care system and the Humber, Coast and Vale programme is working to ensure that people can access advice, care and support in an urgent or emergency situation in an easy, straightforward way.

In 2020/21 we set out ambitious plans to work towards achieving a seamless, integrated service that is easy to access when needed and avoids emergency department attendances when appropriate.

In line with the [NHS Long Term Plan](#), we set the target of reducing emergency department attendances by 114,000 across the Humber, Coast and Vale Health and Care Partnership area by the end of March 2023 - a 20% reduction on 19/20 activity.

We developed our priorities early in 2020, just as the Covid-19 pandemic was beginning to emerge. As with all workstreams the pandemic has had a significant impact on the work of the Urgent and Emergency Care programme and working in a Covid-19-constrained environment has provided opportunities to challenge the status quo, change how we deliver care and improve the patient journey through the system.

Also see pages [21-23](#) of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

Consolidating our relationships within the HCV Partnership, strengthening links to the [acute service reviews](#) and providing more targeted and focused support at local level and A&E delivery board areas, in order to facilitate delivery against our ambitions of reducing emergency department attendances by:

- Developing and implementing a 'right person, right place, first time' model of care, supported by the NHS 111 First approach (see [P21](#) of the HCV Partnership Long Term Plan), with direct booking used wherever possible.
- Ensuring that alternative services are fully implemented and consistent to avoid unnecessary emergency department attendances.
- Reviewing and implementing a consistent urgent treatment centre model.
- Expanding the use of the voluntary sector to support alternative pathways.
- Fully rolling out the implementation of the urgent and emergency care app [RAIDR](#), which monitors system capacity and acts as an early alert when there is pressure in the system.
- Establishing and embedding the integrated stroke delivery network, supported by completing a gap analysis of community services, reviewing location and quality of hyper acute stroke care, workforce development, improved data quality and addressing inequalities revealed as a result of this work.

20/21 Successes

From April 2020, Covid-19 hospital admissions began to increase. Our acute hospitals were struggling to manage the number of A&E walk-in attendances, alongside the requirements of social distancing.

To keep people safe, they collectively asked the Humber, Coast and Vale Urgent and Emergency Care programme to act to manage this demand in alternative ways. This was in line with our plans to reduce emergency department attendances, so we established a task and finish group called Talk Before You Walk to set out an ambitious programme to fast-track some of the work on reducing emergency department attendances across Humber, Coast and Vale.

Because of the pandemic and the switch to online meetings, we were able to significantly improve our engagement across the system and all parts of the network fully engaged with the programme to develop the model of care. Our primary aim was to ensure that people who had an urgent care need were directed to the right part of the healthcare system at the point of contact, rather than arriving at the emergency department for everything.

Our strap line became 'right care, first time and every time'. Our focus was getting patients a clinical assessment as soon after first contact as possible to support them getting the right care for their needs.

From July 2020 there was an expectation nationally to support emergency departments by ensuring that people were encouraged to use NHS 111 in the first instance. Once they contacted NHS 111, they would receive an emergency department arrival time. This objective, put in place to help maintain social distancing, was to be achieved by the start of December 2020.

This included implementing a system known as **emergency department digital integration (EDDI)**, which enabled patients to be booked into an arrival slot in any emergency department from NHS 111 (see **P21** of the HCV Partnership Long Term Plan).

The Humber, Coast and Vale Urgent and Emergency Care programme incorporated this work into our Talk Before You Walk programme. Additionally, we worked collaboratively across the wider Yorkshire and Humber system, with Yorkshire Ambulance Service NHS Trust as our NHS 111 provider, to ensure there was sufficient capacity to manage additional enquiries.

We also welcomed Harrogate and District NHS Foundation Trust into our network in April 2020, taking our acute hospital trusts to four across Humber, Coast and Vale.

Overall, the Urgent and Emergency Care programme delivered the following key changes in line with our priorities for 20/21:

- NHS 111 First in place and fully operational by 1st December 2020.
- A Humber, Coast and Vale-wide clinical assessment service in place at weekends over the winter to manage referrals to emergency departments.
- Increased access to the urgent treatment centres, as an alternative to the emergency department, with a minimum consistent offer across Humber, Coast and Vale, and with direct booking.
- Increased the number of GP surgeries able to offer direct booking.
- Ensured that alternative community pathways were mapped to the directory of services and appropriately ranked to offer as an alternative to the emergency department.
- Reduced ambulance conveyance to emergency departments by increasing the use of 'hear and treat' (where telephone advice is given by an ambulance service to 999 callers who do not have serious or life threatening conditions) and 'see and treat' (where paramedics and technicians deliver care in-situ but no journey to an emergency department is made).
- Expansion of the use of RAIDR into primary care and care homes.
- Emergency departments fully implemented EDDI and started taking bookings for arrival slots for people with urgent care needs from NHS 111 enquiries.
- Same-day emergency care pathways established for acute medicine, acute surgery and frailty.
- Same-day specialty clinics being developed to support on-the-day appointments for patients with an urgent need.
- Criteria to reside (discharge) guidance implemented.

Impact of actions in 20/21

- From April 2020 to December 2020 emergency department attendances reduced by 79,000 across Humber, Coast and Vale. Although much of this reduction will be due to Covid-19, we are starting to see the impact of our actions above.
- Local clinical assessment service redirection rate away from emergency departments rose to 70% (an increase of 20% over the core clinical assessment service).
- GP direct booking availability increased from 25% to 94%.
- Urgent treatment centre referral activity increased by 10% from November 2020 to January 2021.

- Increased use of alternative pathways from 2.4% in November 2020 to 17% in January 2021.
- NHS 111 emergency department referrals decreased from 90% in October/November 2020 to 80% in January 2021.

20/21 challenges

Although 20/21 was a difficult year for all because of Covid-19, our key issues in terms of deliverability were related to the risks we have every year:

- Capacity to deliver the alternative system – transformation takes time and sufficient people in the system willing and able to implement the changes.
- Workforce shortages have been significant in the push for change in the urgent and emergency care system; new roles and capacity in other parts of the system are needed.
- System flow is a key driver to maintaining access to urgent and emergency care and delays in discharge have an impact on the emergency department's ability to care for people.
- Interdependencies with other programmes have an impact on priorities and timescales for delivery.
- Digital capacity: As with other programmes digital solutions are a key enabler for the Urgent and Emergency Care programme and there are competing demands on their capacity to support delivery across the system.

21/22 priorities

Building on our successes of 20/21, we wish to consolidate some areas, ensure a seven-day service focus and put in place some key building blocks to further transform the urgent and emergency care system.

These include a digital clinical messaging service to support the earlier clinical contact and help ensure that people are put on the right pathway for their needs; and an 'any to any' digital booking solution to enable people to be booked into the appropriate setting for their needs. These two digital enablers will support the ambitions set out below.

- A service that delivers early clinical assessment of people entering the urgent and emergency care system via NHS 111.
- Seven-day same-day emergency care services for paediatrics, medicine, surgery and frailty.
- An any-to-any booking solution for the system for urgent care needs.
- All urgent treatment centres operating to the 2021 principles and delivering a locally agreed enhanced offer.
- A range of local alternative seven-day crisis response services to meet two-hour crisis response for physical health and other appropriate community same-day emergency care services.
- Full implementation of the new urgent and emergency care measurements and reviewing at a system level.
- Increased ambulance conveyance using alternative pathways to emergency departments.
- Increased use of 'hear and treat' and 'see and treat' to reduce the overall number of conveyances to emergency departments.

- A clinical messaging tool to support rapid clinical conversations to agree pathways for individual patients.
- Consistent use of emergency care data sets across all providers.
- Reduce overall emergency department attendances by 114K (one year earlier than planned).

More information

Read the Humber, Coast and Vale Partnership Long Term Plan pages [21-23](#) and/or visit the [HCV Partnership website](#) for more information about the Urgent and Emergency Care programme.



Acute Service Reviews

Following a short pause in response to the Coronavirus pandemic, the Humber, Coast and Vale Health and Care Partnership continued its work on the two reviews of acute hospital services across the region throughout 2020/21 – the [Humber Acute Services](#) Programme and the [Scarborough Acute Services Review](#).

Through these reviews the HCV Partnership is seeking to make the most of opportunities for our hospitals to work more closely together to share specialist staff, knowledge and expertise and to achieve the scale necessary to provide the best quality of care for patients, whilst enabling as much care as possible to take place as close to home as possible.

During 2020/21 both programmes made the transition from review stage - with the focus on identifying the problems and difficulties faced within our hospital services and the underlying causes for such challenges; to design and implementation - with the focus on designing solutions for the future and engaging with staff, patients and communities on how services could be better in the future. This work will continue over the coming months and years.

Also see pages [23](#) and [46](#) of the Humber, Coast and Vale Partnership Long Term Plan.

Scarborough Acute Services Review

The Scarborough Acute Services Review began in 2018 to find solutions to significant challenges facing hospital services in and around Scarborough. During that time, a comprehensive review of hospital services at Scarborough Hospital was undertaken, to provide a [detailed analysis of existing services](#), how they work and how they are used, alongside data that looks at how these services may change and develop in future years as the population's needs change.

20/21 successes

During 2020/21, the programme had a number of significant achievements.

Emergency department investment

The review took as its starting point the commitment to retain an emergency department on the Scarborough Hospital site. In early 2020, the capital investment required to rebuild Scarborough Hospital's A&E department was confirmed. Planning work was undertaken throughout 20/21 to develop and secure approval for the initial business case for the £47million investment, which will deliver a new emergency and urgent care department with approximately double the clinical space as well as a new integrated critical care floor for intensive care and coronary care (see [P46](#) of the HCV Partnership Long Term Plan).

Service improvements

During 20/21 work continued in relation to a number of specialties where change had already been implemented or where a pressing need for change was identified. This included general surgery; urology; oncology; stroke services and paediatrics (services for children).

Overall this work has led to significant improvements in quality and safety at Scarborough Hospital. The new clinical model for general surgery services (implemented in 2019) has resulted in the stabilisation of services, allowing the general surgical team to provide consistent support for the emergency department in Scarborough.

Changes to the pathway for stroke patients were adopted in order to comply with national guidance on stroke care and improve the outcomes for patients living in and around Scarborough by ensuring they are now able to directly access a hyper acute stroke unit directly, which is the standard model of care nationally. Changes to patient pathways were also implemented in urology services and oncology services in order to ensure services could be maintained safely.

Engagement with patients and staff supported this work throughout the year. In particular, targeted engagement exercises were undertaken to listen to and gather the views of patients and staff in urology and oncology, where changes had been made in order to maintain safe services for patients. Initial work was also undertaken to identify opportunities to improve the model of care for paediatric services.

21/22 priorities

A review of the programme scope, aims and objectives began in March 2021. As the programme is reviewed and refreshed it will increasingly look beyond hospital-based services to also explore the delivery of healthcare services in the community wherever this is seen as best for patients.

Specific priorities for 2021/22 include:

- Complete the final business case for a new emergency department and intensive care building.
- Undertake engagement to support new models of care for paediatrics.
- Review and refresh the vision and scope for the programme.

Humber Acute Services Programme

In October 2020 a review of the Humber Acute Services Programme and governance was undertaken. As a result a [comprehensive change programme](#) was agreed, which aims to design and deliver better and more accessible health and care services for the population of the Humber over a 10-year period. A portfolio of three inter-related programmes was mobilised:

- Interim clinical plan (programme one): Stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.
- Core hospital services (programme two): Long-term strategy and design of future core hospital services, as part of broader plans to join up services across all aspects of health and social care.
- Building better places (programme three): Working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population (see [P46](#) of the HCV Partnership Long Term Plan).

20/21 successes

Across all three programmes of work, progress was made during 2020/21.

Programme one: Interim clinical plan

In early 2020, a detailed examination of all acute services across Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust was completed. As a result of this exercise, 11 specialties were identified where changes were needed over the next two years to ensure hospital services are sustainable and continue to be safe for all patients across the Humber.

In March 2021, following a programme review, specialised paediatrics was incorporated into the paediatrics workstream in programme two and as a result there are now 10 specialties within programme one.

An outline plan to respond to these challenges was developed during 2020, known as the interim clinical plan. Despite the challenges posed by Covid-19, clinical engagement continued across both hospital trusts, enabling plans to be put in place to establish joint clinical and managerial teams for the specialties within the interim clinical plan, ensuring greater consistency in care and treatment as well as a consistent approach to clinical prioritisation, management of waiting lists so there is equity for patients across the Humber region. These changes will be implemented on a phased basis throughout 2021. Further detail is available in the [interim clinical plan summary](#).

Programme two: core hospital services

The overall objective of programme two is to design sustainable and effective service models for the future delivery of hospital services across the key building blocks of hospital services: urgent and

emergency care; maternity, paediatric and neonatal services; planned care and diagnostics. From November 2020 to February 2021, clinical workshops – involving approximately 400 clinical and managerial colleagues from across hospital services, primary care (GPs), community services and clinical commissioning groups – took place to begin shaping ideas for future service models across the different service areas. This work will continue throughout 21/22, supported by a comprehensive engagement strategy to ensure patients, the public, staff and other stakeholders are involved in shaping the future of their hospital services.

Programme three: Building better places

Work began during 2020 to develop a comprehensive investment proposal to redevelop and/or replace significant elements of the hospital infrastructure across the Humber region. An innovative and collaborative approach to developing the estates and capital development proposals was devised and was supported by the formation of multi-agency partnership to take forward the capital development programme. This new partnership brought together public and private sector bodies, including local authorities, universities and local enterprise partnerships.

A comprehensive [economic and social impact study](#) was undertaken to support the case for investment in the Humber region, in addition to an [investment prospectus](#), which sets out the aims and ambitions of this innovative approach to building better places.

21/22 priorities

- Implement the clinical and managerial changes set out in the interim clinical plan to put in place Humber-wide networked services for all priority specialties.
- Review the pathways across all priority specialties to identify opportunities to improve care and patient experience (including listening to existing patients).
- Complete reviews of temporary service changes – oncology; haematology; ear, nose and throat (ENT); and urology.
- Undertake a comprehensive engagement programme to support the development of plans for the future shape of core hospital services.
- Develop the framework for the strategic outline business case for major capital development.

More information

Read the *Humber, Coast and Vale Partnership Long Term Plan* pages [P23](#) and [P46](#) and/or visit the [Humber Acute Services Programme](#) or [Scarborough Acute Services Review](#) sections on the [HCV Partnership website](#) for more information.



Priority 3

Improving the care provided in key areas

See pages 24-28 of the Humber, Coast and Vale Partnership Long Term.

We anticipate that, through our efforts to support communities and individuals to take more control over their health and wellbeing, we can improve the overall health of our population and the overall impact of disease and ill health. Nevertheless, we know that people will continue to need high-quality, safe and effective healthcare services.

As outlined in the [Humber, Coast and Vale Partnership Long Term Plan](#), the Partnership is working together to improve the care we provide for the people of Humber, Coast and Vale in a number of important clinical areas to ensure we get the best possible health outcomes for our population. This includes looking for opportunities to narrow the gap by supporting those with the worst health outcomes in our communities.

We are focusing on improving care in the following key areas:

- Cancer
- Mental Health
- Elective (planned) Care
- Maternity

In each of these clinical priority areas, we are working together to ensure the population of Humber, Coast and Vale can access the best possible care and have the best possible chance of living a happy, healthy life.

These programme updates follow in this section of the HCV Partnership annual report: Cancer; Mental Health and Learning Disabilities; Elective (planned) Care; and Maternity.



Cancer

The Cancer Alliance represents all partners responsible for the commissioning and delivery of cancer services in Humber, Coast and Vale. This includes our GP practices, hospital trusts and clinical commissioning groups (CCGs).

As a Cancer Alliance, we have a diverse population and geography, so we need to recognise the challenge this presents and have a clear strategic overview with our partners about how we reduce variation in terms of equity of access to early diagnosis and treatment, ensuring people live longer, as per the [NHS Long Term Plan](#) ambition:

- By 2028, 55,000 more people each year will survive cancer for five years or more.
- By 2028, 75% of people with cancer will be diagnosed at an early stage (stage 1 or 2).

In order to do this, we have four dedicated programmes of work across the Alliance: awareness and early diagnosis; diagnostics; treatment and pathways; and living with and beyond cancer.

Cancer has always been a high priority both nationally and for the Humber, Coast and Vale Health and Care Partnership (see [P25-26](#) of the Humber, Coast and Vale Partnership Long Term Plan), but Covid-19 has exacerbated the pre-existing inequalities with regards to cancer.

We therefore need to ensure our priorities are focused on addressing this through our programmes of work. The Cancer Alliance is committed to working tirelessly to address these inequalities, ensuring our work is clinically led, with patients at the centre of our programme of transformation.

20/21 priorities

Whilst we have been working with the challenge of Covid-19 we have done this with an eye toward recovery. This has been done with the recognition that we need to look at how we retain the innovations and alternative ways of working that we have implemented during the pandemic, and also look at how we implement further innovations and alternative pathways to ensure we restore cancer services to pre-pandemic levels. Examples of how we have adapted our services are detailed below.

20/21 successes

Primary care

At the beginning of 2020, the Cancer Alliance recognised the need for a focused programme of work with primary care. As a result, the Alliance established a clinically led primary care group and **appointed a GP Lead**, supported by Cancer Research UK.

The group is making good progress on understanding where GPs and primary care networks are with regards to screening uptake, two-week wait referrals, and variation; and has a more detailed programme of work in 2021/22 (see 21/22 priorities section later in this report) to ensure we really understand what is happening with early diagnosis and referrals to get into those communities where we need to improve cancer outcomes.

Cancer Champion programme

The **Cancer Champion programme** has gone from strength to strength in 20/21 and has now delivered awareness training to more than 2,300 people across Humber, Coast and Vale since it began, a considerable achievement given this training had to be redesigned to be delivered online following the emergence of Covid-19.

We have had lots of feedback from attendees that the training has enabled them to spot the signs of early cancer among themselves or friends or family, which has resulted in successful diagnosis and treatment at a much earlier stage.

The next stage of the programme involves working more closely with hard-to-reach communities, linking to the work we are doing with GP practices.

Alternative pathways to diagnosis and innovation

Following the emergence of Covid-19 one of the more significantly affected pathways was the lower gastrointestinal pathway that diagnoses bowel cancer. This was because key diagnostic tests that are needed to diagnose bowel cancer were temporarily paused due to the pandemic, so we had to look at alternative pathways to diagnose patients during this time.

One of those innovations saw the introduction of the faecal immunochemical test as part of the two-week wait referral process. Whilst the test was not new, it had never been used for the purpose of diagnosing cancer via the two-week wait referral pathway. It is still early days, but we are looking at how the new pathway is being adopted to ensure we maximise the benefit of working this way for patients and clinicians.

To support diagnostics during 20/21, we have been fortunate to have access to innovations such as [colon capsule](#) and [cytosponge](#) endoscopies across Humber, Coast and Vale. These will speed up diagnostics in the lower and upper gastrointestinal pathways and, over the coming year, will extend further with other innovations such as blood tests to detect likelihood of cancer, and digital technology in radiology reporting for breast and lung cancers.

Teledermatology

A further challenge presented in 20/21 due to Covid-19 was the number of people waiting for skin cancer tests and how we could work with partners to ensure we had a standardised approach to the use of [teledermatology](#) across Humber, Coast and Vale. Whilst teledermatology is not new, it was not being used consistently, which led to variation in access to services.

The use of teledermatology supports the taking of digital images to accompany two-week wait referrals, which is helping to safely manage a high number of skin cancer referrals and supporting earlier and faster diagnosis for patients.

Rapid diagnostic centres

Humber, Coast and Vale's first rapid diagnostic centre service in York, which helps to quickly diagnose or rule out cancer for patients with non-specific symptoms, has played a key role in helping to diagnose cancer early throughout the pandemic.

The Alliance has made good progress towards implementing rapid diagnostic centre services across Humber, Coast and Vale. In January 2021 York and Scarborough Hospitals NHS Foundation Trust launched the rapid diagnostic centre service in Scarborough, while the Alliance is working with stakeholders to develop rapid diagnostic centre services within Northern Lincolnshire and Goole NHS Foundation Trust and Hull University Teaching Hospitals NHS Trust.

Patient experience and personal stratified follow-up

Living with and beyond cancer is an important element of our programme of work and often one where people don't recognise the importance of supporting patients once physical treatment has been completed.

The Cancer Alliance has worked with local hospital trusts to ensure a maintained focus on patient experience and follow-up during the pandemic, as often patients were afraid to attend hospitals for treatment during the very early days of the pandemic. We have developed several videos to demonstrate what patients can expect when visiting hospital for treatment. The Alliance has also worked in collaboration to implement a personalised stratified follow-up for breast and colorectal cancer treatment in a way that minimises the need to see clinicians face to face, while still receiving all the appropriate surveillance tests and scans.

Cancer support group network

To support people living with and beyond cancer, the Alliance has further developed its online support during 20/21. We have done this by providing a [support directory](#) that effectively promotes wellbeing support. We have also hosted virtual 'share and learn' events for local cancer support group representatives.

Cancer improvement collaborative

Colleagues working for teenage and young adult services at Castle Hill Hospital have captured the views of their patients in order to gain a better understanding of how they can improve the service. This has been done as part of a national cancer improvement programme supported by the Alliance. The feedback and insight will be used to improve patient experience and quality of care within teenage and young adult cancer services at Hull University Teaching Hospitals NHS Trust.

20/21 challenges

Managing the impact of Covid-19 – Targeted Lung Health Checks

One of the biggest successes, and greatest challenges in equal measure, was the commencement of the [Hull Targeted Lung Health Check service](#) and its subsequent postponement due to Covid-19. The service helps to diagnose lung cancer at a much earlier stage, which can greatly improve life expectancy.

The programme started in January 2020 and was paused once coronavirus became prevalent in the UK. The programme resumes in April 2021 and will be key to addressing the worrying trend during the pandemic where lung cancer patients do not seek medical help or only do so at a much later stage with poorer outcomes. Future plans include a wider roll-out that will help to increase cancer survival rates, and improve lung cancer outcomes for patients in Humber, Coast and Vale.

Diagnostic recovery

One of our greatest challenges, not just across the Humber, Coast and Vale Health and Care Partnership but nationally also, is how we reduce waiting lists which have built up during the pandemic. We are working as a system to understand what we need to do differently, which will include introducing alternative filter tests and pathways, ensuring we utilise the capacity that we have wisely, and developing new initiatives such as community diagnostic hubs across our region.

Help Us Help You

To address the barriers that deterred some people from accessing NHS services during the height of Covid-19, the Cancer Alliance supported the national [Help Us Help You](#) campaign and delivered a wide range of communication activities, including [virtual walk through videos](#) that highlighted the safety measures in place at local trusts.

21/22 priorities

In 2021/22 the Alliance will continue to provide oversight of cancer services across Humber, Coast and Vale, drive new innovations, and prioritise NHS Long Term Plan and HCV Partnership Long Term Plan activity.

The Alliance will also lead work to support the national aims to restore cancer pathways in a transparent and equitable way, so that all patients across Humber, Coast and Vale have equitable access to treatment and outcomes for cancer.

The priorities for recovery include:

- Restoring urgent cancer referrals at least to pre-Covid-19 levels.
- Reducing waiting lists at least to pre-Covid-19 levels on 62-day (urgent referral and referral from screening) and 31-day pathways.
- Ensuring sufficient capacity is in place to manage increased demand moving forward including follow-up care.

More information

Read the Humber, Coast and Vale Partnership Long Term Plan pages [25-26](#) and/or visit the [Humber, Coast and Vale Cancer Alliance website](#) for more information about our Cancer programme.



Mental Health and Learning Disabilities

In a challenging year for all, the work of the Humber, Coast and Vale Mental Health and Learning Disabilities programme in 2020/21 continued to drive forward the priorities set out in the [NHS Long Term Plan](#).

The programme has had to adapt working practices and be extremely flexible in the way that we deliver services, to meet the needs of our population in different and innovative ways.

Mental health is now rightly at the forefront of the health and care sector's efforts to maintain the health and wellbeing of the people in our communities. The programme has seen some recognition of this over the past year, with increased national funding for mental health, learning disabilities and autism announced to support delivery into 2021/22.

As the Humber, Coast and Vale Health and Care Partnership, the region's [Integrated Care System](#), moves towards [full statutory body status](#) in April 2022, the Mental Health and Learning Disabilities programme will continue to work collaboratively to drive the delivery of, not only the national objectives, but also the things that we know will make a difference to our local populations

Also see pages [27-31](#) of the Humber, Coast and Vale Partnership Long Term Plan.

Some of our key successes and challenges in 2020/21 together with our priorities for 2021/22 can be found below.

20/21 priorities

In 20/21 our priorities were to continue to deliver mental health service transformation relating to the following existing workstreams:

- Children and young people
- Community mental health
- **Individual placement and support**
- Perinatal mental health
- Suicide prevention
- Urgent and emergency care (mental health)

We also committed to focusing on some key system developments and enablers outlined below:

- To expand the scope of the mental health programme to include learning disabilities and autism.
- To develop a mental health resilience hub to support both our staff and public during and beyond the Covid-19 pandemic.
- To create a workstream dedicated to improving physical health inequalities for people with severe mental illness.
- To establish a detailed analysis of local **place-based** commissioning and provision relating to improving access to psychological therapies (IAPT) programme commitments in the NHS Long Term Plan and national IAPT standards.
- To continue to work with partners and service users across our system to better inform our planning and service delivery (co-production).
- Workforce professionals continue to work with organisations and education providers to develop a successful and sustainable workforce.

20/21 successes

We are extremely proud of a number of achievements this year. These include:

- The programme has been expanded to include learning disabilities and autism workstreams, and there has been a detailed review of the learning disabilities transforming care partnership across Humber, Coast and Vale.
- We were successful in our bid to NHS England and NHS Improvement to gain funding to support the development of a **key worker service**. The service means that all children and young people with autism and/or learning disabilities admitted to or at risk of admission to a mental health inpatient unit will have an allocated key worker.
- We have commissioned **Kooth**, an online counselling platform for children and young people, to ensure that they have access to emotional wellbeing and mental health support when schools and colleges were closed during Covid-19.

- **The Humber, Coast and Vale staff resilience hub** was launched in February 2021. The hub provides vital mental health and wellbeing support services to health and care staff and emergency workers affected by Covid-19.
- Funding was granted for community mental health transformation. All providers were engaged with the process for submitting the bid which is an excellent example of co-production across the HCV Partnership.
- A steering group has now been established to focus on improving physical health inequalities for those with severe mental health illnesses.
- A deep dive took place to establish a detailed analysis of place-based commissioning relating to IAPT commitments and an IAPT steering group has been established.
- The HCV Partnership was one of the first areas in England selected to develop a pilot **maternal mental health service**.
- Perinatal mental health staff **completed specialist training** to identify patients suffering from domestic abuse.
- **Qwell**, a free, anonymous online counselling and emotional wellbeing service for men, was launched in January 2021.
- More than 6,500 people across Humber, Coast and Vale have **completed suicide prevention** training in the last year – equivalent to one person trained every 79 minutes.
- 24/7 open access telephone support implemented for those people in crisis, enabling rapid access to support and advice.
- A clinical assembly was established which comprises of knowledgeable and passionate clinicians across Humber, Coast and Vale to ensure that their expertise is used to strongly influence and shape our programmes of work.
- Second annual international conference held virtually to an audience of more than 300 across the world with significant engagement.

20/21 challenges

We know that we have some areas of our workforce that will come under increasing pressure if we are not able to increase our complement of staff with the right skills and training. Workforce planning will form a key part of our planning for 21/22.

The coronavirus pandemic has meant both staff and service users and their families have had to adapt to new ways of working, particularly digital solutions.

Staff sickness and restrictions due to social distancing have caused pressures, particularly in frontline services.

21/22 priorities

In 2021/22 the HCV Partnership Mental Health and Learning Disabilities programme will focus its work on the following key workstreams:

- Autism and learning disabilities
- Children and young people's mental health
- Community mental health (IAPT, dementia and serious mental illness health checks)
- Urgent and emergency mental health care
- Building mental health resilience
- Perinatal and maternity mental health services
- Suicide prevention
- Individual placement and support

More information

Read the Humber, Coast and Vale Partnership Long Term Plan pages [27-31](#) and/or visit the [HCV Partnership website](#) for more information about the Mental Health and Learning Disability programme.



Elective (planned) Care

Elective care is routine care, which can be planned or booked following a referral by a GP or an outpatient clinic and is how the majority of people access NHS services.

The Humber, Coast and Vale Health and Care Partnership's Elective Care programme is working to improve the provision of services with planned appointments or interventions in hospital or community settings; including planned surgery, outpatient appointments, day cases and appointments in a GP surgery, health centre or other facility.

The programme is focused on prevention, early diagnosis and management of long-term conditions to improve outcomes and experience, particularly for people with diabetes, cardiovascular disease and respiratory conditions.

We have worked to identify better ways for people to access services that meet their needs; and have introduced plans to help manage demand and to ensure people receive the care or treatment they need in the right place and at the right time.

Also see pages 32-35 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

The Elective Care programme reviewed its priorities for 2020/21 early in the year, to support the Humber, Coast and Vale response to Covid-19, to focus on:

- Elective care recovery activity working with the acute trusts with specific initiatives to help those patients who have been waiting the longest for care or treatment.
- Long-term conditions in key areas of the programme where work is already under way (with some other areas paused); and priorities arising from new activity relating to the Humber, Coast and Vale response to Covid-19.
- Supporting self-care and self-management resources.

20/21 successes

Covid-19 has obviously been a significant challenge for all health and care services but, in general terms, the challenges it has presented has led to more collaboration across elective care, cancer and diagnostic services to align activity where appropriate and utilise resources more effectively.

Elective care recovery programme

- The HCV Partnership established an elective care recovery programme, which aims to shorten patients' waits where possible, with Partnership organisations taking a consistent approach to clinical prioritisation to ensure that the care and safety of people is maintained while they are on a waiting list.
- The programme secured an additional £183,000 from NHS England and NHS Improvement (NHSE/I) to support the co-ordination of elective care activity in Humber, Coast and Vale.
- It carried out clinical validation of all patients on waiting lists against the nationally agreed priority levels (priorities 1-4).
- Developed a shared view of the [referral to treatment patient treatment list](#) (which indicates the number of patients waiting for treatment) with the hospital trusts; working together to provide shared understanding and reporting.
- Reduced face-to-face outpatient appointments where appropriate to help to prevent Covid-19 transmission (see [P33](#) of the HCV Partnership Long Term Plan). This led to the implementation of referral assessment systems and triage processes through:
 - Increased usage of telephone/video patient consultations, including the introduction of the [Attend Anywhere video consultation system](#) across Humber, Coast and Vale. Approximately 430,000 virtual appointments have been carried out during 20/21, equivalent to 27% of all outpatient activity.
 - During 2021 we continued to engage with Humber, Coast and Vale digital leads resulting in the successful regional procurement of a video consultation platform which commenced in April 2021.
 - The implementation of the [Patients Know Best video consultation](#) service by Hull University Teaching Hospitals NHS Trust has been successful, with more than 45,000 patients registered. During 2021/22 York and Scarborough Teaching Hospitals NHS Foundation Trust and Northern Lincolnshire and Goole NHS Foundation Trust will adopt Patients Know Best within their services.
 - The establishment of referral assessment systems at Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust.
 - Increased use of advice and guidance to support GPs to manage referrals.

- Introduced patient initiated follow-ups across a range of pathways within each of the four hospital trusts in Humber, Coast and Vale.

Pharmacy and medicines optimisation

- The [community pharmacy consulting service](#) launched in Humber, Coast and Vale in November 2020 to give GP practices the option to refer patients to pharmacists where most appropriate to reduce unnecessary GP appointments. To date 47 GP practices have agreed to participate in the programme, with more practices expected to sign up in future.
- The [NHS discharge medicines service](#), which ensures better communication of changes to a patient's medication when they leave hospital, went live in February 2021 across Humber, Coast and Vale.

Respiratory

- The Humber, Coast and Vale Respiratory Clinical Network has been established, which builds on the progress made by the Humber, Coast and Vale Respiratory Steering Group. Dr Mike Crooks has been appointed as Humber, Coast and Vale respiratory clinical lead.
- Respiratory programme priorities have been agreed with both the Humber and North Yorkshire and York geographical partnerships (see [P35](#) of the HCV Partnership Long Term Plan).
- The delivery of the following services (via the Humber and North Yorkshire and York geographical partnerships):
 - [Post Covid-19 assessment services](#) (also known as long Covid clinics).
 - [Covid-19 pulse oximeter device at home service](#) (within primary care teams).
 - Covid-19 virtual wards (within hospital trusts and community teams) to support the most vulnerable people in our communities.

Diabetes

- The [NHS Diabetes Prevention Programme](#) moved to online delivery from April 2020 in response to the emergence of Covid-19 (see [P34](#) of the HCV Partnership Long Term Plan).
- The HCV Partnership was one of only 10 pilot areas in England to launch the [NHS Low Calorie Diet Programme](#) towards the end of 2020 to help people who are overweight and living with type 2 diabetes improve their health. As of March 2021, 127 patients have been referred to the programme. The average weight lost by participants who have completed the 12-week diet replacement phase is 13.5kg (30lbs).
- Like the NHS Diabetes Prevention Programme, other diabetes education courses could not be delivered face-to-face and therefore were repurposed for digital delivery.

20/21 challenges

One of the biggest challenges facing the HCV Partnership is managing the growing lists of patients waiting for access to treatment and care.

As of the end of January 2021 (latest available figures) 130,282 people were waiting to start treatment in Humber, Coast and Vale, while 4,901 people started treatment during the month.

Considerable efforts are being made to ensure we continue to work as a system so that we are able to offer time critical surgery across Humber, Coast and Vale area.

21/22 priorities

Recovery of elective care will be a key priority for the HCV Partnership in 2021/22. The Elective Care programme is initially concentrating on specialties with particularly long waiting lists where comprehensive recovery plans can be developed. The programme has agreed with hospital trusts to focus initial efforts on the following specialties: ophthalmology; orthopaedics; urology; and ear, nose and throat.

Key workstreams for 21/22 to support recovery include:

- Continued focus on the redesign of pathways to make the most of the capacity available, including through outpatient and out-of-hospital care models.
- We understand that lengthy waits for appointments and referrals can be a frustrating and worrying time for patients, therefore we are developing a 'waiting well' approach to provide support to patients on waiting lists, particularly focused on areas where there are higher levels of health inequalities.
- Creating additional capacity for services with particularly long waiting lists and agreeing collaborative ways to deliver services with long waiting lists but low-complexity cases.
- The co-ordination of care supported by waiting list management and mutual aid.

In addition, the Elective Care programme we will continue to focus on:

- Diabetes: Increasing participation in the NHS Diabetes Prevention Programme and the NHS Low Calorie Diet Programme; offering digital-based education; and improving the treatment and care of people with type 1 and 2 diabetes.
- Respiratory: Supporting the recovery of respiratory services through the two geographic partnerships in Humber, Coast and Vale (Humber; North Yorkshire and York).
- Pharmacy and medicines optimisation: Working together across all parts of the health and care sector.

More information

Read the *Humber, Coast and Vale Partnership Long Term Plan* pages [32-35](#) and/or visit the [HCV Partnership website](#) for more information about our Elective Care programme.



Maternity

The **Humber, Coast and Vale Local Maternity System (LMS)** supports the complete maternity journey for all women and families - including pre-conception, neonatal and postnatal services - as one of the priority programmes of the **Humber, Coast and Vale Health and Care Partnership**. We work to improve physical and mental health, ensure consistency and fairness in care provided, and support all staff to provide great services and develop personally.

Our key workstreams focus on quality and safety across all services, providing **choice and personalisation** within services, support for prevention and population health ambitions, participation with workforce and digital programmes across the HCV Partnership and involvement in neonatal care.

*Also see pages **36-38** of the Humber, Coast and Vale Partnership Long Term Plan.*

20/21 priorities

LMS team growth and increased involvement in different projects continued throughout 2020/21. During this time there was more focus than anticipated on aspects such as guidelines and pathways due to the changes in operational requirements caused by Covid-19. Nevertheless many projects also continued as planned, and in some cases exceeded expectations.

Key project milestones met during this period included:

- After achieving the 35% **continuity of carer** target in March 2020, there was progression towards the overall 51% target in March 2021 (see page 36 of the HCV Partnership Long Term Plan).
- Developing surveys for women and families to tell us how they feel about the implementation of continuity of carer in partnership with our five **Maternity Voices Partnerships** (MVPs) in Humber, Coast and Vale.
- Conducting surveys and questionnaires relating to pregnancy or birth experience, postnatal checks or mental health issues; as well as representation in regional-wide projects such as the **Neonatal Critical Care Transformation Review**.
- Expansion of the number of LMS-wide guidelines to support consistency and equity of practice across hospital trusts; and making it easier and safer for staff to transfer between sites.
- Creating a number of sub-groups related to the postnatal plan agreed in March 2020, creating new pathways and processes for midwifery and health visiting transfers, links to electronic red books and other projects.
- To revitalise joint work with the MVPs, particularly with the safety agenda, and ensure they are represented at key meetings to give effective voice to women and families.
- Progress in developing and implementing the single maternity IT system across Humber, Coast and Vale and provide a women's app.
- To employ additional support into the LMS for the health promotion aspects of the programme and to maintain links with universities, colleges and other HCV Partnership projects.
- To test ways of making home births and births at midwifery-led units more attractive and accessible to women and their partners (see page 36 of the HCV Partnership Long Term Plan).
- To employ a safety lead to work alongside the LMS clinical lead and support the further integration of work between obstetric and neonatal units.
- Continued work to achieve the **Maternity Incentive Scheme** (part of the **Clinical Negligence Scheme** for hospital trusts) and **Saving Babies Lives (version two)** care bundle requirements.
- Progress workforce reviews of specific staff groups to understand more about training requirements, additional guidelines and succession planning.
- Develop an action plan around breastfeeding support across the LMS that supports an increase in women feeding their babies this way.

20/21 Successes

The LMS continued to achieve many of the key priorities it aimed to during 20/21, particularly building on the recruitment of key personnel during the previous year. There has been the addition of a safety lead; a six-month secondment post to explore the requirements of midwifery support workers; more clinical input and leadership; and most recently the appointment to two prevention-related posts – one focused on alcohol misuse in pregnancy and the other concentrating on weight management in pregnancy (both especially important during the pandemic). The core team continued to work together throughout the year and supported new operational projects that arose.

Maintenance of the continuity of carer teams was prioritised as the value they bring to women and families is recognised by all partners; particularly during some of the more difficult periods of 20/21. Continuity of carer provision above the target of 35% was maintained throughout the year, and increased across all areas to 48% in February 2021.

Additional support for Black, Asian and Minority Ethnic (BAME) women and families was introduced during the year. Subsequently we've seen lower rates of inductions, better mental health support and higher satisfaction levels from the people supported in this way.

The Saving Babies Lives care bundle work was affected by Covid-19, with frequent changes to appointment provision, sonography and carbon monoxide monitoring. Recording and reporting of information via the [Maternity Services Data Set](#) (MSDS) also changed a number of times over the year, but by the end of March 2021 there had still been significant improvements against the objectives at all hospital trusts, and all had also achieved the 12 required points of reporting against the MSDS aims. Our services are now safer than they've ever been – and we can prove that.

New supporting clinical guidelines have also been written and ratified over this period; including those referencing the LMS's new role in the oversight and performance management of serious maternity incidents (which is required by the [Ockenden Report](#)). Information about these serious incidents is shared as soon as they happen, and trends or individual failings are acted upon quickly.

The LMS has also overseen the submission of gap analysis reports from all areas to the regional board of the [Maternity Transformation Programme](#) and continues to ensure consistency of reporting. This work also builds on ambitions outlined in the [NHS Long Term Plan](#). As a result we've seen more consistency in the way women have care provided – ensuring best practice is followed, and making it easier for our staff to be safer. This will continue as we ratify more guidance and set higher standards across the area.

We want to support a better quality of care in units and parent accommodation, as well as highlighting the staffing levels required for this care. This sits alongside the [Humber Acute Services Programme](#) (also see page 33 of this report) and has promoted further integration between the maternity and neonatal units across the LMS. We've used these improved relationships to identify dedicated clinical leadership support, which has been really appreciated by the staff on the units.

The prevention workplan had some particularly relevant aspects during the pandemic. Midwives, health visitors and neonatal staff have completed training associated with the [ICON programme](#)

which works to support parents with crying babies, and subsequently reduce the incidence of abusive head trauma in babies.

Our web presence continues to grow; with additional content on the [Humber, Coast and Vale LMS website](#) helping women with their birth choices, as well supporting them during the postnatal period.

The [Bump the Habit](#) website was launched to help families stop smoking, while the [MVP website](#) links to surveys, outcomes and other information. Additionally, an [Ask a Midwife](#) Facebook service was set up this year and has been extremely popular with women as it allows them to receive rapid responses to their maternity-related questions.

21/22 Priorities

The two main priorities for the next year will be the continued work on requirements outlined in the Ockenden Report, particularly additional quality and performance monitoring aspects; and the implementation of the single maternity IT system across Humber, Coast and Vale (see page 37 of the HCV Partnership Long Term Plan).

More will be added to workplans going forward. We look forward to being able to evidence even more improvements for women and families through all our projects and share these successes with partners and stakeholders.

We will ensure:

- Ongoing continuity of carer team rollout across Humber, Coast and Vale to meet the [Better Births](#) target that more than 51% of women are on a continuity of carer pathway.
- A review of current actions relating to BAME and vulnerable women and families, and identify existing gaps or new actions to support these people.
- Progress in developing and implementing the single maternity IT system across Humber, Coast and Vale, as well as support women to access their records digitally.
- Intensive scoping and action plans derived around the two initial prevention priorities: alcohol misuse and weight management in pregnancy.
- Access to specialist maternity advice for women with existing or new medical issues during pregnancy via maternal medicine networks across the Yorkshire and Humber region.
- Development of maternal mental health services in partnership with the HCV Partnership's perinatal mental health programme.
- Increased take-up of a single electronic care plan around pregnancy and birth.
- Commencement of a pre-term working group to ensure maternity and neonatal teams work in collaboration, therefore improving outcomes for women and babies.

More Information

Read the *Humber, Coast and Vale Partnership Long Term Plan* pages [36-37](#) and/or visit the [LMS website](#) for more information about the Maternity programme.



Priority 4

Making the most of all our resources

See pages [39-51](#) of the *Humber, Coast and Vale Partnership Long Term Plan*.

Within Humber, Coast and Vale we face a number of challenges that mean it is increasingly difficult to continue to provide high-quality, effective care that is keeping pace with rising demand and the changing needs of our local populations.

For example, it is becoming increasingly difficult to ensure all patients can access diagnostic tests and begin treatment in a timely manner due to ageing diagnostic equipment and shortages in trained staff. Additionally, our dispersed, rural population makes delivering home care more challenging and makes transport to and from healthcare provision difficult for citizens as well as professionals.

Despite these challenges, Humber, Coast and Vale is an area rich in assets and strengths. We have a vibrant voluntary and community sector, offering a vast range of opportunities to citizens and communities to improve their health and wellbeing.

Our region boasts some of the most beautiful countryside England has to offer, a rich cultural offer including the historic cities of York and Hull, four blue flag beaches and a thriving industrial sector that is home to the largest port complex in the UK and is at the cutting edge of the renewable technology sector.

Advances in technology, alternative approaches to recruiting, training and deploying staff and other new ways of working offer many opportunities to improve the quality of care we provide and improve the outcomes for local people.

As a Partnership, we are working together with a broad range of external partners to leverage these assets and resources to ensure we make the most of what Humber, Coast and Vale has to offer so that our citizens can all **start well, live well and age well**.

These programme updates follow: Workforce; Digital; and Sustainability and Net Zero.



Workforce

Covid-19 has brought many workforce challenges across the Humber, Coast and Vale Health and Care Partnership and has been the main focus of 2020/21. Our workforce has been responsive and flexible, stepping up to the challenges of a global pandemic. Acquisition and use of personal protective equipment (PPE) created a need for urgent training and our healthcare students came forward to support clinical colleagues.

Staff have worked long hours under great pressure, while the national [Bring Back Staff programme](#) encouraged people to return to health and care roles to support our existing workforce and the Covid-19 vaccination programme.

Workforce health and wellbeing has never been more important. In recognition of this, the Workforce programme team is working with colleagues to identify new programmes and initiatives for all staff, including around traumatic stress and debriefing; coaching and mentoring; and holistic and practical interventions.

The recent publication of the [Health and Social Care Bill white paper](#) will bring about the biggest reforms of the health and care sector in 30 years. To ensure our workforce strategy remains aligned to our programme priorities, a significant review will take place this year across the HCV Partnership. The review will confirm how we can ensure we have the right workforce with the right skills to meet

our service priorities, address our challenges and realise opportunities across our health and care communities now and in years to come. The review will also support the implementation of the [NHS People Plan](#) and its priorities across the HCV Partnership.

Also see pages 40-42 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 Priorities

Increase workforce supply:

- Work with [Health Education England](#) and higher education institutions to deploy healthcare students into clinical areas.
- Two initiatives were run in response to the Bring Back Staff programme. The first initiative was instigated in Feb/March 2020 by NHS England and NHS Improvement; the second in Nov/Dec 2020 and was led from within the HCV Partnership to support our health and care system, and latterly our vaccination centres.
- Work with the Department for Work and Pensions to encourage people on furlough or displaced due to Covid-19 to consider roles within the health and care sector.

Covid-19-related training opportunities:

- PPE and Covid-19-related training in care homes.
- Education and training provision aggregated into one place on the [HCV Partnership website](#).
- Health and wellbeing initiatives focusing on coaching, mentoring, physical and emotional health, in particular with a focus on trauma and traumatic stress.

Black, Asian and Minority Ethnicities – engagement, inclusion and equality:

- A new priority workstream to support greater equality, inclusion and justice for Black, Asian or Minority Ethnic (BAME) colleagues and communities, introduced in response to the death of George Floyd in the US in May 2020, and the subsequent Black Lives Matter protests across the world (see also page 19 of this report for more information about this programme).

The disproportionate impact of Covid-19 on BAME communities and the increasing disparities we are seeing in society in the wake of the pandemic have also placed this at the fore. Programme priorities will be:

- Non-executive director recruitment – improving representation of people from BAME backgrounds across our boards.
- A new fellowship programme – we are exploring the potential for a fellowship programme to be developed for BAME colleagues.
- Network of Networks – the first meeting of a new ‘Network of Networks’ for staff from BAME backgrounds was held in February 2021, made up of the chairs and members of existing BAME networks across the HCV Partnership. In order to support the new network, an audit has been carried out of existing equality networks across the HCV Partnership and the group is in the process of determining 21/22 priorities.
- Anti-racism drives across the HCV Partnership, including development of the white allies group, anti-racism training, and awareness campaigns within organisations and across the communities we serve.

Provide greater support to the health and wellbeing of our workforce:

- Identify and support organisational initiatives, with funding from NHS England and NHS Improvement's [Enhanced Occupational Health and Wellbeing programme](#).
- Support the launch and development of the [Humber, Coast and Vale Resilience Hub](#), a confidential service which offers advice and support for health and care staff and emergency service workers.
- Roll-out of system-wide health and wellbeing initiatives, in particular focused on coaching, mentoring, trauma and debriefing, and holistic interventions.

Development of the existing and future workforce:

- Maximise the [apprenticeship levy](#) in general practice and smaller organisations. Instigate and enable apprentice levy transfer between our organisations.
- Planned growth of advanced clinical practitioners and physician associates determined by workforce need, supported by a quality assurance and governance framework developed by partners across the HCV Partnership.
- Greater access to learning opportunities for hard-to-reach staff. For example, the [ECHO project](#) which uses video conferencing technology to share knowledge and expertise has been utilised to support those working in care homes.
- Work with the Department for Work and Pensions and Humber [Local Enterprise Partnership](#) to promote career pathways in health and care, encouraging people looking for work to consider their transferable skills and vacancies in the health and care sector.
- System-wide approach to increasing placement capacity to strengthen the route into health and care vacancies.
- Increased partnership working with local authorities and social care organisations.

20/21 Successes

Student nurse and midwife redeployment

Of 5,278 students who came forward to support clinical areas at the start of the coronavirus pandemic 4,736 were released to employers. At least 3,844 student nurses and midwives began work with employers as part of their final year of education across the HCV Partnership.

Careers pathway with transferable skills matrix

The HCV Partnership's [careers pathway with transferable skills matrix](#) was adopted by the Department for Work and Pensions. The pathway will initially be adopted to support those displaced by Covid-19 but will be continue to be utilised by Department for Work and Pensions colleagues working across our area, encouraging people looking for work to consider roles in the health and care sector.

ECHO project

Over 300 remote learning sessions have been delivered to more than 2,600 care home staff on subjects including PPE, infection control and end-of-life care.

Bring Back Staff Programme

The project encouraged 415 nurses to return and seek employment across Humber, Coast and Vale. 34% have subsequently been deployed to clinical areas and in support of vaccination centres across our area.

Health and wellbeing

£510,000 secured from NHS England and NHS Improvement to enable health and care organisations to implement health and wellbeing initiatives. Organisations and partners across the HCV Partnership used the funding to support a range of initiatives from financial wellbeing and supporting the return to work of staff to specific mental health initiatives.

Apprenticeship growth

More GP practices across the HCV Partnership can now receive a levy transfer, following development of a levy transfer process. £569,000 of levy has been gifted by larger health and care organisations, creating 69 new apprenticeship roles in smaller organisations.

2021/22 Priorities

Strategic review of Workforce Programme priorities

The world has changed since the emergence of Covid-19, so the Workforce programme will bring consideration and analysis to the NHS People Plan, workforce data, Integrated Care System reform and stakeholder feedback to ensure our strategy, planning and deployment of resources reflect key priorities, and promote excellent health and care collaboration and sustainability. This work commenced in April 2021.

Supporting the national and regional Integrated Care System developments

Supporting our executive leads, colleagues and organisations across the HCV Partnership to implement the [Health and Social Care Bill reforms](#) and subsequent national legislation which will see all Integrated Care Systems across England become statutory bodies from April 2022.

Increase the future workforce supply

Subject to outcome of the strategic workforce review:

- Development of new and existing roles.
- Increasing training places and apprenticeships.
- Maximising recruitment and pipelines into health and care roles – creating and strengthening our employment ambition.
- Quality assurance and governance framework operationalised that supports advanced clinical practitioner education.

Develop and support the existing workforce

Subject to the outcome of the strategic workforce review:

Increasing support for health and wellbeing of staff.

- Retention programme working with NHS England and NHS Improvement.
- Development of skills and system leadership.
- **Place-based** plans that support talent management and create new opportunities within the health and social care sector.
- Expansion of the ECHO project into primary care and domiciliary care teams.

Continuing to support the Covid-19 response

The Workforce programme will continue to implement changes and transformation at pace in response to Covid-19, in particular supporting the wellbeing of staff in the workplace, retention and sickness, health and wellbeing and the Covid-19 vaccination programme.

Driving greater equality for people from BAME backgrounds, a new programme will focus on greater inclusion, diversity and equality across the workforce; providing increased representation, opportunity and awareness.

More Information

Read the *Humber, Coast and Vale Partnership Long Term Plan* pages [40-42](#) and/or visit the [HCV Partnership website](#) for more information about the Workforce programme.



Digital

In recent years, digital technology has played an increasingly important role within the health and care sector in Humber, Coast and Vale; and even more so following the emergence of Covid-19.

The 2020/21 year has been an unprecedentedly busy one for the Humber, Coast and Vale Health and Care Partnership's Digital programme, thanks in part to the pandemic. Subsequently, the programme has achieved a large number of transformational objectives across the region.

Also see pages 43-45 of the Humber, Coast and Vale Partnership Long Term Plan.

20/21 priorities

Alongside activity associated with the response to Covid-19, the Digital programme priorities for 20/21 were to:

- Continue work to provide a fully joined-up digital care record across all health and social care providers in Humber, Coast and Vale.
- Ensure all GP practices in the region are signed up to access the [Yorkshire and Humber Care Record](#).
- Increase the use and sharing of the [Electronic Palliative Care Co-ordination System \(EPaCCS\)](#).
- Further develop the system to book GP practice appointments via the NHS 111 service.

20/21 successes

Covid-19 response

At the beginning of 20/21 our partner organisations had the Herculean task of enabling remote and Covid-19-safe working for their workforce, while dealing with the effects of Covid-19 on their staff. Those staff able to work from home were issued with secure laptops with access to key business and clinical systems. A huge amount of work was undertaken to enable at-scale remote working, including the rollout of Microsoft Teams for video conferencing purposes.

Nearly 2,000 additional laptops were secured for use across three of our four acute hospital trusts - York and Scarborough Teaching Hospitals NHS Foundation Trust; Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust. The laptops were configured and issued to the workforce as quickly as possible. In the social care sector, **work completed in June 2020 to equip all care homes with tablet devices** meant that the HCV Partnership was in a strong position to quickly enable remote monitoring, which allowed care home residents to contact their GPs digitally and, during lockdown, allowed them to interact with their loved ones when face-to-face visits were not allowed as part of national lockdown restrictions.

All of the GP practices across Humber, Coast and Vale had already implemented online patient consultation systems before the emergence of Covid-19. These were used widely throughout the year, and video consultations were rapidly deployed too. Suppliers also developed their products to meet the challenges of digital triage and added features to better assist clinicians providing services remotely during successive lockdowns. Every GP practice was provided with additional laptops to ensure that the delivery of primary care services was not solely dependent on face-to-face interaction.

In the latter part of 2020, GP vaccination hubs and mass vaccination centres were quickly established. A strong and co-ordinated collaborative response allowed us to rapidly implement digital solutions in these settings, despite working in sometimes challenging environments. As a result, areas of Humber, Coast and Vale gained special recognition in a televised Prime Minister's briefing for the speed at which we have vaccinated people in our local communities.

The digital rollout associated with the Humber, Coast and Vale Covid-19 Vaccination programme benefited from an established approach that focuses on collaborative problem solving. Working with partners from the NHS, community interest companies, local authorities and primary care networks, we were able to ensure that the centres and hubs were ready to operate from a digital perspective as soon as the vaccines began to arrive onsite.

Core digital projects

While the Covid-19 response has taken centre stage, significant digital solutions have continued to be rolled out across Humber, Coast and Vale. Work continued on these key projects:

- Our system-wide Electronic Palliative Care Co-ordination System (EPaCCS), which ensures that all parties involved in a patient's end-of-life care are fully empowered to understand the patient's requirements.

- **GP Connect**, which facilitates further connectivity across primary care, building on previous success.
- Onboarding GP practices and other organisations to the Yorkshire and Humber Care Record to ensure all healthcare practitioners have access to patient information. The Yorkshire and Humber Care Record **won the Best Digital Transformation Product or Service – Public and Third Sector award** at the 2020 Computing Technology Product Awards.
- Improving access to urgent and emergency care services with the NHS 111 First initiative. Our solution allows NHS 111 to book an arrival slot for a patient in an emergency department or primary care service.
- The ‘any to any’ booking service ensures that patients can be referred to the right service, first time. An artificial intelligence pilot programme to support online consultation outcomes is in development to further support this.

The Humber, Coast and Vale Digital Fast Forward Plan

The **Humber, Coast and Vale Digital Fast Forward Plan** outlines how, this year, the rapid development of digital enablers has reduced the digital exclusion gap, ensuring that those people without IT equipment or skills can still easily access healthcare services.

We have engaged with industry leaders in digital inclusion to ensure that we develop a fully inclusive programme. For example, in a nationally published case study, **NAViGO is shown to be improving access to mental health services through digital initiatives**. We are also supporting exciting projects that will see the development of digital access hubs and practice-led portals that assist in assessing patients’ digital maturity.

It is our intent to empower patients to be as involved in their care as possible. GP records are accessible through the **NHS App** and our hospital trusts are developing additional approaches to patient-held records, with more than 45,000 people using the deployed services in Hull alone. We continue to enhance our **health and care app store**, with coverage extending across the HCV Partnership.

The Digital Fast Forward Plan supports the recovery through redesign of our health and care system, and is built on five pillars:

- Our commitment to change – inspired transformational leadership and governance.
- Investing in our people – our incredible workforce.
- Protecting and sharing information – information management, protection and security.
- Investing in our infrastructure – financial planning, commitment and investment.
- Our digital future – digital skills, knowledge and deployment.

The Digital Fast Forward Plan is based on the premise that we are a digital society and that healthcare now functions within a complex digital ecosystem. To fully realise the benefits of digital solutions, through engagement with stakeholders, it aims to build the digital maturity of our population. It also seeks to support those who are digitally excluded so that they can benefit from the opportunities digital innovations offer.

To provide oversight and assure a collaborative and integrated approach to digital provision, the HCV Partnership established a strategic digital board. The purpose of the board is to provide confident and visible strategic leadership in delivering the HCV Partnership's digital strategy and vision.

To support the strategic digital board, both the Humber and the North Yorkshire and York geographic partnerships have digitally focused partnership groups, consisting of representation from across all health and social care partners. These two groups are essential to the smooth delivery of strategic digital outcomes. Additionally, public representation ensures that the digital leads are informed directly of how their work is impacting on care delivery.

The digital operations forum

To further support and strongly progress collaborative working the digital operations forum has been established. This forum meets fortnightly and is attended by digital leads from each of the HCV Partnership's partner organisations, as well as representatives from the voluntary, community and social enterprise sector. The forum provides a valuable regular information exchange including regular updates about each organisation's priorities, issues and digital workplans; so that expertise and better ways of working can be shared.

The acute digital collaborative group

The HCV Partnership has established a formal approach to acute provider collaboration. This approach initially involved York and Scarborough Teaching Hospitals NHS Foundation Trust, Hull University Teaching Hospitals NHS Trust and Northern Lincolnshire and Goole NHS Foundation Trust. Next year it will look to include Harrogate and District NHS Foundation Trust. The acute digital collaborative group, which comprises of chief information officers from HCV Partnership organisations, meets regularly to explore how the trusts can work more effectively together, sharing ways of solving their day-to-day digital enablement issues and best practice on joint working. The group is actively engaged in establishing the HCV Partnership's digital strategic priorities for 2021-22.

2021/22 priorities

Digital leads from all partner organisation have been involved in setting HCV Partnership digital priorities. All defined priorities are aligned to:

- Putting the citizen at the centre of care.
- Responding to Covid-19.
- Restoring services.
- Transforming care services.
- Addressing health inequalities and developing population health systems.
- Connecting health and care services.
- Building strong foundations.

Alongside this work, and to ensure our resources are used to best effect, Humber, Coast and Vale digital leads have defined a digital prioritisation framework. Because the digital landscape is so wide ranging, and our resources are limited, this will be used to form consensus across the HCV Partnership on how resources should be directed and utilised.

Looking forward to 2021/22 we will look to provide strong, confident digital leadership, working collectively with all partners so that our digital foundations support joined-up working, reduce bureaucracy, promote digital literacy, are inclusive and, most importantly, answer the needs and digital abilities of our communities.

More information

Read the *Humber, Coast and Vale Partnership Long Term Plan* pages [P43-45](#) and/or visit the [HCV Partnership website](#) for more information about our Digital programme.



Sustainability and Net Zero

During 2020/21 a number of new priority programmes emerged within the Humber, Coast and Vale Health and Care Partnership, reflecting the ever-changing landscape of health and social care and the subsequent need to adapt accordingly.

The following section describes the emerging Sustainability and Net Zero programme, including its progress to date and longer-term objectives. See also page 46 of the Humber, Coast and Vale Partnership Long Term Plan.

The past year has been dominated by Covid-19 and the pandemic continues to be the most significant health emergency facing our communities. However, climate change poses the most significant long-term threat to our health, not to mention our planet.

In October 2020 the **NHS vowed to become the world's first carbon net zero national health system**, which means it will change the way it operates so that its total greenhouse gas emissions would be equal to or less than the emissions it removes from the environment.

The ambitions laid out in the [Delivering a 'Net Zero' National Health Service report](#) sees the NHS commit to:

- Achieving net zero emissions for the emissions the NHS controls directly by 2040, with an ambition to reach an 80% reduction by 2028 to 2032.
- Achieving net zero emissions for the emissions the NHS can influence, including the wider supply chain (NHS carbon footprint plus), by 2045, with an ambition to achieve an 80% reduction by 2036 to 2039.

The challenge to decarbonise the NHS is significant as the NHS contributes to about 5% of the UK's carbon emissions. Between 5% and 7% of all road traffic is NHS orientated. In addition, around 7% of the UK's healthcare estate is located in flood plains or is at risk from sea inundation in the next 30-50 years. The Humber, Coast and Vale area is likely to be affected by a sea level rise of between one and three metres by the end of 2100.

This commitment comes amid growing evidence of the health impacts of climate change and air pollution and aims to save thousands of lives and hospitalisations across the country – as air pollution is linked to conditions such as asthma, heart disease, strokes and lung cancer. Academics have linked high-pollution days with hundreds of extra out-of-hospital cardiac arrests and stroke or asthma-related hospital admissions.

In order to achieve zero emissions in the timescales, we need to change our models of care, our estate, fleet and operations, our supply chain and, ultimately, how we provide treatments and care to patients. We also need to be prepared to adapt to the changes that climate change will inevitably bring and the effect it will have on our healthcare system.

The Humber, Coast and Vale Sustainability and Net Zero programme was introduced towards the end of the 2020 and has gained real momentum with the establishment of a network of organisation-level sustainability leads and the appointments of Chris O'Neill as director and Alexis Percival as climate change lead.

Initial work has been carried out to establish the HCV Partnership's baseline carbon footprint to understand the scale of the task. Work is under way to develop a Humber, Coast and Vale climate change vision statement and green plan, which will be underpinned by green plans that are being developed by partner organisations. The key areas of work that will be looked at in this coming year as part of the net zero and climate change agenda will be:

- Baseline assessments and establishing the HCV Partnership's carbon footprint.
- Working with all health and social care partners to identify a route to net zero.
- Green plan assessment.
- Anaesthetic gas assessment with a phase-out programme.
- Primary care decarbonisation strategy.
- Climate change adaptation planning.
- Awareness campaigns.

Recently we were pleased to receive confirmation that three of Humber, Coast and Vale's hospital trusts have received funding worth more than £66million to support work to reduce carbon emissions at their hospitals.

The Department for Business, Energy and Industrial Strategy has awarded these grants as part of its £1billion **Public Sector Decarbonisation Scheme** to fund capital energy efficiency and heat decarbonisation projects. Northern Lincolnshire and Goole NHS Foundation Trust **has been allocated £40.3 million** to make improvements at all three of its hospitals – Scunthorpe General Hospital, Goole and District Hospital and Diana Princess of Wales Hospital in Grimsby. Harrogate and District NHS Foundation Trust **has received £14million** for improvements at the hospital, while Hull University Teaching Hospitals NHS Trust **was awarded £12.6million** for upgrades at Hull Royal Infirmary and Castle Hill Hospital.

Looking to the future, the HCV Partnership will be working with all partners to drive down emissions and look at opportunities for funding, education and partnership knowledge sharing as well as working towards a net zero Humber, Coast and Vale.

More information

Also see page 46 of the Humber, Coast and Vale Partnership Long Term Plan.

If you would like to find out more about the work of the
Humber, Coast and Vale Health and Care Partnership,
please get in touch.

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