



Humber and North Yorkshire  
Health and Care Partnership

# Annual Report 2021/22





## Humber and North Yorkshire Health and Care Partnership Annual Report 2021/22



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## Introduction

Welcome to the 2021/22 annual report for Humber and North Yorkshire Health and Care Partnership. This annual report will capture some of the successes and achievements across the different work programmes of the Partnership over the year.

We are publishing this annual report at an exciting and important time for the Partnership, and for health and care services across the nation, as we continue towards Integrated Care Systems (ICSs) becoming statutory organisations on 1 July, as set out in the Health and Care Bill going through Parliament.

The proposals within this Bill mean that each ICS will be led by an NHS Integrated Care Board (ICB), a board with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together system partners, including the NHS, Local Government and the Voluntary, Community and Social Enterprise (VCSE) sector, who together will produce a health and care strategy. This will further empower ICSs to better join up health and care services, improve population health, and reduce health inequalities.

Throughout much of 2021/22 year we have been working towards this partnership, initially planned for 1 April. To allow sufficient time for the remaining parliamentary stages, a revised date of 1 July 2022 has been agreed for new statutory arrangements to take effect and ICSs to be legally and operationally established.

Although the changes are not expected to be in place until July (subject to the passing of the Health and Care Bill), we have made significant progress in Humber and North Yorkshire. We have now completed the recruitment of our ICB executive team, and they have started meeting in shadow form since April 2022. More information about our executive team can be found at [www.humberandnorthyorkshire.org.uk/our-leaders-structure](http://www.humberandnorthyorkshire.org.uk/our-leaders-structure).

We are also well advanced with arrangements for working across the six places we cover: North Yorkshire, York, Hull, East Riding of Yorkshire, North Lincolnshire and North East Lincolnshire.

Place Committees are being developed and over time will enable increased autonomy and delegation of local decision making to the Committee. These Place Committees will receive delegated duties and resources from the ICB to make decisions locally about resourcing and services. Subsidiarity is key to effective ICSs. Joint decision-making will also be taken at a place level with Local Authority, VCSE and other bodies to improve local services and outcomes, using evidence such as practice/ward level population profiles.

We have also been working towards refreshing our ICS identity. From 1 April 2022, the Humber, Coast and Vale (HCV) Health and Care Partnership name has been replaced with Humber and North Yorkshire Health and Care Partnership.

The new name reflects the geography of the region we serve and has given us the opportunity to update our brand and to underline the purpose of the partnership. We have created a brand mark that we think represents our partnership; working together to create a healthier, happier communities. We hope you like it and that the bright new format will reflect our shared commitment to success for our ICS.



Whilst much work has been ongoing in anticipation of the passing of the Health and Care Bill, other programmes of work have continued to achieve success and will be detailed throughout this annual report. The following are some of the key highlights from across 2021/22, and you can read more about these in our quarterly stakeholder newsletter at [www.humberandnorthyorkshire.org.uk/stakeholder-newsletters](http://www.humberandnorthyorkshire.org.uk/stakeholder-newsletters)

- The COVID-19 vaccination programme continued to be rolled out with first, second and booster doses being offered in line with national guidance. To date over 3.5million doses have been delivered across Humber and North Yorkshire.
- Humber and North Yorkshire became one of the first areas in England to develop a pilot maternal mental health service, helping women in the region who have previously not been eligible for specialist mental health support.
- Three of the region's hospital trusts received funding worth more than £66million to support work to reduce carbon emissions at their hospitals.
- The Humber and North Yorkshire Cancer Alliance worked with partners to support the use of microscopic images alongside urgent skin cancer referrals. The Alliance provided 60 iPhones and dermatoscopes to GP practices across Hull and East Yorkshire to help rule out or diagnose skin cancer earlier.
- The Partnership secured £8.6million of Government funding to support the development of new models of community diagnostic provision, with investment in new mobile MRI and CT scanning facilities.
- The Humber Neurology Service launched in October 2021, to provide a Humber-wide service that will help reduce delays and waiting times for patients.
- A wide-reaching communications plan to help general practices talk to patients about the routes to accessing their care, and to build patient understanding of triage, has been piloted across 69 GP practices in Humber and North Yorkshire. Materials include photography, infographics and messaging that practices will use to explain how patients can request care by phone, using an online form or by visiting them.

The Partnership has always believed that we are stronger and able to improve the overall health and wellbeing for our population by working together in collaboration. We still believe this to be the case and by continuing to work with all of our partners, including Local Government, VCSE and NHS organisations, we are confident of achieving further success throughout 2022 and beyond.

Further information about the Humber and North Yorkshire Health and Care Partnership can be found at [www.humberandnorthyorkshire.org.uk](http://www.humberandnorthyorkshire.org.uk)



**Stephen Eames CBE**  
Designate Chief Executive



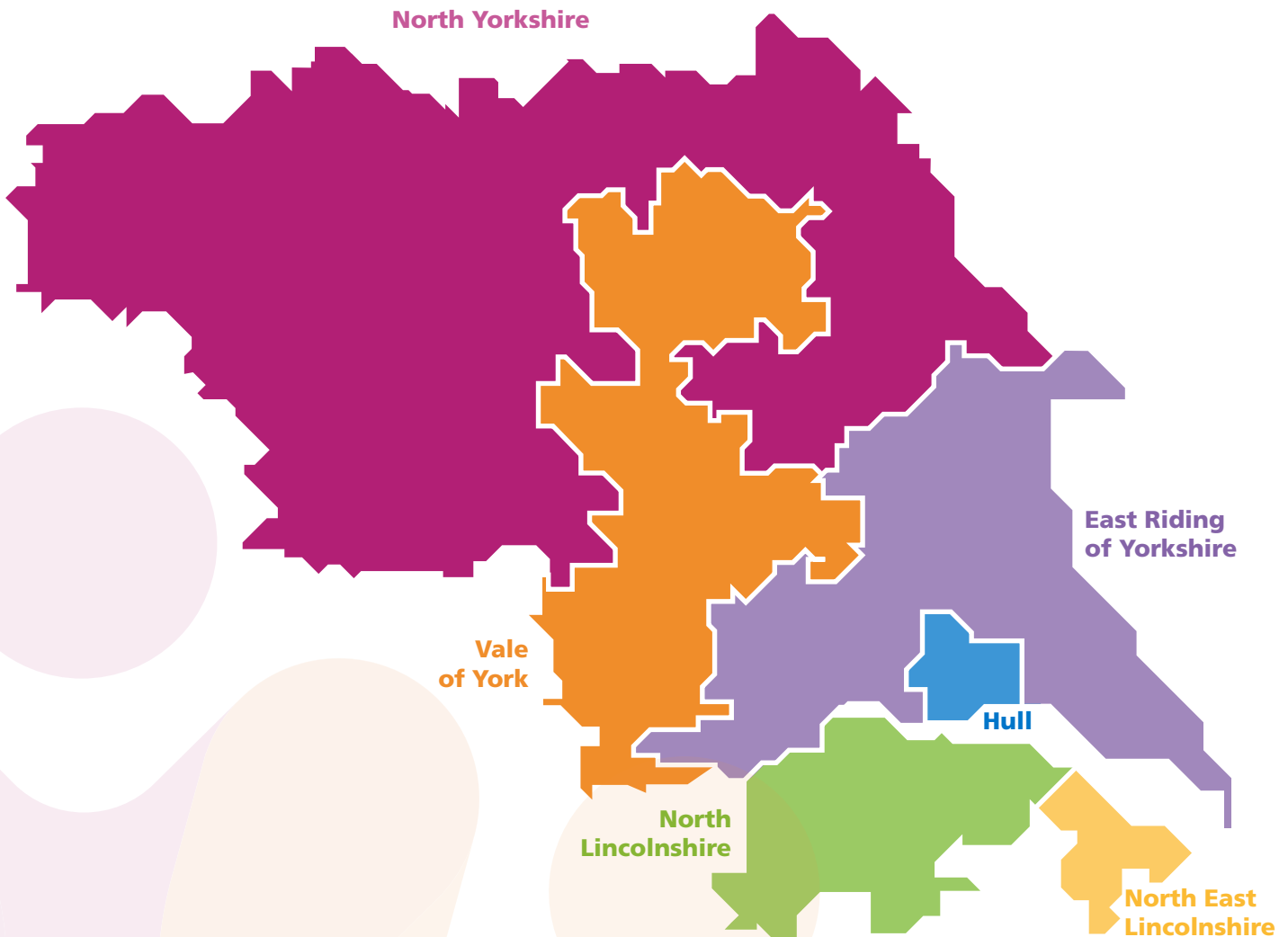
**Sue Symington**  
Designate Chair



## About Humber and North Yorkshire Health and Care Partnership

Humber and North Yorkshire Health and Care Partnership is one of 42 Integrated Care Systems (ICSs) which cover England to meet health and care needs across an area, coordinate services and plan in a way that improves population health and reduces inequalities between different groups. The Partnership comprises of NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations.

We work across a geographical area of more than 1,500 square miles and serve a population of 1.7 million people, all with different health and care needs. Our area includes the cities of Hull and York and the large rural areas across East Yorkshire, North Yorkshire and Northern Lincolnshire.





The Partnership was first established in early 2016 and since then has been working together to look for ways to join up health and care services and to make them work better for our local people. In May 2020 The Partnership achieved ICS status after its application for ICS status was ratified by NHS England and NHS Improvement.

A Health and Care Bill is now currently going through Parliament to set out plans to put Integrated Care Systems on a statutory footing, empowering them to better join up health and care services, improve population health and reduce health inequalities.

The proposals within this Bill mean that from 1 July 2022, each ICS will be led by an **NHS Integrated Care Board (ICB)**, an organisation with responsibility for NHS functions and budgets, and an **Integrated Care Partnership (ICP)**, a statutory committee bringing together all partners across the ICS to produce a health and care strategy.

Other Important ICS features are:

**Place-based partnerships** between the NHS, local councils and voluntary organisations, residents, people who access services, carers and families. These partnerships will lead design and delivery of integrated services in their local area.

**Provider collaboratives:** bringing NHS providers together across one or more ICSs, working with clinical networks, alliances and other partners, to benefit from working at scale.

For more information on the Partnership, visit:  
[www.humberandnorthyorkshire.org.uk](http://www.humberandnorthyorkshire.org.uk).





# Humber and North Yorkshire Cancer Alliance







Humber and North Yorkshire Cancer Alliance represents all partners responsible for the commissioning and delivery of cancer services across the region. This includes GP practices, hospital trusts and clinical commissioning groups (CCGs).

Cancer has always been a high priority both nationally and for the Humber and North Yorkshire Health and Care Partnership and, through the delivery of the NHS Long Term Plan, the Alliance aims to transform the diagnosis, treatment and care for cancer patients in our area, so that from 2028:

- 3 in 4 (75%) of cancers will be diagnosed at stages 1 and 2
- 55,000 more people per year will survive their cancer for five or more years

By championing partnership working, the Alliance helps to diagnose cancers earlier by enabling research and innovation which sees new diagnosis and treatment methods developed and adopted. To help improve patient experience, the Alliance is also working to ensure every patient has access to personalised treatment, care, and effective follow-up.

The Alliance is committed to delivering its ambitions in a way which reduces variation and improves outcomes for people living with and beyond cancer.

## 2021/22 priorities

The 2021/22 priorities for the Cancer Alliance were to provide system oversight of cancer services in Humber and North Yorkshire, whilst driving new innovations and prioritising NHS Long Term Plan activity.

As the impact of COVID-19 further exacerbated the pre-existing inequalities with regards to cancer, the Alliance also prioritised work that supported national aims to restore cancer pathways in a transparent and equitable way. The priorities for recovery included:

- Restoring urgent cancer referrals at least to pre-pandemic levels
- Reducing the backlog at least to pre-pandemic 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

## 2021/22 successes

### Targeted Lung Health Checks

The NHS Targeted Lung Health Check service was successfully restarted in April 2021 following a short pause caused by the impact of COVID-19. The service has since delivered over 7,800 assessments and helped to diagnose a number of cancers and other respiratory diseases at an earlier stage.

The programme has received positive feedback from participants and has also supported people to reduce their risk of cancer by providing referrals to local stop smoking service. 66% of people referred to SmokeFree Hull via the lung health programme were still not smoking by their 4 week check in. (April - October 2021).



In 2021/22 the Alliance successfully secured funding from NHSE to rollout the lung health check service to North Lincolnshire and North East Lincolnshire. This means approximately 45,000 past and current smokers, aged from 55 to 74, will be next to benefit from the service and an estimated 440 cases of lung cancer will be identified earlier than otherwise would have been.

### **Rapid Diagnostic Centres**

Now in its third year, the Rapid Diagnostic (RDC) programme has provided non-specific symptom pathways (NSS) across 80% of Humber and North Yorkshire. These pathways have helped to diagnosis cancer faster and from April 2021 to February 2022, the service diagnosed 54 cancers in patients experiencing NSS symptoms.

Although the national ambition for RDCs is to achieve 75% coverage of non-site specific (NSS) pathways by 2022 and 100% coverage by 2024, the Alliance is set to achieve 100% coverage in 2022 and is working with its partners to also embed RDC principles into site-specific pathways.

To help diagnose cancer earlier, York and Scarborough Teaching Hospitals NHS Foundation Trust have also started to research the use of PinPoint alongside RDC pathways. The PinPoint blood test provides a percentage score to help determine whether a patient has cancer and can support the safe reduction of NHS waiting lists.

### **System oversight and partnership working**

During the pandemic, high quality data has been instrumental in enabling the system to manage and monitor recovery. In 2021/22, the Alliance introduced a new business intelligence report which provided system oversight with regards to the number of patients per Trust that are with or without a decision to treat. This weekly report was used in ICS Oversight and Assurance meetings to help identify challenged pathways and track the implementation of timed diagnostic pathways, so that actions for recovery can be targeted accordingly.

Strong partnership working is key within the Alliance and the continuation of groups such as Primary Care Strategy and Delivery Group, and cancer site specific Clinical Delivery Groups has helped to provide ongoing peer review and support. These groups have also provided a platform for supporting standardisation of clinical protocols across networks and sharing of good practice. For example, the Prostate CDG has supported a wider roll out of prostate transperineal biopsies, which will help to reduce variation across Humber and North Yorkshire and improve patient experience.

### **Raising awareness of cancer**

The Alliance's Cancer Champion Programme, which teaches people the early signs of cancer and encourages open conversations about cancer, has gone from strength to strength in 2021/22.

With research showing that 4 in 10 cancers are preventable, the training highlights the importance of healthy lifestyle choices and helps people to engage in conversations about cancer.

Virtual and face-to-face (subject to government guidelines) training sessions have continued to be delivered to members of the public, businesses, community organisations, and educational establishments, and there are now over 3,000 Cancer Champions helping raise awareness and encourage early diagnosis across Humber and North Yorkshire.



The Alliance has also proactively supported national and local campaigns, such as NHS Cervical Screening, Help Us Help You and Find the missing men, which encouraged people to attend their screening appointments and contact their GP if they are experiencing symptoms of cancer.

### **Teledermatology**

Skin cancer is one of the most common cancers in Humber and North Yorkshire, with over 7,646 urgent referrals for suspected skin cancer made from 1st March 2021 to 28th February 2022. To help manage NHS waiting lists safely, and support patients to receive a faster diagnosis, the Alliance has worked with partner organisations to increase the use of teledermatology in Humber and North Yorkshire. Teledermatology enables GPs to provide digital photographs of a patient's skin lesion alongside urgent skin cancer referrals.

The Alliance successfully secured funding for dermatoscopes and iPhone's, which have now been delivered to GP Practices across the Humber region, and to support the use of this new equipment, the Alliance completed monthly audits and provided training opportunities to GPs.

### **Faecal Immunochemical Tests (FIT)**

FIT (Faecal Immunochemical Test) is a test that looks for blood in a sample of your poo. It looks for traces of blood which could be a sign of cancer.

To help safely manage urgent two week wait waiting lists for suspected bowel cancer referrals, the Alliance has supported the use of Faecal Immunochemical Test (FIT) as a guide to managing patients with symptoms of bowel cancer.

In 2021/22, the Alliance successfully secured funding to commission a new pilot which will see the laboratories at the Scarborough, Hull, and York Pathology services take over the management of failed FIT tests. This will help to reduce the number of repeat appointments needed within Primary Care and support patients to receive a faster FIT result.

To improve equity of access to FIT tests, the City Health Care Partnership district nursing team started taking FIT kits to housebound patients in East Yorkshire and now work with GPs and laboratory staff to ensure patients know how to use the test.

### **Living with and beyond cancer**

At the start of the pandemic, there was a reduction of the number of Holistic Needs Assessments (HNA) offered, however, HNAs and care plans are now offered at all Trusts within Humber and North Yorkshire Trusts, and face-to-face health and wellbeing education, information and support has started to be resumed.

In 2021/22, Personalised stratified follow up pathways were continued to be implemented across Hull University Teaching Hospitals (HUTH), York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) and Northern Lincolnshire and Goole NHS Foundation (NLaG) Trust.

All three Trusts now have PSFU pathways in place for breast and colorectal patients. HUTH also implemented PSFU for endometrial and haematological cancer patients, as well as prostate patients who have had radical radiotherapy and patients undergoing thoracic surgery. In 2021/22, YSTHFT also put PSFU in place for lung cancer patients



and low risk endometrial cancer patients and NLaG introduced the use of a remote monitoring system, which is helping to improve follow-up care for colorectal patients on PSFU pathways.

### **Supporting endoscopy services**

In 2021/22, the Alliance piloted new innovative technologies and procedures which help to support demand for endoscopy services and improve patient experience. York and Scarborough Teaching Hospitals NHS Foundation Trust (YSTHFT) started to pilot the use of Colon Capsule Endoscopy and 16 patients have been able to receive checks for cancer at home by swallowing a miniature pill, as opposed to a traditional endoscopy, which means patients need to attend hospital to have a tube inserted.

In 2021/22, Hull University Teaching Hospitals NHS Foundation Trust and YSTHFT also started to use Cytosponge, a new medical test that aims to improve early detection and surveillance of Barrett's Oesophagus. Over 40 patients have accessed this procedure so far, with another 160 set to benefit from the test in 2023.

The Alliance has also worked with West Yorkshire and Harrogate and South Yorkshire and Bassett Law Cancer Alliance's to scope endoscopy training academies for the Yorkshire and Humber footprint. The proposed academies will deliver training to a range of professionals including consultants, nurses and admin staff.

### **Community Diagnostic Centre**

In 2021/22, the Alliance worked with system wide partners to begin the development of Community Diagnostic Centres which will provide diagnostic services in free-standing locations away from main hospital sites.

So far, investments made as part of this work has help to support clearance of backlogs, with additional mobile CT and MRI scanners delivering over 1,700 MRI scans and 3,000 CT scans. Investments in digital connectivity and other diagnostic equipment, such as cystoscopy, bladder scanning and echocardiograms (ECHO), have also been made to support faster diagnosis of cancers within community settings.

### **Humber and North Yorkshire Imaging Network**

The Alliance has worked with the ICS Diagnostics Board to establish a Humber and North Yorkshire Imagine Network which will greatly improve access to routine and advanced medical imaging including X-Rays, ultrasound, CT and MRI scanning.

The network is a key component of the NHS Long Term Plan to diagnose and treat disease at an early stage, especially cancer, resulting in better cure rates and longer survival.



## 2021/22 challenges

There have been continued pressures arising from recovery and restoration of cancer services. Increasing referrals for suspected cancer into providers continued to place increased pressures on the capacity available to manage these patients from diagnosis, treatment and after care. In addition, the impact of COVID-19 infection rates on workforce subsequently decreased in capacity to diagnose and treat patients.

The Alliance is working as a system to understand what needs to be done differently, including actions that support the retention and recruitment of staff, and the introduction of alternative services to the region.

For example, the introduction of breast pain clinics in 2022 are anticipated to make available 12% of appointments in the two-week wait urgent breast cancer referrals pathways, by providing specialised community clinics for people who are experiencing breast pain only.

## 2022/23 priorities

In 2022/23, the Alliance will continue to work as a system and make progress against the ambitions in the NHS Long Term Plan, focusing on:

- Timely presentation and effective primary care pathways
- Faster Diagnosis
- Targeted case finding and surveillance
- Personalised care
- Innovation
- Workforce

Achieving the Long-Term Plan objectives requires enough people with the right skills and experience and the Alliance will take a leading role in working with partners to maintain the cancer workforce.

Our plans for 2022/23 are underpinned by four main principles:

- Understanding and improving experience of care by embedding patient, carer and public voices in policy and service development and delivery
- Taking a data-driven approach to transforming cancer outcomes
- Identifying, monitoring and reducing health inequalities
- Working in partnership to maintain the cancer workforce

The Alliance will continue to work with the Humber and North Yorkshire Health and Care Partnership to help ensure longer term recovery plans from COVID-19 can be achieved, and to transform the diagnosis, treatment and care for cancer patients across the region.

For more information on the Humber and North Yorkshire Cancer Alliance, please go to [www.hnycanceralliance.org.uk](http://www.hnycanceralliance.org.uk).



## 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 most people access NHS services. The Humber and North Yorkshire 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. We have worked in partnership with Trust colleagues to review pathways once a patient is referred to secondary care and with Outpatients teams to look at pathways from GP referral. We continue to work closely with the National GIRFT (Getting it Right First Time) team to look at best practice and where we can learn from others to ensure the best care for our patients.

## 2021/22 priorities

The Elective Care programme reviewed its priorities for 2021/22 early in the year, to support the Humber and North Yorkshire response to COVID-19, to focus on:

- Elective care recovery activity, working with 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 and North Yorkshire response to COVID-19.
- Supporting self-care and self-management resources.
- Working with Trusts to review pathways in four specific areas: Orthopaedics, Urology, ENT and Ophthalmology.
- To establish a Ophthalmology Hub on the south bank of the Humber and to implement Electronic Eye Referral Systems (EeRS).
- To produce an ICS wide Patient Treatment List (PTL) to monitor the longest waits, specifically 104, 78 and 52 week waits

## 21/22 challenges

The biggest challenges facing the Humber and North Yorkshire Health and Care Partnership was managing the growing lists of patients waiting for access to treatment and care.

This was further exacerbated by the COVID-19 Omicron variant and its impacts on services, resources, and patient confidence. It has proved difficult to organise meetings, as the pressure on Trust staff has meant they are unable to attend virtual meetings. Staff sickness and redeployment have also hindered progress.



- Impact of COVID still being felt on both resources and capacity, both within primary and secondary care.
- Resources prioritised to support COVID during the pandemic, so some transformational work put on hold or delayed.
- Number of people waiting for treatment increasing.

## 2021/22 successes

The key achievements within the Elective Care Programme have been split into the following categories.

### Elective care recovery programme

- Establishment of Network Groups to look at transformation of pathways; although meetings have been paused, some progress has been made.
- Ophthalmology Hub will see its first patients by the beginning of July (pending any delays).
- Electronic eye referrals will go live in Hull in July, followed by NLaG and then York.
- Collaborative working networking established with Trusts, GIRFT and HASR Teams
- During 2021/22 Outpatient services continued to be flexible in approach to delivery due to ongoing COVID-19 management and impact.
- Virtual appointments continued, building on the progress made during the first wave of the pandemic in 2020/21 and are now adopted as business as usual where clinically suitable. It is forecasted that approx. 480k appointments have been undertaken virtually, equating to roughly 24% of outpatient activity. To support this ongoing priority and provide continued access we have secured continuation of video consultation systems across our acute providers for the next couple of years.
- We continued to expand our offer of Patient Initiated Follow Ups (PIFU) within our acute providers. This allows patients or carers (where nominated) to initiate their follow up appointments as and when they need them based on their symptoms and individual needs, empowering patients and allowing a flexible approach to their care.
- Our advice and guidance and clinical triage services continued throughout 2021/22, supporting GPs in managing referrals and offering advice where clinically appropriate.
- Expansion of the Patient Knows Best portal continued across the ICS with York and Scarborough, Northern Lincolnshire and Goole, and Harrogate Trusts starting to adopt this within their Trusts.
- During 2021/22 new innovative ways to deliver Outpatient services were piloted within Cardiology in the NLAG/Meridian Primary Care Network with positive results.

### Medicines Optimisation

- Production of a Pharmacy and Medicines Optimisation Strategy to help deliver improvements across the whole system through three sub-groups/workstreams: medicines value and commissioning, workforce and medicine quality and safety.





- Provision of essential expertise to deliver the initial roll-out of COVID-19 vaccines and Spring booster programme.
- Overseeing the rollout of COVID Medicine Delivery Unit (CMDU) service, Proxy Ordering, Community Pharmacy Consultation Service (CPCS) and the new essential Discharge Medicines Service.
- Preparation for its transition from the Elective Programme to Clinical and Professional Group governance and ownership

### **Respiratory**

- Using £230k to accelerate the introduction of Fractional Exhaled Nitric Oxide (FENO) into the asthma diagnostic pathway. This level of funding enabled the initial purchase of 24 FENO machines, with a further 50 machines being purchased and distributed across the ICS footprint.
- Securing additional investment in Pulmonary Rehabilitation Services, which has been targeted to tackling waiting lists and backlogs arising from the pandemic, inequalities, and supporting service transformation.
- Working with North Lincolnshire CCG and NHS Digital to support the pilot 'Virtual Reality in Pulmonary Rehabilitation' project for a further year.
- Commissioning Children and Young People Long COVID services for Humber and North Yorkshire patients from four providers, HUTH, Leeds, Sheffield, and South Tees, to refine both the type and quantity of service required.
- Preparation for its transition from Elective Programme to Community Health and Care Collaborative governance and ownership.

### **Diabetes**

- The NHS Diabetes Prevention Programme (NDPP) entered year two of its contract and, despite the effects of the pressures on Primary Care because of the COVID pandemic, saw a continued stream of referrals throughout the year, with a total of 3,569 referrals.
- January 2022 saw a limited pilot to test the viability of using a third-party solution to help with the management of invitation and referral of eligible patients. Following the success of the pilot this is now being worked up by the provider to be a fully scalable solution which will be rolled out across the area in 2022/23
- The Low-Calorie Diet (LCD) national pilot programme remained strong receiving 551 referrals, with 358 starting the 12-week Total Diet Replacement (TDR) phase with an average of 14.1kg weight loss was being achieved.
- A Digital Structured Education contract for 600 licences were purchased to help ease the growing pressure on waiting list and to date 421 patients have commenced on the programme with a further 30 patients still to be onboarded.
- Funding to purchase a Digital ACR testing solution as part of the annual review for diabetic patients provided 22,500 testing licences and 52% of practices registered to participate in the programme with 13,800 testing kits having been sent out to date.
- Multi-Disciplinary Foot Team (MDFT) activity suffered because of the cessation of face-to-face delivery during the pandemic, however since the easing of restrictions, there has been an incredible impact on recovering activity and clearing the appointment backlog .



- Transformation funding allocation to help address the gaps across the region in providing 7-day Diabetes Inpatient Specialist Nurse (DISN) service enabled Scarborough Hospital to bring the service up from 5 day to 7-day cover.

### **Cardiac Clinical Network**

The Elective Programme, in partnership with the Yorkshire and Humber Cardiac Clinical Network team, relaunched the Cardiac Clinical Network in Humber and North Yorkshire. The network engaged with clinicians, communities, and wider stakeholders to reduce health inequalities and further improve outcomes to patients across the region across all areas of the cardiac clinical pathway, from CVD prevention to tertiary care.

- The network launched in December 2021, with a robust representation from across the Humber and North Yorkshire cardiac pathway.
- The following priorities were agreed by Board:
  - Heart failure pathway: a full review and gap analysis.
  - Cardiac Rehabilitation: to coordinate a proposal for targeted cardiac rehab funding for 2022. To include a gap analysis of all cardiac rehabilitation services to support the creation of a personalised offer for all patients.
  - ACS/NSTEMI pathway review.
  - Post-COVID recovery: this workstream includes delivery against Cardiac Pathway Improvement Programme (CPIP) measurables, including diagnostics developments/performance.
- Working groups have been established to progress each of the priority areas and robust reporting arrangements are in place to monitor progress achieved.

### **22/23 priorities**

Recovery of elective care will be a key priority for the Humber and North Yorkshire Partnership in 2022/23. 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 22/23 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.
- Development of the 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.



- expanding our offer of Patient Initiated Follow Ups (PIFU) within our acute providers into all specialities in our providers by March 2023 to support patients and offer a more personalised outpatient approach.
- Continuing to offer high quality advice and guidance and clinical triage services supporting GPs in managing referrals and offering advice where clinically appropriate, which will in turn support our elective recovery
- Expansion of the Patient Knows Best portal continued across the ICS with York and Scarborough, Northern Lincolnshire and Goole, and Harrogate Trusts with our digital colleagues to increase use to support remote monitoring or self-management of certain conditions and in addition linking to the NHS App for ease of use for patients.

For more information on the Elective Care Programme, visit [www.humberandnorthyorkshire.org.uk/planned-care](http://www.humberandnorthyorkshire.org.uk/planned-care)





# 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 2021/22, the Humber and North Yorkshire 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.

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. The rollout of the vaccination programme impacted capacity within primary medical care as PCN led sites supported the delivery of covid vaccinations repurposing the workforce including extended access services to vaccinate the population as quickly as possible.

To support systems over the winter period NHS England and NHS Improvement provided funding under the Winter Access Fund (WAF) to drive improved access to urgent, same day primary care and increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings. In Humber and North Yorkshire, the system and Place Leads worked collaboratively to develop numerous programmes to best utilise the funding.

## 2021/22 priorities

These Humber and North Yorkshire Health and Care Partnership priorities and plans were developed for delivery over the remaining period within the five-year plan, up to 2023/24:

- 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 and North Yorkshire.
- Work with Health Education England, which is planning to offer 129 GP training posts for Humber and North Yorkshire 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 and North Yorkshire.



## 2021/22 Successes

### Investment

A total of £307 million has been invested in primary care via the six Humber and North Yorkshire clinical commissioning groups (CCGs) during 2021/22 through the CCG's designated budgets for local GP primary care services which is **£292 million** and funding for the Additional Roles Reimbursement Scheme (ARRS) which is £15 million.

Transformation and System Development Funding (SDF) - Over **£37 million** has been invested to support the transformation across primary care in Humber and North Yorkshire in 2021/22 as below.

Over **£6 million** of capital funding has been invested in 2021/22 to support the primary care estates and digital infrastructure.

### Primary Care Networks (PCNs)

Humber and North Yorkshire achieved 100% primary care network coverage last year, with a total of 38 primary care networks working in collaboration. Despite the ongoing COVID-19 pandemic, PCNs continued to deliver their services aimed at enhancing health in care homes, diagnosing cancer early and offering structured medication reviews. In addition, the Investment and Impact Fund (IIF) continued in 21/22 to support PCNs in playing a leading role in the ongoing response to COVID-19, focusing on preventative activity for cohorts at risk of poor health outcomes, and in doing so, tackling health inequalities. In delivering these services, each PCN set out their ambitions as per their Organisational Development plans and committed to the delivery of services via the recruitment into ARRS roles, increasing the primary care workforce with new roles under this scheme. Throughout the year, the work of PCNs was also re-prioritised at times, with many PCNs delivering vaccination and booster clinics to their communities, including some innovative responses to vaccinate the most vulnerable.

### Workforce

Work continues to support the primary care workforce programme, with an emphasis on retention and supporting resilience within GP practices. Further analysis of workforce data is being undertaken to determine the skill mix required, to establish place needs plans to support talent management and succession planning

The Humber and North Yorkshire Health and Care Partnership have supported the implementation of the following programmes:

- **Physician Associates** - The HCV Faculty of Advanced Practice has secured funding from NHSE/I to support a one-year Preceptorship Physician Associates (PA) programme in General Practice.
- **The Paramedic Rotational Programme** - Paramedics remain employed by ambulance services and undertake a PG Diploma (if not already held). Working 50% in primary care (on a rotational basis at PCN level) will enable the Additional Roles Reimbursement Scheme to fund salaries and hopefully avoid the risk of destabilising ambulance services by a large-scale movement of paramedics to PC.
- **Primary Care Fellowship Programmes** - The NHSE General Practice Fellowship programme is a two-year programme of support, available to all newly-qualified GPs and nurses working substantively in general practice, with an explicit focus on working within and across a Primary Care Network (PCN).



- **New to Practice Nurse and Nursing Associate Vocational Training Scheme** - The New to Practice Nurse and Nursing Associate Vocational Training Scheme is delivered through the Primary Care Workforce Training Hub, it is a two-year scheme for 'New to Practice' General Practice Nurses who are either newly qualified or new to General Practice and in their first year..
- **GP Fellowship Schemes** - The GP fellowship scheme is a unique Fellowship offer that is now available for GPs. Funding has been made available to support the delivery of the programmes and the time GPs are participating. Funded mentor sessions are also available. The three programmes are detailed below:
  - **Catalyst** - A 2-year programme delivered by Hull York Medical School at the University of Hull is available to all GPs within 12 months of qualifying (there are also limited places available for GPs who have qualified within the past 24 months).
  - **Enhanced Offer** - A 2-year programme delivered by the HCV Primary Care Workforce and Training Hub. This programme offers a supported introduction to life as a qualified GP and is available to GPs that have qualified within the past 24 months.
  - **Phoenix** - A 1-year programme for mid-career GPs who are within 5-10+ years of qualifying.

### Digital and technology

Online consultations, video consultations and improved text messaging functionality have improved patient access to care and helped clinicians manage demands on their time. All Humber and North Yorkshire GP practices now offer online consultations and video consultations and have access to text messaging systems.

The Digital First Primary Care programme was delivered throughout 21/22. £1.76 million in revenue funding was used to support amongst other initiatives the development of the Yorkshire and Humber Care Record, the commissioning of a Digital primary Care support hub, the creation of a Digital Inclusion strategy and the implementation of an innovation hub working collaboratively with the Academic Health and Science Network (AHSN).

Capital investment worth £2.3 million supported a comprehensive upgrade of IT infrastructure, GPIT provision, IT equipment for primary care network staff and clinical system migrations to support GP Practices.

### Estates and Technology Transformation Fund (ETTF) and Business as Usual (BAU) Capital

Seven major premise development projects were funded in 21/22 using ETTF capital and a further 18 smaller scale estates projects supported through BAU capital. The projects secured a total investment of approximately £3.3 million through ETTF and £540k through BAU supporting increased practice capacity through significant extensions and remodelling. Approximately £250k was also secured through ETTF revenue to support 7 PCNs in commissioning estates feasibility studies.

### Community pharmacies

The collaboration between community pharmacies and primary care networks continues, with the GP community pharmacist consultation service (CPCS) supporting



patients to access the most appropriate healthcare service for their needs. In addition to this Community Pharmacy is piloting a walk-in element of the community pharmacist consultation service (CPCS) which will further support patients to access the most appropriate healthcare service for their needs and reduce the need for the patient to be referred from the GP practice.

Throughout the response to COVID-19, community pharmacies implemented systems to remain open for face-to-face services, working hard to complement the wider system transformation. If patients were unable to pick up their medications, services were put in place to ensure all patients were able to receive medication.

Community Pharmacies have been an integral part of delivering the COVID vaccination programme along with Primary Care Networks and continue to be an important part of this programme delivery.

### **General ophthalmic services – electronic eyecare referral service (EERS)**

A procurement was undertaken to commission an EERS across North East and Yorkshire. A contract was awarded, and mobilisation is now under way.

### **COVID-19 vaccination programme (primary care-led)**

During 21/22 through PCN led and community pharmacy sites primary care delivered over 75% of the total vaccinations delivered to patients across Humber and the North Yorkshire. PCN led sites delivered a total of 1,425,434 vaccinations and community pharmacy sites 663,208. All PCNs participated in the programme as well as 63 community pharmacy led sites delivering vaccinations from a range of NHS and non-NHS estates including stadiums, racecourses, community centres and church halls.

### **Winter Access Fund**

£7.6 million was invested into 49 projects, 37 of which had a direct impact on creating additional capacity and 12 of which supported resilience.

- Ongoing impact of NHS App usage as a key channel for booking appointments and repeat prescriptions.
- Strong evidence of remote consultation as a good, viable option to manage additional appointment demand where clinically appropriate.
- New ways of working through hub models to increase efficiency and improve patient access.
- Pilot to provide evidence of MDT approach for supporting mental health patients in primary care and reducing demand for GP appointments

### **Access**

Humber and North Yorkshire took part in a national media pilot to develop a communications toolkit to support Practices engage with their patients around access. The inclusive Access routes to General Practice toolkit looks at how patients can best access primary care either online, by phone or in person and includes a range of materials to support GP Practice's. The pilot was successful, and the toolkit is now being rolled out nationally.





## 2021/22 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 and North Yorkshire CCGs have been exploring options to address this including centralised HR resources. Recruitment and retention of GPs is challenging as work pressures result in staff wanting to leave the profession. Hull remains one of the most under doctored area in the country.

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 co-ordinating this alongside existing competing demands on capacity across the system. The vaccinations programme was accelerated to mitigate the increase in cases due to the Omicron variant.

As demand for face-to-face appointments increases again as well as the recruitment of additional roles and general population growth the need for additional primary care estate is proving challenging. A lack of available capital moving forward or increase in revenue to support estates schemes makes investment challenging.

## 22/23 priorities

The priorities for the Humber and North Yorkshire Health and Care Partnership's Primary Care Collaboratives have been identified as follows.

- Supporting and developing the workforce – expanding roles, shared employment models
- Standardisation – using business intelligence and technology to free up clinical time
- Focussing on increasing access – integration, digital and estates
- Phased delegation of commissioning functions across all contractor groups by 2023

The 2022-23 NHS Planning Guidance identified 10 wider health priorities one of which was 'Improving timely access to primary care, expanding capacity and increasing the number of appointments available and driving integrated working at neighbourhood and place level.' The Primary Care priorities within the planning guidance included.

- Integration between community services and PCNs
- Expanding community pharmacy with anticipated transfer of routine care
- Expanding the primary care workforce
- Managing capacity, reducing variation, supporting the workforce
- Enhanced access through PCNs from October 2022.
- Offering all patients digital-first primary care
- More anticipatory care and personalised care, cardiovascular disease diagnosis and prevention
- Catching up on the backlog of care
- Dental - maximising capacity, targeting urgent care
- Preparing for Delegated Commissioning



# Urgent and Emergency Care





Urgent and emergency care is a key part of the health and care system, and the Humber and North Yorkshire 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. We continued this work in 2021/22, with a specific focus on trying to ensure consistent access for people across the Partnership.

We have continued to try and reduce emergency department attendances in line with the NHS Long Term plan but have switched our focus to ensuring that people get the right care for their presenting need in the right setting.

## 2021/22 priorities

Building on our successes in 2020/21, we aimed to consolidate some areas, ensuring a seven-day service focus and put in place some key building blocks to further transform the urgent and emergency care system.

These included 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, enabling people to be booked into the appropriate setting for their needs. These two digital enablers aim to 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).



## 21/22 successes

In 2021/22 our systems, and in particular our acute hospitals, continued to be impacted by the COVID-19 pandemic, and waves of different variants affected activity. Pressures were influenced by lockdowns and the pandemic; however, we continued with our plans for transformation, consolidating the successes of 2020/21 and pushing forward, whenever possible with our plans for 2021/22.

Our improvements in engagement across the system continued in 2021 with the continued use of online meetings. We held two workshops online, focused on transformation, sharing good practice and our plans to support the urgent and emergency care programme with digital solutions. Our second workshop was focused on health inequalities and the impact that inequality has on people using urgent and emergency care.

We have worked with our urgent care treatment centre (UTC) providers to increase access across the system and saw two new UTCs delivering a full enhanced profile to improve access. The two new UTCs are in the north of our system in Northallerton and in Whitby; both services improve access to urgent care for the local populations. We have seen a shift in activity from our emergency departments to UTCs across our system, with about 20% of cases moving to UTCs and freeing up our emergency departments for more serious cases.

Our local Clinical Assessment Service continued throughout 2021/22, managing and giving treatment to patients via telephone consultations which would have previously automatically gone to an emergency department. This service has a high degree of patient satisfaction, enabling them to be treated closer to their own home rather than a busy emergency department in most cases.

Within community services, 2-hour crisis response services were developed to support caring for people closer to home. This was developed towards the end of the 2021/22 period and we will be working with the community collaborative to support further expansion in 2022/23 to enable people to be supported with their urgent care needs out of hospital.

The urgent and emergency care programme is responsible for progress with the care of stroke patients, and there were some key achievements for this in 2021/22:

- Appointment of a clinical leadership team to drive the work of the ISDN.
- Completed review of our hyper acute services and developed action plans to improve provision where indicated.
- Commenced work to address health inequalities.
- Developed relationships with the CVD prevention group so that we can participate in and be assured of the work that is taking place to reduce future strokes.
- Held our first regional workshop to review thrombectomy service delivery and developed action plans to improve and extend access to our services.
- Held two public engagement events and completed an options appraisal and agreed a model for future PPE.
- Commenced gap analysis work on rehabilitation and longer-term life after stroke services.
- Commenced development of our ISDN dashboard.



## 21/22 challenges

The pandemic continued to cause severe pressures in the urgent and emergency care system, which meant we were challenged in the following areas:

- **Capacity to deliver change:** our staff were focused on caring for people in the pandemic and this made it difficult at time to find sufficient people able to engage and support the changes.
- **Interdependencies with other programmes:** different timelines and priorities can have an impact on delivery, although we try wherever possible to align our programmes.
- **Digital capacity:** we have experienced some delays in our digital programmes, due to external requirements.
- **System flow pressures** have impacted on stroke services and other areas in terms of delivery and collaboration in the transformative agenda.

## 22/23 priorities

Our main priorities for 2022/23 across urgent and emergency care include the following areas

- Reduce 12-hour waits towards zero, and no more than 2%.
- Improve against all Ambulance Response Standards with plans to achieve category 1 and 3, and 90th percentile standards.
- Minimise handover delays between ambulance and hospital and contribute to achieving the response standards:
  - eliminating handover delays over 60 minutes
  - ensuring 95% of handover take place within 60 minutes
  - ensuring 65% of handovers take place within 30 minutes
- Ensuring stability of services and have planned contingency in advance of next winter.
- Build on delivery of the UEC 10-point recovery plan, including:
  - Call handling capacity to improve demand.
  - Clinical capacity within the clinical assessment service to support decision-making, with >15% of calls receiving clinical input.
  - Ensuring there is a full range of available options in the Directory of Service
  - Adopting the new regional/national route calling technology.
- Expanding UTC provision and increasingly moving to a model where UTC's act as the front door of ED, to enable emergency medicine to focus on higher acuity need within the ED.
- Transform and build community services capacity to deliver more care at home and improve hospital discharge, including virtual wards, urgent community response, anticipatory care and develop plans to reduce community service waiting lists.



There are also five national priorities for stroke in 2022/23:

- Improvement to thrombolysis and thrombectomy pathways and access.
- Support the development of regional and ISDN workforce strategies and plans for the ISDN.
- Build on previous stroke specific health inequality projects.
- Engage across the network and region to support the implementation of stroke prevention programmes of work and initiatives.
- Support attendance to the GIRFT (Getting it right first time) stroke leadership academy for at least one leader within the ISDN.

For more information on our work with Urgent and Emergency Care, visit [www.humberandnorthyorkshire.org.uk/urgent-emergency-care](http://www.humberandnorthyorkshire.org.uk/urgent-emergency-care)





# Mental Health, Learning Disabilities and Autism Collaborative Programme





We want people of all ages who experience mental health problems, have learning disabilities and/or Autism to live healthy lives, be able to achieve their goals and be accepted and supported in the communities they live in.

For many years now, health and care organisations working in our region to deliver Mental Health, Learning Disabilities and Autism services have been working increasingly closer together, through the development of our partnership arrangement and our collaborative programme or work.

Our partnership aims to join up services to better support our patients and make the best use of the resources at our disposal. This approach has developed to the point that we now plan collaboratively across our six local places to ensure that Mental Health, Learning Disabilities and Autism services are meeting the needs of our populations, are available to all who need them and that investment decisions are aligned to longer term strategic goals, supported by evidence based needs.

This presents us with an opportunity to be authentic change makers with a system driver of reducing Mental Health Inequalities and ensuring parity of esteem. Reduction in Health Inequalities must fundamentally underpin and inform prioritisation, objectives and purpose within the mental health, learning disabilities and autism partnership.

We have key priority workstreams that will help us to deliver our vision and outcomes over the years to come. These priorities may flex over time as we begin to realise our ambitions and meet the potentially changing needs of our populations.

Our priority workstreams, and some of their key focusses and achievements, are summarised over the next few pages:

## Learning Disabilities and Autism

The programme was expanded in 2021 to include Learning Disabilities and Autism, and work has continued since then to achieve a number of successes.

The need to ensure that all people with a Learning Disability are offered an annual health check has been recognised, and work has been done with Primary Care colleagues to improve access and address anxieties around vaccinations.

The programme continues to work closely as part of Transforming Care Programmes in our area to move patients who should not be in hospital into community care.

The programme has supported a CQC Provider Collaborative Themed Review to explore how services caring for people with a learning disability living in the community were delivered during the pandemic.

## Children and Young People's Mental Health

Work has continued to achieve our aim of wanting children and young people to have better access to services and more support both at home and school. The impact of COVID-19 has, unfortunately, led to a national increase in the need for children and young people's mental health services especially for those requiring an inpatient stay or eating disorder service.

We are working hard together as a health and care system to enhance services to support children and young people with their mental health. This has included





developing more Mental Health Support Teams (MHST's) across the patch. MHST's are independent of specialist CAMHS and will employ staff specifically trained as Educational Mental Health Practitioners (EMHPs) to work across education and healthcare and provide mental health support for children and young people in schools and colleges. The aim of the MHST is to work closely with school staff and support early intervention and identification.

Funding was also received to develop a Keyworker Service which means 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 keyworker.

## Community Mental Health

Humber Teaching NHS Foundation Trust has completed a two-year early implementer pilot programme of new Community Mental Health models, which means people in Hull and the East Riding of Yorkshire are among the first in the country to access these new models of care.

The Humber and North Yorkshire region has also been successful in securing transformation funding to span the next three years and expand the transformation of community mental health services across the whole of the patch, delivered by NAViGO CIC, Rotherham, Doncaster and South Humber NHS Foundation Trust, and Tees, Esk and Wear Valleys NHS Foundation Trust.

## Severe Mental Illness (SMI) Physical Health Checks

SMI physical health checks has been a high priority, bringing partners together from all places to address the low levels of completion of these checks for people on the SMI register. We have been successful in achieving funding to better support digital solutions and improve interoperability; this funding will help us to further improve the number of health checks completed.

## The Resilience Hub

The Resilience Hub was launched on during 2021 and has since provided vital mental health and wellbeing support services for front line and care staff who have been affected by the COVID-19 pandemic across the region.

## Suicide Prevention

The #TalkSuicide campaign has again continued to go from strength to strength, with the campaign well established as a key suicide prevention campaign in the region, so much so, that our campaign has also attracted interest from other Integrated Care Systems across the UK and other partners are wishing to replicate our work.

A free, anonymous online counselling and emotional wellbeing service is now available to all men aged 18 living across the Humber and North Yorkshire region. Qwell for Men can be accessed anywhere using a computer, smartphone or tablet device. Men can visit Qwell to access one-on-one online sessions with qualified counsellors, receive and provide peer-to-peer support through moderated online forums, and read and contribute to articles.



## Perinatal Mental Health

We continue to work towards achieving a target set nationally of 10% of the birth rate accessing perinatal mental health services and have developed a promotional plan to help achieve this.

We have also continued to increase the offer of psychological interventions by commissioning and supporting existing staff to access specialist training and by employing additional roles such as Occupational Therapists.

## Urgent and Emergency Care

24/7 access to crisis telephone helplines is now in place across Humber and North Yorkshire; this has been developed in partnership with Hull MIND and local mental health providers.

We have continued to expand our mental health crisis teams and liaison services working in collaboration with our Emergency Department services.

Our work with Humberside Police and Yorkshire Ambulance Services under the Right Care, Right Person model has continued to be developed.

Better access for children and young people who are in crisis and more children's crisis and community teams in place.

## Individual Placement Support

Individual Placement Support services continued to grow and provide support to people with serious mental illness to find and maintain employment. It has been a difficult year for all employment support services, as throughout the pandemic, many employers were not at full capacity and so opportunities to engage and find suitable placements for the people we support were very limited. Despite this, our teams continued to achieve a good level of job starts and outcomes.

All our services have been working with IPS Grow (the nationally agreed model of provision) to ensure that services fully align to the IPS grow model and have conducted fidelity reviews to identify areas of good practice and areas for improvement.

More information on the work, plans, priorities and achievements of the Mental Health, Learning Disabilities and Autism Collaborative Programme can be found online at: [www.humberandnorthyorkshire.org.uk/mental-health](http://www.humberandnorthyorkshire.org.uk/mental-health).



# Local Maternity System





The Humber and North Yorkshire Local Maternity System (LMS) provides support, challenge and oversight for our maternity and neonatal services across the area. The LMS works to provide the best quality and safest care possible for all families, ensuring staff have the resources to be able to do that, whilst also listening to those using services about their preferences and choices.

Projects support all our communities with their physical and mental health, and works to inform families how they can be at their healthiest at pre-conception, during pregnancy and after birth. The system works with partners to ensure everyone can have consistent support as their family changes. For staff, training, advice, information and resources are provided to enable everyone to give the best care possible. The LMS also work on areas such as improving our digital systems, providing strategic workforce planning advice and supporting public and population health initiatives.

## 2021/22 Priorities

Work during 2021/22 built on that of the previous year; providing the best possible care to everyone during what continued to be hugely difficult conditions.

Our safety workstreams are some of the areas we most prioritised; the LMS recruited people from our supporting teams and Trusts for a number of different projects. We now have a Clinical Lead for Obstetrics, a Clinical Lead for Neonatology, and a Clinical Lead for our Maternal Medicine Network development. These consultant leads pulled teams together and created a new Perinatal Safety, Quality and Assurance Group that reviews incidents of any level of severity across the area; it provides shared learning, recommends improvements to policies and procedures, and supports the implementation of those changes. Our Maternal Medicine Network will be in place across all of the Yorkshire and Humber; locally we are reviewing referral pathways into this Network so we can provide the most effective care consistently across this whole region.

Additionally a lot of the focus has been on getting services onto a single digital platform; we have worked through a procurement for a new Maternity IT System (MITS) which will enable us to provide checks on every aspect of maternity and neonatal care. This will ensure processes are followed, information is consistently recorded and data is of good quality, from that we will be able to provide more accurate reports at both Trust and LMS levels which will enable us to identify areas for improvement more rapidly and efficiently. Alongside this is a patient app which will enable women, birthing people and families to view test results, access advisory websites, and provide access to their records for other health and care professionals. Procurement and contracting was completed in 2021/22, implementation will follow in 2022/23.

Priorities during 2020/21 also included:

- Maintaining the Maternity Continuity of Carer teams to support families; particularly those in minority ethnic communities and deprived populations.
- Growing the 'Ask a Midwife' service which provides public health messaging, advice, referral to other support services, and highlights the importance of the COVID-19 vaccination programme in pregnancy.
- Work with Maternity Voices Partnership colleagues to ask families and staff what is important to them, and how we can encourage more joint working.



- Recruitment into 'Prevention Lead' roles for alcohol prevention, weight management and smoking cessation in pregnancy.
- Support breastfeeding initiatives; including the provision of breast pumps in neonatal units, developing a training course for midwives to reverse tongue-tie in babies, and purchase books for children's centres to normalise breast feeding.
- Supporting midwives and midwifery assistants to gain skills and competencies, return to practice after a period out, to attract new entrants to the profession.
- Achieve national requirements for safety, including meeting responsibilities under the Clinical Negligence Scheme for Trusts, improving our adherence to the Saving Babies Lives Care Bundle, and continuous improvement in outcomes.
- Recruitment to posts to support pre-term birth projects, and ensure staff are able to provide expertise when those in labour need intensive or critical care.
- Invest in equipment for both the new Maternity IT System and also for the pre-term birth programme.
- Exploration of research possibilities such as understanding better the benefits of pool and home birth schemes.
- Ensuring all our advice and guidance is accessible.
- Ensuring more equitable care with the recruitment of a lay Cultural Diversity Champion who can speak for women, birthing people and families from all cultures and communities.
- Meet the NHSE/I target to ensure that every pregnant woman and birthing person in England is offered a Personal Care Plan by March 2022.

## Challenges in 2021/22

Most of the challenges in 2021/22 were due to the operational pressures seen across the region at different times, and the potential to get support for projects from staff who were often exhausted mentally and physically.

- COVID-19 ongoing staffing challenges meant understanding when it was appropriate to ask for and try out new ways of working.
- Coordination of key learning with changes in personnel and groups; putting on a single training session was never enough to support everyone in their development.
- Prioritisation of equity and prevention programmes along operational challenges; sometimes the pieces of work and data we were asking for has been difficult to obtain in a timely way, again due to staffing pressures.
- Supporting staff through personal challenges; all of our staff have in one way or another been affected by working through the last two years. Understanding what we can provide either practically or emotionally has been hard on our teams.

## 2021/22 Successes

The whole LMS worked hard during this year to achieve ambitions for better and safer care, alongside the requirement to provide support for all our teams. A large number of new staff were recruited into the core team on part-time secondments; these



provide expertise on their subject matter, but also link back into their home teams to promote the work going on centrally. This has enabled us to develop training courses, invest in equipment, manage communications across the area better and prevent duplication, ensure lessons are learnt where appropriate and all support each other.

Our other big success has been to work through the requirements for the new Maternity IT System; developing process maps of current working patterns at each site, specifying key requirements for this system, and additionally bidding to the Digital Maternity Unified Tech Fund and obtaining almost £1.5M to subsidise the purchase of the system, recruitment of digital midwives in each Trust, project management and the required technology. This process brought teams together and has been fantastic for all those involved. The BadgerNet system will be implemented in the 2022/23 financial year and we will be carefully monitoring the improvements and benefits from this.

Our Maternity Continuity of Carer (MCoC) programme has been largely static over the last year, but it has been a success to be able to maintain this for those who can benefit from it alongside the incredible operational staffing pressures we have seen in this time.

We have established local pre-term birth and Maternal Enhanced and Critical Care (MEaCC) groups as well as a communication group for labour ward coordinators to share their experiences and learning. Our clinical leads have pushed forward team working, sharing of experience, investment in key equipment and establishment of joint guidance as appropriate. We believe this ongoing work will improve outcomes for many babies and parents.

Nationally, there has been the requirement to provide assurance against a number of key areas including the first stage Ockenden review into Maternity Care provided at the Shrewsbury and Telford NHS Hospital Trust and the Neonatal Critical Care Review (NCCR). These have provided the impetus for continued development of LMS wide guidance, increased oversight from new Safety Champions and Non-Executive Directors with a focus on maternity and neonatal care, and reporting back to the Humber and North Yorkshire Health and Care Partnership as progress has been made. The NCCR has also been linking into the progress of the reviews of acute services across the Humber place and developing new pathways that will support the continued growth of our specialist services.

Our Transformation Programme funding has been spent effectively, and with a number of different bids we have obtained additional resources to invest in our projects. One of the most significant has been the successful bid for around £20k of Choice and Personalisation funding which we are using currently to film new unit tours across all our maternity and neonatal units to support the information available to families about the different options they have.

We have provided a number of training courses for our teams over the last year, from Healthcare Incident Investigation, to Childbirth Emergencies in the Community for bigger staff groups, and including more specialist courses such as LGBTQ+ and physical training in pregnancy competencies, general project management, pre-term birth webinars and leadership development.

We have also continued to improve our web presence and used the Prevention Lead roles in weight management, alcohol and smoking cessation to provide additional pages and information available to all. We have also integrated the 'Bump the Habit'



site and the Perinatal Mental Health Website 'Every Mum Matters' into the main LMS website which gives many options to those wanting advice.

A significant success during this last year has also been the numbers of women coming forward to be vaccinated against COVID-19. The clinical data that emerged over the first year of the pandemic indicated that there were significant dangers to both mums and babies if COVID was a factor in a pregnancy; with many more unvaccinated parents ending up in intensive care with problems. We have used the Ask A Midwife service to promote the availability of vaccination centres and answer concerns and worries that people have about the relative risks and benefits of vaccination. As a result of working together and involving partners in our communication efforts we have achieved the highest rates of vaccination in the region.

### Priorities for 2022/23

The role of the Local Maternity System in 2022/23 will contain the various projects and pieces of work mentioned above. There will also be focus on the move through to new Integrated Care Systems and Board support mechanisms, and for the LMS a specific requirement to start taking on more of the quality and assurance across the system.

- Review and confirmation of next steps in the Maternity Continuity of Carer project.
- Analysis of learning points from the final Ockenden (released March 2022) and East Kent (anticipated to be released June 2022) reports into maternity and neonatal care and actions from these to be progressed.
- Implementation of the BadgerNet Maternity IT System in all Trusts.
- Support the work around the Neonatal Critical Care Review and the Humber ongoing services review and ensure the best quality neonatal pathways and interventions take place.
- Continued development with Prevention Leads to produce training, establish effective coordination groups, provide guidance for midwives and families about the best habits and outcomes in their specialist areas.
- Growth of the Ask a Midwife service onto other platforms beyond Facebook, such as Instagram, to address new population groups and to support the continued provision of maternity certificates as currently being trialled in one Trust.
- Vaccination support to continue for COVID, and additionally for 'flu, whooping cough (pertussis) and other appropriate interventions for different conditions.
- Continued work with the other LMSs in the region to support the establishment of a Maternal Medicine Network for those with significant physical or mental health conditions that may need specialist or expert advice.
- Work with Maternity Voices Partnership to be reviewed and enhanced, with the possibility of more lay members with specific topics; the Cultural Diversity lead role is a pilot in this respect.
- Develop a plan with our Perinatal Mental Health partners to access more specialist Equity and Equality support that can feed jointly into our programmes.



- Work with LMS stakeholders to develop an LMS Equity and Equality action plan by September 2022, aligned with the ICS duty to submit 5-year plans to reducing inequalities and address the Core20PLUS5 requirements for maternity.
- Develop more pre-conception care programmes alongside partners in Local Authorities and ensure coordinated learning from pilots in other areas.
- Consider the integration of post-natal elements of care such as the e-Red Book alongside the new Maternity IT System.
- Provision of more data about choice for place of birth, birthing options and post-natal care to enable informed management of care for different families.

For more information on the Local Maternity Service, visit [www.humberandnorthyorkshire.org.uk/maternity](http://www.humberandnorthyorkshire.org.uk/maternity)







# Workforce





Health and social care sector employers in our region are often unable to permanently recruit the staff they require to deliver services, resulting in increasing reliance on temporary staff.

Difficulty recruiting and keeping skilled and experienced staff is the root cause of many problems we face: financial, safety, performance and quality. We need to work together to address these issues.

Through the Humber and North Yorkshire Health and Care Partnership, we are developing a comprehensive approach to meeting our workforce needs now and in the future.

## 2021/22 priorities

The priorities from over the last year include:

- Conduct a strategic review of workforce, including current maturity levels and areas for development identified through a System Workforce Improvement Model (SWIM).
- Increasing training places and apprenticeships.
- Maximising recruitment and pipelines into health and care roles – creating and strengthening our employment ambition.
- Put health and wellbeing at the core of our system-wide activity and use the £1.3m funding to support health and wellbeing.
- Build on the early success of the Resilience Hub which offers mental health support across the system.
- Support the establishment of networks of networks to support the Equality Diversity and Inclusion work in the system.
- Maximise apprenticeship levy opportunities in general practice and smaller organisations, instigating and enabling apprentice levy transfer between our organisations to create new roles and promote workforce development with new career opportunities.
- System-wide approach to increasing placement capacity to strengthen the route into health and care vacancies and ensure the availability of quality learning experiences.
- Retention focus through a Robust & Equitable Preceptorship Offer across the Humber & North Yorkshire region.
- To develop the vision, values and priorities of the Learning Environments, Assessment and Placements (LEAP) Strategy



## 21/22 challenges

COVID and winter pressures made it difficult to progress with some areas of work and engagement activity at times in the way we would have liked. Ongoing COVID restrictions have also limited the number of placements to certain groups of students and organisations and is having a particular effect on T-Levels placements and work experience.

Recruitment to the social care sector continues to be a challenge, despite over 150 jobseekers attending the online recruitment events, only a small number progressed with an application to work in the sector. Employers within the social care sector are finding it increasingly difficult to compete with other employer and the health sector is now reporting similar difficulties for roles that have previously attracted more applicants than vacancies.

The key challenge for the LEAP Programme has been due to the unprecedented demand our health and care services have faced, exacerbated with high staff absence and vacancy rates, impacting their student placement capacity, or appetite to try something new. This experience has not been consistent however, and other placement providers have been able to modify their placement offer, absorbing additional students on behalf of placement areas where there is limited capacity or estate constraints, without impacting significantly on their own clinical delivery.

## 2021/22 successes

Significant engagement with system partners and key stakeholders has enabled the development of a Humber and North Yorkshire Health and Care Partnership People Strategy and People Structure.

Partnership working with over 20 partner organisations has enabled over 60 health and wellbeing projects, some of which were delivered organisationally but many spanned across multiple organisations. These projects include work on menopause, men's health, coaching network, trauma support and sleep support

Since the Ambassador scheme launched in 2021, over 100 Ambassadors have signed up to the scheme and a range of events including year group careers talks focussed on both general and specific roles in health and care and individual mentoring have been arranged with 65 Ambassadors matched to these activities.

A £932,000 of apprenticeship levy funding has supported an additional 77 apprenticeships in our area, 15 of which were Nursing Associates, performing a vital role in bridging the gap as new members of the nursing team.

The Humber and North Yorkshire Partnership's careers pathway with transferable skills matrix has been promoted widely and is used by Department for Work and Pensions, and schools and colleges

Through the LEAP strategy, placement expansion models have been sustained by placement providers following pilots, without further investment and one of our Placement Providers has developed a brand new Placement model that is being rolled out at scale



## 2022/23 priorities

A key priority for this year will be supporting the transition of staff from CCG to the NHS Integrated Care Board in a way that is compassionate and meets the needs of the statutory body.

We further refine our people strategy and recruit to our people structure; combined, these two things will support us to have detailed, robust plans in place for delivering across our four pillars of workforce activity: be the best place to work, grow and train our workforce, demonstrate system leadership, and embrace new ways of working.

For more information on the workforce programme, visit [www.humberandnorthyorkshire.org.uk/workforce](http://www.humberandnorthyorkshire.org.uk/workforce)





# Digital Programme





When it comes to digital technology within the health and care sector, COVID-19 changed everything. In the last 18 months, our response to the pandemic has seen changes to the way that digital and data are deployed, at a pace and on a scale, that was previously unthinkable.

With the joint impact of recovering from COVID-19 and preparing for a future as part of an ICS, we are taking a fresh look at the way digital and data technologies can consolidate and transform our work across Humber and North Yorkshire.

### **Digital Transformation**

Across our region embedding digital transformation as an integral part of our clinical, business and population health strategies is vital to achieving our goals as an ICS. We will:

- Use digital to improve the way services are designed, delivered and managed with a clear focus on the individual and their experiences.
- Ensure health and care professionals can make the best decisions because they have the information they need at the point of care when they need it.
- Optimise the value of data to create intelligence to be used routinely to improve patient/citizen safety, deliver better outcomes and tackle inequalities.
- Develop a thriving digital health and care ecosystem, supporting research and innovation, developing skills and capabilities and recognised internationally as an exemplar of innovation and digitisation.

### **Digital Strategy**

The ambition for our partnership is for everyone in our area to 'Start Well; Live Well and Age Well'. Our digital strategy must therefore deliver solutions that are co-designed and fit for purpose to enable citizens to start well, live well, age well and end their lives well.

Digital technology remains a means to an end, and not the end itself; whilst we recognize the importance of measuring and investing in our digital maturity this has to be with an understanding of how it enables us to achieve the ambitions and priorities of the ICS and for the individual care organisations; as the ICS strategy develops and evolves, so will our digital strategy. The ICS digital strategy will:

- complement and support place-based digital strategies and the strategies of our partner organisations
- align with national strategies
- foster collaboration, support investment, ensure economies of scale
- promote best practice through partnership working and provide resources



## 21/22 Digital Priorities

In 2021/22 digital leads from all partner organisations were involved in setting the health and care partnership digital priorities which 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

### Building on our Digital Fast Forward Plan

Our 2021 Digital Fast Forward Plan outlined how the rapid development of digital reduced the digital exclusion gap, to enable those without IT equipment or skills to better access healthcare services. We engaged with industry leaders in digital inclusion to ensure that we developed a fully inclusive programme.

It is our intent to continue to empower citizens to be as involved in their care as possible. GP records are now 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 will continue to support our recovery after COVID-19 through the redesign of our health and care system and collaboratively with our ICS partners ensuring our strategy maps onto the national What Good Looks Like (WGLL) themes set out last year by NHS X as well as the forthcoming Digital Health and Care Plan due out in 2022.

### Governance and Support

Against the priority areas of our Digital Fast forward Strategy, the ICS has already accomplished much, through collaboration and increased adoption of digital transformation; several successes from the last year are outlined below against the key priority areas.

We have demonstrated our commitment to digital across the ICS through establishing a Digital Support Hub, a Digital Strategy Board, Digital Executive and Digital Operations Forum, whilst assuring that existing place-based Governance continues to be supported.

The Strategy Board's has representation across Humber and North Yorkshire including local authorities, care providers and the voluntary sector. Its purpose is to provide confident visible strategic leadership in delivering our digital strategy and vision. The board has appointed an interim Chief Digital Information Office (CDIO) to develop the Strategy and Implementation Plan.

The fortnightly Digital Operations Forum is attended by digital leads from each of the partnership organisations and provides regular information exchange between organisations. In addition, our partners, citizens and front line groups invest in regular board development sessions to develop digital competence support



investment in ICS-wide multidisciplinary Chief Clinical Information Officer (CCIO) and Chief Nursing Information Officer (CNIO) functions.

Our Digital Hub supports digital ambitions of the ICS and individual organisations. It promotes consistency of practice (including Technology Code of Practice, cyber security) through ICS-wide digital governance and support. This has increased our understanding of where digital roles overlap and helped us to establish clear lines of accountability and to make sure things do not fall in the gaps.

We are investing in digital infrastructure. Where necessary we are supporting organisations to seek funding to 'level-up' infrastructure across the ICS. Working alongside NHS England we are supporting the Target Architecture Framework. This will allow us to understand the infrastructure as-is, enabling us to create a roadmap to achieve the ambitions of WGLL.

## 2021/22 Digital Projects

### Digital Inclusion

The ICS-wide digital inclusion working group, made up of health, local authorities, voluntary sector and local enterprise partnership has a set of digital inclusion principles that have been signed off by the digital board. It will help us to better understand the needs of our citizens and how to make digital solutions / non-digital alternatives more accessible

Citizens have also been empowered by our use of utilising the NHS App as our digital front door and promoting the use of 111 to have a single Urgent & Emergency Care (UEC) triage journey. We are working to develop consistent digital access across the ICS, such as further increasing virtual consultations, which have already improved patient experience.

Another example is the use of the ICS-wide innovation of using non-written language tools in digital interfaces to promote accessibility and overcome language, literacy barriers.

### Cyber Security

Cyber security is managed directly by ICS partner organisations, either internally and or via a 3rd party. There are two main standards in use. Local Government adhere to a minimum set of cyber security standards developed in collaboration with the government and the National Cyber Security Centre (NCSC). Health aligns to the NHSX produced Digital Technology Assessment Criteria (DTAC) standard.

Currently, the responsibility for data privacy, safety and management is held within each that partner organization. We collaborate with the Regional Information Governance Strategic Network to share best practice and ways of working.

### Yorkshire & Humber Care Record (YHCR)

Uptake and adoption for our shared care record solution across our region continues to increase thanks to the and support from the YHCR Interweave Team.

We have more GP practices than ever using the portal to access vital patient information to support care. Humber Teaching NHS Foundation Trust, York and Scarborough Teaching Hospitals NHS Foundation Trust, Hull University Teaching





Hospitals NHS Trust and Harrogate and District NHS Foundation Trust have also adopted the YHCR as well as three local authorities - East Riding of Yorkshire Council, Hull City Council and North Yorkshire County Council.

The YHCR supports the automation of transfer of care documentation from Yorkshire Ambulance Service (YAS) into four A&E departments across the region to save staff time, increase efficiencies and improve patient care. Across the partnership we have connected Shared Care Record data with our acute and mental health trusts and three of our local authorities. GP Connect information is now linked in and we are currently deploying a new version of the browser into each GP practice.

This success is down to a shared vision for the region, securing funding and ensuring a team that could fulfil the ambitious timeline.

### **Digital Record Enabling and Management Support (DREaMS)**

In our region we have over 860 care homes, circa 20,000 residents and 100,000's families and friends.

To address the growing requirement to increase support to care homes, the Digital Record Enabling and Management Support (DREaMS) Team was created within the health and care partnership in 2021. Working with IT specialists, a Digital Maturity Ladder (DML) tool was created to enable stakeholders to easily understand where an individual care provider is on their journey to adopting technology. The DML provides a linear approach to adopting the right technology at the right time with best practice and accreditation and makes it clear where investment and support is required.

The DML has now been recognised as a key development for Humber and North Yorkshire with validation from NHS England and the Digital Social Care Board.

The reach of the project is significant and provides outcomes for care home residents, staff, health and social care systems and communities including:

- Support for digital exclusion of care providers and residents
- Reduced visits to health provision, relieving pressures and improving the residents experience on their care journey
- Increased quality of data to inform care across the health & social care system
- Empowering residents and their families through the use of technology
- Quality collection of relevant data to inform care in time to make a difference to the residents' quality of life
- Improving the digital literacy of residents and staff
- Connecting residents to families and friends through technology providing confidence and reassurance

The DREaMs team include staff from East Riding of Yorkshire Council Adult Social Care, Hull and East Riding Care Association and supported by the HCV ICS Digital Hub team. This mix of skills and experience from across the system has really helped to engage with and onboard the care providers.



## Virtual Consultations

Online and video consultations give people a way to digitally contact their care providers and get health information, advice and support.

The 2021/22 Priorities and Operational planning guidance target was set for us to deliver virtual / remote consultations for at least 25% of all necessary outpatient activity. Following the negotiation of a two-year contract Hull University Teaching Hospital, North Lincolnshire and Goole Hospital and York and Scarborough Teaching Hospital all adopted the Attend Anywhere solution to deliver increased virtual consultations. As a result, the region successfully achieved virtual / remote consultations for 27% of outpatient activity (417,000) in 2020/21, equating to:

- 6,950 hours of patient time saved through avoided face to face appointments
- 12,182,088 patient travel miles saved. Equivalent to going around the world 490 times and 192,875 less car parking spaces required saving patient's money
- 6.3 quality adjusted life years saved
- A reduction of 2489.5 tonnes of CO2 emissions. It would take 1309.5 hectares of forests a year to capture that amount of CO2.

The ICS has also made sure that virtual and online consultations are available at all primary care practices for GPs to utilise as appropriate. As part of this work the ICS has led on a national pilot to ensure that GPs are fully empowered to ensure their patients are aware of all access routes available to primary care services.

## Patient Held Record (PHR)

Humber and North Yorkshire has citizens at the heart of its digital developments with a focus on enabling people to:

- access their own health and care data
- be able to interact with digital tools to support self-care and self-management
- be empowered to make informed choices about their health and care

As a partnership we have adopted a Patient Held Record (PHR) solution to address our commitments above. The 'Patient Knows Best' (PKB) solution has wide spread adoption nationally and has been deployed across our care providers. We aim to build upon the current successes and expand the utilisation of the PHR by scaling and spreading the existing PKB solution to be region-wide. We will build on the already successful integration with the NHS App and integrate with the Yorkshire and Humber Care Record. We have recently established a Humber and North Yorkshire Health and Care Partnership Steering Group with delivery planning underway to ensure during 2022/23 we can define the PKB feature prioritisation, resource requirements and onboarding timescales across partner organisations.

## Maternity

During 2021/22 the health and care partnership worked to procure a single maternity IT system to be used across all NHS Trusts. This was to enable data to be shared across the region with consistent processes and reporting as well as ensure mandated fields met national requirements. Through a collaborative process, the project team were successful in bidding for £1.5m to procure the solution as well as new IT equipment and also support the project implementation in all Trusts. The new maternity system



includes an app for women, birthing people and families to access their records and test results, as well as enabling them to view information relating to their pregnancy, birth and beyond. The deployment of such a solution enables care providers across our partnership to provide better quality care from 2022/23 onwards.

### **Electronic Palliative Care Co-ordination System (EPaCCS)**

EPaCCS enables the recording and sharing of a patient's end-of-life care preferences, including their preferred place of care and death, the circumstances under which they'd want to be admitted to hospital, whether they would want CPR to be attempted and details about their medications, and is a key enabler to supporting patients during the most difficult of care pathways

Across the partnership and after a successful pilot EPaCCS has been successfully rolled out in Vale of York, Scarborough & Ryedale and Northern Lincolnshire. The solution has been instrumental in supporting the coordination of care during the COVID-19 pandemic, when there has been a major focus on Advanced Care Planning for vulnerable patients.

To date, over 7000 EPaCCS records have been created and the solution is enabling collaborative working to support end-of-life patients, reducing duplication, and ensuring that the most up-to-date view of a patients' preferences and status are visible and updatable across different health and care settings.

To ensure the important information stored within the EPaCCS records is widely available, we have integrated the system into the YHCR, which is already enabling vital data to be accessed by 111 and 999 emergency services.

The introduction of this EPaCCS digital solution has been recognised nationally as best practice and has been published as an NHS Blueprint that shares our experience and approach with other parts of the country.

### **Elective Care: Virtual Wards**

Elective care covers a broad range of non-urgent services from diagnostic tests and scans to outpatient care, surgery and cancer treatment. The COVID-19 pandemic had a significant impact on the delivery of elective care, meaning some patients are waiting longer for treatment than they were before the pandemic began. In line with national drivers, digital is key to support the recovery and transformation of the way we deliver this planned care across our region.

Following the success of virtual wards during COVID-19 a full Virtual Ward governance framework has been put in place to oversee the wider expansion across the partnership.

Our ambition is for the roll out of virtual wards across the partnership and that by December 2023 the system can simultaneously manage between 680 to 850 beds.

There are currently five virtual ward projects being run across our partnership which include:

- Long Term Condition COPD
- Paediatrics
- Frailty
- Care home remote monitoring



Care professionals working on the above projects have direct access to data from the home setting and can remotely monitor their patients, as well deliver care via remote methods. The use of virtual wards means more hospital beds are available for those needing inpatient care. We anticipate these projects be extended throughout 2022/23, plus the introduction of new remote monitoring programmes be developed to support the ongoing transformation of elective care.

### **Support for Unplanned and Emergency Care.**

We continue to provide new digital enablers to support professionals and patients receive the most appropriate unplanned care, we have provided the digital systems to allow direct booking for access times from the 111 service into the emergency department, primary care, and unplanned treatment hub services. This helps to ensure when a patient needs care for the first time, they are in the right place getting the care they need.

We will continue to support this work through 22/23 by:

- Providing a dedicated and standardised clinical messaging tool to allow clinicians to liaise with each other and ensure the most appropriate care pathway is followed for each patient.
- Working with the YHCR team to improve the inter-service booking facility to further support patients are seen in the right place first time.

### **2022/23 Digital Priorities**

As well as building on our Digital Fast Forward Plan, we are working collaboratively with our ICS partners to ensure we have clarity on how much we have accomplished digitally through collaboration and where we can further embed our digital ways of working across the partnership.

Based on feedback from our partners, national drivers and local requirements, we will continue to work on digital transformation projects across the region, paying particular attention to the following identified priority areas:

1. Electronic Health Record Strategy
2. Population Health Management and Business Intelligence
3. Cyber Security and Levelling up a Secure Infrastructure
4. Digital Inclusion

For more information, please visit

[www.humberandnorthyorkshire.org.uk/digital-technology](http://www.humberandnorthyorkshire.org.uk/digital-technology)



# Voluntary, Community, Social Enterprise Sector





The Voluntary, Community, Social Enterprise (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.

After initial funding was awarded from NHS England and NHS Improvement in 2020 to kickstart the VCSE programme, the last year has been a time to embed the VCSE Leadership Programme as a key part of the Humber and North Yorkshire Health and Care Partnership, and for the VCSE sector to make its contribution to health and care.

The VCSE Leadership Programme consists of place based VCSE organisations that work strategically to plug in the VCSE sector to the health and care system, it provides a mechanism for engagement, co-design and service delivery and a broad range of health and care services to be available to the people across Humber and North Yorkshire.

As we have moved through the last year, we have embedded this engagement with the system and linked the VCSE sector into many networks and workstreams and we are focussing more and more on the needs and engagement with the sector at place level.

The VCSE Leadership Group is in place to represent the wider sector and the near 15,000 VCSE organisations operating across Humber and North Yorkshire. It is a shared success that, through the programme, has brought £2.2 million of investment into the area and the sector, to deliver services and to improve the capacity, understanding and resilience of the sector. This investment has led to a range of programmes being delivered such as:

- Green Social Prescribing which connects social prescribing up with the myriad of wonderful green and blue spaces our geography offers.
- A new emerging leadership programme that aims to develop our future leaders from Black, Asian and Minority Ethnic (BAME) communities
- Support provided from VCSE organisations to the right people in the right place, specifically over the winter period, that included the height of the Omicron Covid variant taking hold, reducing the pressures and burden facing the NHS.

Our work to connect the VCSE sector as a key strategic partner with the health and care system has been recognised both within the partnership and externally. The VCSE Leadership Programme has regularly been asked to share good practice and how we work with national programmes and partners such as NHS England, the King's Fund and the National Association for Voluntary and Community Action (NAVCA).

2021/22 has still been a challenging year, with the Covid Pandemic still affecting ways of working and with various restrictions coming and going. In the latter part of the year, it has been great to get to meet more organisations face to face and hear the work being delivered and we plan to do more in the coming year. Capacity has also been a challenge with the sheer volume of fantastic work being delivered by the sector already and making sure it is joined up and connected with the work of the health and care system.



The coming year sees the launch of the Integrated Care System on a statutory footing, and we intend to build on the foundations we have made but we also need to ensure the successes we have made at a system level are replicated at place. Therefore, we will be looking to establish place based VCSE assemblies, networks of VCSE organisations that understand and deliver in each place and to ensure these are connected as key partners in the place based arrangements that will also emerge and deliver in the new Humber and North Yorkshire Health and Care Partnership.

For more information on the work being undertaken with the VCSE sector, visit [www.humberandnorthyorkshire.org.uk/vcse](http://www.humberandnorthyorkshire.org.uk/vcse)





# Population Health Management: Tobacco Dependency Treatment Programme







The Humber and North Yorkshire Health and Care Partnership area has some of the highest rates of smoking prevalence in the country: one in four adults in Hull are smokers - almost twice the national average - and around 17% of new mothers are smoking at the time of delivery, compared to 10.7% nationally, which puts an increased strain on the health and care services across the area.

The NHS Long Term Plan states that *“smoking still accounts for more years of life lost than any other modifiable risk factor”* and *“smokers see their GP over a third more often than non-smokers”*.

The tobacco dependency treatment programme recognises the importance of treating tobacco dependency in the Humber and North Yorkshire area and aims to deliver goals outlined in the NHS Long Term Plan, working towards a Smokefree NHS. This includes the installation of specialist tobacco dependency treatment services in all acute, maternity and mental health settings by 2024 for both patients and staff. Every patient will be asked about their smoking status and automatically referred for treatment on an opt out basis. Interventions are based on the existing models used successfully in community services with expertly trained staff providing behavioural support and access to nicotine replacement therapy.

This powerful partnership approach joins up communication between hospital Trusts, integrated care boards, public health, local authorities, stop smoking services and community partners providing a unified offer of supportive treatment for tobacco dependency to directly improve the health, wellbeing, and lifespan of our local populations and reduce inequalities.

The programme is not designed to send smokers to the boundaries of the estate, or to make people who smoke feel uncomfortable during their visit to the NHS. It is about the delivery of high-quality support for tobacco dependence and provision of a Smokefree environment that protects people who live, work, visit and are treated in hospital in Humber and North Yorkshire.

## 2021/22 Priorities

The NHS Long Term plan outlines that tobacco dependency treatment services should be in situ in all secondary care settings by 2023/24. Humber and North Yorkshire Health and Care Partnership have prioritised delivery of this programme for Hull University Teaching Hospitals Foundation Trust and North Lincolnshire and Goole NHS trust, with services starting in June 2022.

Priority work includes recruitment and training of staff to deliver tobacco dependency treatment services, training and communicating systems to existing staff, reviewing systems to capture smoking status on admission, internal and external communications and prescribing and referral systems within trust sites.

## 21/22 Successes

A highly motivated Long Term Plan tobacco dependency working group was brought together in January 2021, across the six regions of the Humber and North Yorkshire Health and Care Partnership to plan and coordinate the various aspects of the project, uniting experts and champions within the trusts, public health, local authorities, community smoking cessation services, local maternity system and community partners.



Funding for resource to develop a supporting communications and engagement campaign strategy was secured in 2021 to ensure consistent messaging across the area from the outset, with clear and straightforward pathways to support for tobacco dependency, whether accessed from secondary care or self-referred within the community. The programme will have a public umbrella brand of 'Quit Together' and will be developed from the existing campaign launched by Northern Lincolnshire and Goole Foundation Trust in previous years.

From April 01, 2022, Dave Jones (formerly Tobacco Control for Yorkshire and the Humber for the Office for Health Improvement and Disparities) began in post as Tobacco Programme Manager and is driving the programme forwards.

## 2021/22 Challenges

The main challenges in this year have been those associated with reduction in capacity at Trust level due to the pandemic. Serious limitations have been put on Trusts, health care providers and the people who work for them, reducing capacity to deliver programmes outside those directly managing the concerns of the pandemic. This is not to say that the Tobacco programme has not generated interest, or that Trusts have stood still, rather that the process has been understandably slower.

This workstream essentially requires the set-up of an entirely new system and has provided conceptual challenges to Trusts and to NHS as a whole. The National team have done a great job at communicating change and feedback has been provided from the field. South Yorkshire and Bassetlaw ICS hosted one of the early implementor programmes, the QUIT programme, which with the other early implementors has been instrumental in testing and improving the process as well as developing templates and materials.

Even with the challenges faced, this programme is a tremendous opportunity for the NHS to step up its delivery of tobacco dependency treatment, forming lasting partnerships with community stop smoking services and designing a new system of tobacco dependence support, informed by best practice to provide a seamless delivery of high-quality care.

This programme will provide a fundamental, positive change in healthcare within our partnership, supporting residents to live longer and better lives.

## 2022/23 Priorities

Procedures and experiences of both patients and staff will be under continuous review to enable the working group to identify best practise and support with any improvements to the programme rollout.

Following on from the start of tobacco dependency treatment services in Hull University Teaching Hospital Foundation Trust and North Lincolnshire and Goole NHS trust, services will be launched in York and Scarborough Teaching Hospital NHS Foundation Trust, Humber Teaching NHS Foundation Trust and finishing with Harrogate and District NHS Foundation Trust in 2024.

A supporting community engagement campaign will also be promoted in conjunction with the launch of the treatment services in each area. The aim is for the 'Quit Together' brand to become widely recognised as the first port of call for support when stopping smoking in the Humber and North Yorkshire area, with seamless links between secondary care and community services.



# Sustainability and Net Zero





Climate change poses a 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.

Within the Humber and North Yorkshire region, the challenges and threats posed by climate change are more pronounced. The low lying aspect of the area means we are susceptible to flooding, tidal surges, flash floods, coastal erosion as well as the longer term sea level rise impact. We are also being subjected to issues across the region that directly affect our health system including heat waves, air pollution incidents, droughts as well as moorland and forest fires. All of these events are directly affecting our health system through ambulance call outs, primary care and hospital admissions as well as impacting the third sector. We need to act together to prevent further harm and prepare for climate challenges that our healthcare system will face.

## 2021/22 priorities

During 2021/22, work was undertaken to develop a Humber and North Yorkshire climate change vision statement and green plan, underpinned by our healthcare partner's green plans. The key areas of work that were looked at as part of the net zero and climate change agenda were:

- 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 creation.
- Anaesthetic gas assessment with a phase-out programme.
- Primary care decarbonisation strategy.
- Climate change adaptation planning.
- Awareness campaigns.



## 2021/22 successes

The Humber and North Yorkshire Sustainability and Net Zero programme was introduced towards the end of the 2020 and has gained real momentum, establishing a network of organisation level sustainability leads and appointing of a Programme Director and a Climate Change Lead.

Initial work has been carried out to establish the Partnership's baseline carbon footprint to understand the scale of the task. 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; 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.

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.

### Reducing carbon emissions

Three of Humber and North Yorkshire's hospital trusts have received funding worth more than £66 million to support work to reduce carbon emissions at their hospitals. This has been awarded by The Department for Business, Energy and Industrial Strategy as part of its £1 billion 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 £12.6 million for upgrades at Hull Royal Infirmary and Castle Hill Hospital. Looking to the future, the 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.

### Climate lunch and learn together

Alongside West Yorkshire and Harrogate Health and Care Partnership, we hosted 13 fortnightly Climate Lunch and Learn events. These were a series of hour-long sessions to address the challenges we face with Climate Change and the impact this will have on our healthcare system as well as the population we serve. This series of talks looked at climate change, anaesthetic gases, meter dose inhalers, floods and climate adaptation, health inequalities, food and the impact of diet, PPE, procurement, biodiversity as well the impact on mental health, digital, waste and travel. We explored the impact that healthcare has across the world and the impact that climate change will have on healthcare into the future. The other northern ICS networks also got involved with North East and North Cumbria and Greater Manchester also joining. These were an extremely successful and well attended series with attendees from across the UK.



## Greener Asthma Care

The aim of the Greener Asthma Care programme was to engage General Practice PCNs with a Greener Practice plan, and also to improve care for patients with asthma and reduce the environmental impact of the NHS.

This programme will:

- Deliver interactive education on principles and practice of sustainable healthcare including supporting a plan for an award through the Green Impact for Health Toolkit.
- Help local prescribers understand how to provide higher quality and low carbon asthma care
- Support practices to transition to a lower carbon pattern of inhaler use through facilitating QI projects

## Project GP

Project GP was a pilot scheme conducted to assess the carbon footprint of a selection of GP surgeries within the region to attain baseline data to be able to achieve net zero for several Primary Care Networks, as well as assessing the clinical carbon and respiratory project at a PCN and practice level.

The carbon footprint of GP practices is from two key sources. Around 75-90% of carbon emissions from GP practices created by the clinical are of work. Non-clinical sources includes things such as buildings, utilities, supplies, staff travel, patient travel.

## Green Social Prescribing Programme

The Humber and North Yorkshire Health and Care Partnership Green Social Prescribing Programme is one of seven 'test and learn' sites in England that will examine 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.

## 2022/23 priorities

2022/23 will see the Humber and North Yorkshire Health and Care Partnership launch our Green Plan – Our Sustainability and Net Zero programme 2022-2025. We are boldly committing to work to eliminate carbon emissions by 2035, a full 10 years ahead of the Greener NHS's targets of 2045. We know that this will be a challenge but we cannot fail to act on this agenda - our region is on the frontline of climate change.

The Partnership is committed to reducing the environmental impact of the healthcare system within the region. We are working closely to support decarbonisation and Green Plans across the region. As a region, we wish to achieve the targets laid out in the Greener NHS agenda but have identified our own targets to eliminate carbon emissions in an accelerated programme. With the launch of our Green Plan, we anticipate that we will work across the ICS with our healthcare and civic partners to address these key targets:



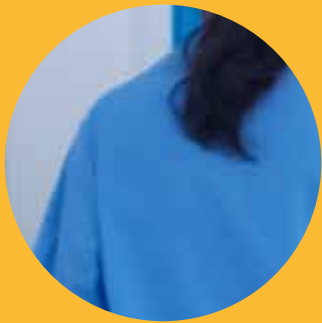
- Support the delivery of Net Zero carbon emissions by 2035, for all Scopes, aligning to our civic partner's visions
- Building a resilient healthcare system that responds to the threats posed by climate change
- Reduce health inequalities which will in turn improve the health and patient care
- Identify a clear path to climate adaptation within the HNY region, leading nationally in carbon reduction, climate adaptation and tackling the impacts of climate change
- Enable a continuous improvement approach to address the climate emergency ensuring that our regional staff are equipped with carbon and flood literacy
- Work to improve illness prevention to reduce our impacts

The Humber and North Yorkshire Health and Care Partnership Green Plan can be viewed at [www.humberandnorthyorkshire.org.uk/sustainability-net-zero](http://www.humberandnorthyorkshire.org.uk/sustainability-net-zero).





# Acute Services Programme







## Humber Acute Services Programme

The Humber Acute Services Programme is about designing hospital services for the future that are safe, accessible and meet the needs of our people. To achieve this we have to change what we do and how we do it, in our hospitals and in healthcare provided out of hospital. Working in partnership with NHS organisations across the Humber, the Humber Acute Services Programme has made some significant progress through during 2021/22.

## Core Hospital Services

Throughout the 2021/22 extensive engagement has been undertaken with patients, the public, staff and other stakeholders. This has helped us gather views and perspectives from people who use hospital services and those who might be impacted by any changes to them.

During the year the programme engaged with over 9,000 stakeholders, including:

- **Current and future patients, staff, the public** and their representatives about what matters most to them when they need hospital care.
- **Women, birthing people, their partners and families** on where and how they would like to be cared for when giving birth.
- **People who had visited Emergency Departments** about their experiences and what could be done to help them access care in a different way.
- **People and communities who face additional barriers** to accessing care, their representatives and others working alongside them to find out how we can address the barriers they face.
- **Children, young people, their parents and carers** on what matters to them when receiving hospital care.

Overall, people told us that being seen and treated quickly, being kept safe and well looked after and having enough staff with the right skills and experience were the most important things to them when thinking about their hospital care. For parents, carers and people using maternity services safety was the number one priority overall. For staff in our hospitals, addressing workforce shortages and having a better work-life balance were highlighted as key priorities.

The feedback and insights gathered have helped to influence the thinking around possible scenarios for the future, as our clinical teams have continued to develop and refine the different potential scenarios based on all the available evidence and stakeholder feedback.

## Building Better Places

Alongside the work to design potential new ways of organising services and providing care, we have continued to develop plans for new and improved buildings to provide services from in the future. Work has also been undertaken in parallel to ensure its possible to quickly move forward on building work as soon as plans for the future shape of services have been agreed and the necessary funding is in place.



An Expression of Interest has been submitted to be part of the national New Hospitals Programme. A total of £720 million is being sought to rebuild and refurbish our hospitals on both sides of the Humber. If successful in securing the funding, the investment will be used to build a brand-new hospital in Scunthorpe, with the remainder of the funding used to create new facilities at Hull Royal Infirmary, the Diana, Princess of Wales Hospital in Grimsby and Castle Hill Hospital in Cottingham.

## 2021/22 Highlights

Significant progress has been made despite the additional and ongoing pressures throughout the year caused by and responding to the COVID-19 pandemic. Some of the 2021/22 highlights include:

- **Joint clinical leadership** in place across most specialties, with significant progress in others.
- **Launch of the Humber Neurology service** in October 2021 – the first Humber-wide specialty operating jointly across both trusts that will provide improved equity of access to services across the Humber. This includes improved **triaging of Neurology referrals** that allows patients to be immediately directed to the right sub-specialist clinics through a ‘straight to test’ pathway, minimising the overall number of appointments needed, and reducing overall waiting times.
- **Using the learning from the successful application of the Connected Health Network** model to cardiology patients and exploring the potential for **implementing similar approaches across other specialties**.
- **Working with the Elective Recovery Programme** to help people look after themselves and stay well – through the **waiting well initiative that focused on cardiology patients** who had experienced delays in accessing appointments, as a direct result of the COVID-19 pandemic.
- **Transforming ophthalmic outpatient services** through the development of an Eye Electronic Referral System (EeRS) that will improve **patient access** to services, with improved quality and tracking of referrals into hospital and clinic appointments
- Developing a **digital referral pathway for dermatology patients** that allows GPs to include digital images for review by specialist consultants, **transforming the referrals process and optimising capacity and waiting lists** by reducing inappropriate referrals and allowing more time to focus on those requiring acute interventions. Similar arrangements are also being explored for ENT referrals.
- Collaborative development of a **Consultant Led, Team Delivered service model for Oncology** to address service pressures arising through increasing complexity of treatments, patient numbers and numbers of therapies offered to individual patients. This approach **makes best use of our resources, ensuring that patients are seen at the right time, in the right place, by the right person**, while optimising consultant’s availability to focus on the most clinically appropriate cases.

For more information on the Humber Acute Services Programme, visit [www.humberandnorthyorkshire.org.uk/humber-acute-services-review](http://www.humberandnorthyorkshire.org.uk/humber-acute-services-review)



## Scarborough Acute Services Review

The Scarborough Acute Services Review commenced in 2018 and was set up to ensure the sustainability of services provided at Scarborough Hospital. The review took as its starting point that there would always be an Emergency Department and associated services available on the Scarborough Hospital site but that some services may be delivered differently in future. This might be because of staffing challenges or national drivers for some specialist services to be provided at larger Centres of Clinical Excellence to improve service quality and outcomes.

During the review some services were reconfigured to provide sustainability such as General Surgery and Oncology and some to follow national clinical best practice such as stroke services. We are nearing the end of this review and expect it to conclude in the next business year.

In addition 47m funding has now been secured for a new build state of the art Emergency Department and Critical Care facility with the building work about to commence on site. This will offer much improved facilities and will sustain Scarborough Hospital at the centre of the local community for the future.

For more information on the Scarborough Acute Services Programme, visit [www.humberandnorthyorkshire.org.uk/scarborough-acute-services-review](http://www.humberandnorthyorkshire.org.uk/scarborough-acute-services-review)





**Humber and North Yorkshire**  
Health and Care Partnership

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

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