Humber and North Yorkshire
Health and Care Partnership

MEETING OF THE INTEGRATED CARE PARTNERSHIP

WEDNESDAY 27 SEPTEMBER 2023 FROM 14:00 – 16:00 HRS

AGENDA

Time	Item	Subject	Led By	Action Required	Paper
14:00	1	**Welcome and Introductions**	Chair	To Note	Verbal
14:01	2	**Apologies for Absence**	Chair	To Note	Verbal
14:02	3	**Declarations of Interest** In relation to any item on the agenda of the meeting members are reminded of the need to declare: (i) any interests relevant or material to the ICB; (ii) that nature of the interest declared: financial / professional / personal / indirect (iii) any changes in interest previously declared	Chair	To Note	Verbal
14:03	4	**Minutes of the Previous Meeting held on 28 June 2023** To receive the minutes of the previous meeting	Chair	To Approve	Enclosed
14:07	5	**Matters Arising and Actions** To discuss / receive any matters arising or actions from previous meeting: a) Outcomes Framework	Chair	To Note	Enclosed
14:10	6	**Notification of Any Other Business** *Any proposed item to be taken under Any Other Business must be raised and subsequently approved, at least 48 hours in advance of the meeting by the Chair. Any approved items of Any Other Business to be discussed at item 13.*	Chair	To Note	Verbal
HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP					
14.15	7	**Chairs Partnership Review** Update on visits across the ICP, key issues facing health and ICB response to the letter from NHS England following verdict in the trial of Lucy Letby	Chair	To Note	Verbal

Time	Item	Subject	Led By	Action Required	Paper
14.25	**8**	**Local Government Partnership Review**	Cllr Stan Shreeve / Cllr Michael Harrison	To Note	Verbal
14.35	**9**	**Futures Group Report** To receive a verbal report from the HNY Futures Group	Karina Ellis / Phil Mettam	To Note	Verbal
14.45	**10**	**Chief Operating Officer - Place Report** To receive an update on latest Place / partnership initiatives	Chief Operating Officer / Deputy Chief Executive	To Note	Enclosed
HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES					
14:55	**11**	**Voice of Lived Experience** To update on current work to include the voice of lived experience and to explore how the partnership might build on this work	Anja Hazebroek	To Discuss	Enclosed
15.10	**12**	**Seasonal Preparedness** To share the learning and best practice considering how we use our collective resources to prepare for the winter period	Amanda Bloor / Place Directors	To Discuss	Enclosed
15.25	**13**	**Sustainability/ Green Plan** To discuss synergies across the ICS and agree key priorities for reducing our environmental impact and making contribution to the Net Zero Climate targets	Jane Hazelgrave / Neil Cartwright	To Discuss	Enclosed
15:40	**14**	**Women's Health Hub** To share the guidance and latest position and facilitate a discussion to inform planned workshops	Anja Hazebroek	To discuss	Enclosed
15:50	**15**	**Any Other Business** To receive any business notified at the start of the meeting	Chair	To Note	Verbal
15:55	**16**	**Closing Remarks**	Chair	To Note	Verbal
16:00		**Date of Next Meeting:** Wednesday 20 December 2023 at 14:00 - 16:00			

Humber and North Yorkshire
Health and Care Partnership

HUMBER AND NORTH YORKSHIRE INTEGRATED CARE PARTNERSHIP

MINUTES OF THE JOINT MEETING HELD ON WEDNESDAY 28 JUNE 2023, 2.00 PM, FOREST PINES HOTEL & GOLF RESORT, ERMINE STREET, SOUTH HUMBERSIDE, DN20 0AQ

PRESENT:

Sue Symington	Chair, NHS Humber and North Yorkshire Integrated Care Board **(Chair)**
Alex Seale	Place Director – North Lincolnshire, NHS Humber and North Yorkshire Integrated Care Board
Amanda Bloor	Deputy Chief Executive, NHS Humber and North Yorkshire Integrated Care Board
Councillor Linda Chambers	Chair, Health and Wellbeing Board, Hull City Council
Councillor Richard Hannigan	Deputy Leader, North Lincolnshire Council
Councillor Stan Shreeve	Chair, Health and Wellbeing Board, North East Lincolnshire Council
Erica Daley	Place Director – Hull, NHS Humber and North Yorkshire Integrated Care Board
Helen Kenyon	Place Director – North East Lincolnshire, NHS Humber and North Yorkshire Integrated Care Board
Ian Floyd	Chief Executive, City of York Council
Julia Weldon	Director of Public Health and Adult Services, Hull City Council
Karina Ellis	Executive Director of Corporate Affairs
Louise Wallace	Director of Public Health, North Yorkshire County Council
Matt Jukes	Chief Executive, Hull City Council (Via MS Teams)
Sarah Coltman-Lovell	Place Director – York, NHS Humber and North Yorkshire Integrated Care Board
Stephen Eames	Chief Executive, NHS Humber and North Yorkshire Integrated Care Board (Via MS Teams)
Wendy Balmain	Place Director – North Yorkshire, NHS Humber and North Yorkshire Integrated Care Board

IN ATTENDANCE:

Charlie Jeffery	Vice Chancellor, University of York
Jack Lewis	Consultant in Public Health Medicine, NHS Humber and North Yorkshire Integrated Care Board
Katie Brown	Director of Adult Social Care, North East Lincolnshire Council
Mike Napier	Director of Governance and Board Secretary, NHS Humber and North Yorkshire Integrated Care Board
Nicky Lowe	Head of Corporate Affairs and System Support, NHS Humber and North Yorkshire Integrated Care Board
Sam Brooke	Executive Business Support, NHS Humber and North Yorkshire Integrated Care Board (**Minute Taker**)

1. Welcome and Introductions

The Chair thanked everyone for attending the Integrated Care Partnership (ICP) meeting, which would be live streamed to the public via video link. Future meetings would be held quarterly.

Introductions were provided by each member.

2. Apologies for Absence

Apologies for absence were noted from:

Caroline Lacey	Chief Executive, East Riding of Yorkshire Council
Councillor Jonathan Owen	Leader, East Riding of Yorkshire Council / Vice Chair, Integrated Care Partnership
Councillor Michael Harrison	Executive Member for Health and Adult Services, North Yorkshire County Council
Councillor Rob Waltham	Leader, North Lincolnshire Council
Karen Pavey	Director of Adult Social Care, North Lincolnshire Council
Richard Flinton	Chief Executive, North Yorkshire County Council
Peter Thorpe	Chief Executive, North Lincolnshire Council
Rob Walsh	Chief Executive, North East Lincolnshire Council
Simon Cox	Place Director – East Riding of Yorkshire, NHS Humber and North Yorkshire Integrated Care Board

3. Minutes of the Previous Meeting held on 15 February 2023

The minutes of the meeting held on 15 February 2023 were checked for accuracy and agreed as a true and accurate record. It was noted that apologies from Councillor Stan Shreeve would be included.

Outcome:
Subject to the addition of the above apology the Chair would sign the minutes of 15 February 2023 as an accurate record.

Declarations of Interest
In relation to any item on the agenda of the meeting members were reminded of the need to declare:
(i) any interests relevant or material to the ICB
(ii) that nature of the interest declared:
financial / professional / personal / indirect
(iii) any changes in interest previously declared

There were no additional interests noted.

4. Matters Arising and Actions

Members noted that there were no matters arising from the meeting held on 15 February 2023 to discuss.

5. Notification of Any Other Business

There were no matters of any other business to receive.

6. Terms of Reference

The Chair introduced the item and invited Karina Ellis, Executive Director of Corporate Affairs, Humber and North Yorkshire Integrated Care Board (ICB), to provide an overview of the changes made to the Humber and North Yorkshire Integrated Care Partnership (ICP) Terms of Reference.

It was confirmed that the Terms of Reference had been reviewed in accordance with the previous ICP review of effectiveness and included updated arrangements for the meetings operation.

Additional points were made in terms of the purpose of the ICP to reflect a system approach to reducing health inequalities and promote partnership working.

The Chair confirmed that following feedback from members, the Partnership would now meet quarterly instead of monthly, which has been reflected in the updated Terms of Reference.

Outcome:
Members approved the revised Terms of Reference for the ICP Committee.

HUMBER AND NORTH YORKSHIRE STRATEGIC PARTNERSHIP

7. Chairs Partnership Review

The Chair described the structure of Integrated Care System (ICS) with the ICP at its heart and explained the purpose and four common goals of ICS, namely:

- Improving outcomes in population health and health care
- Tackling inequalities in outcomes, experience and access.
- Ways to contribute to the social economic development of the geography
- Enhancing productivity and value for money

The ICS comprises both the ICB and the ICP, in which the Chair had a clear objective for 2023/24 to raise the profile and parity of the Partnership to the same status as the ICB to facilitate collaborative working across the health and care sectors as equal partners. The chairing of the ICP will be shared between the Chair and Vice Chair, with shared objectives.

The Partnership's strategy of Start Well, Live Well, Age Well and Die Well, remains at the heart of delivering the above goals for Humber and North Yorkshire.

The Chair described the different groups meeting as part of the ICP and the rationale for this structure, explaining that meetings held ahead of the formal ICP meeting, gave an opportunity for a range of discussions to ensure priorities were understood, shared and taken forward.

The seven ICB strategic risks which pose a threat to the successful delivery of objectives were outlined and agenda items from the previous ICB Board meeting were relayed to the Committee. The Chair stated that an update from the ICP meetings would be provided to the ICB so that both Committees were aware of discussions conveyed across the System. It was confirmed that the Board will discuss the Humber Acute Service Review, winter preparations and the Green Plan Agenda at a future meeting.

8. Local Government Partnership Review

Councillor Stan Shreeve gave an update on ongoing work in North East Lincolnshire and gave an overview of the three main committees for the local area namely the:

- Joint Committee in Shadow Form, which is the main Committee of the Local Authority and Health within Place, responsible for policy and strategy development.
- Health and Care Partnership Committee which is a working group but comprises those who make provision in North East Lincolnshire and shape integration at Place.
- Health and Wellbeing Board which has changed since transitioning to the ICB in July 2022 and has representatives of wider stakeholders. Members were mapping activity against the Partnership Strategy and would be providing an update at the next meeting.

9. Futures Group Report

Prof Charlie Jeffery, Chair of the Futures Group, gave an overview of the discussions held at the Futures Group and the main themes that emerged from the conversations.

An inspirational quote was shared with members to consider with the thinking forming the foundations of the Futures Group:

"*I heard real concern that the transformational work of ICSs and specifically the opportunity to focus on prevention, population health and health inequalities might be treated as a 'nice to have' that must wait until the immediate pressures upon the NHS had been addressed and NHS performance recovers. That is what has always happened before and must not happen this time".*

- Patricia Hewitt, The Hewitt Report

The purpose of the Futures Group was outlined with an aim to look beyond what is happening now and in the immediate future, and to concentrate on outcomes for the future beyond a three-year period. It was stressed that it is crucial that relationships are built and extended between partners and that the focus of the Group would be on four key elements:

- Research and evidence
- Workforce
- Technology
- Long term population health inequalities

Actions emerging from the Group included a commitment to think collectively about the additional value we could get from data/evidence in understanding and addressing long-term drivers of health and social care demand, potentially through artificial intelligence tools; and building the necessary partnerships to improve future outcomes.

The ICP supported a suggestion for the Chairs of the ICP Committees to come together so opportunities were not missed, and talent was sourced from within. There was an emphasis from the Committee around the interface of the Groups ensuring that the aims and visions complement and enable one another.

10. Chief Operating Officer – Place Report

Amanda Bloor, Chief Operating Officer / Deputy Chief Executive, Humber and North Yorkshire ICB, gave an update and highlighted the slides and report provided to the Committee ahead of the meeting, which provided an overview of ongoing work at each Place in Humber and North Yorkshire and the issues impacting on the achievement of targets.

Current priorities and challenges were described in the form of urgent care and the flow of patients from the community to the emergency department. An update on community involvement to help aid the emergency departments was provided.

It was noted that there is a single strategy across our partners and the scale of our geography would mean that we need to work together differently but collaboratively, and it was acknowledged that the Futures Group would assist with this. It was also stated that the success of the Partnership will be built on the relationships of the stakeholders.

Councillor Michael Hannigan highlighted the performance at Place for 2022/23 and it was confirmed that this related to NHS targets, which required the input of all system partners to achieve. The value of the partnership was essential in solving system wide challenges.

Alex Seale and Wendy Balmain, Place Directors, gave further detail from the presentation slides. Workforce was highlighted as the biggest challenge for the ICB in terms of recruitment and retention.

Outcome:
The Committee noted the update provided.

Charlie Jeffery left the meeting at 2.38pm

HUMBER AND NORTH YORKSHIRE PARTNERSHIP OUTCOMES

11. Population Health and Prevention Programme Update

Julia Weldon, Director of Public Health, Hull, explained the development of the Population Health and Prevention Programme and including the developing

workforce to support. She introduced Jack Lewis, who is leading on an approach to enable a reduction in the gap for healthy life expectancy working across the ICP.

Work was being driven by the Partnership Strategy and the Core20+5. Several areas were highlighted including a new Humber and North Yorkshire Centre of Excellence for Tobacco Control tobacco, a Cardiovascular Disease Prevention and Detection Plan 2022-24 and healthy weight management in pregnancy.

Looking forward the Committee will be part of the national Core20+5 accelerator programme and is leading system level work to address asylum seeker health needs across Humber and North Yorkshire asylum health. There will also be a focus on dental health and a review of Integration Needs Assessments.

It was noted that the ICB had been selected as one of seven pilot sites nationally to accelerate the Core20+5 work, working with the Institute for Healthcare Improvement and Health Foundation.

Outcome:
The Committee noted the update provided.

12. Integrated Health and Care Strategy Outcomes Framework

Karina Ellis, Executive Director of Corporate Affairs, Humber and North Yorkshire ICB, provided an overview of the development of the Integrated Health and Care Strategy Outcomes Framework.

Jack Lewis, Consultant in Public Health Medicine, NHS Humber and North Yorkshire Integrated Care Board, provided existing data in terms of healthy life expectancy with the aim of narrowing the gap over the next five years. He explained the metrics to be mapped against the Strategy 'How' statements and outlined the success factors for a thriving ICS, updating on the partnership governance arrangements in place to take this work forward.

There was a need to create the environment for population health management which works best at the Primary Care Network/ Place/ community level.

Julia Weldon, Director of Public Health and Adult Services, Hull City Council, advised that there needs to be new ways of measuring the shift towards measurements to make sure interventions are not creating more inequalities. It was noted that the use of averages had the potential to mask the lack of progress in some areas.

It was suggested that the main challenge was in influencing change. It was suggested that there needs to be a greater understanding context driving behaviours and obesity was highlighted as an issue with links to social inequalities and poverty. Early intervention lung checks were referenced as a success story and needs to be considered further.

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Outcome:
The Committee noted the update provided.

13. Any Other Business

The Chair confirmed that the Working Better Together document was provided to the Committee members and packs will be sent to each Local Authority.

The Chair reminded the members that this was a partnership meeting with a shared agenda and asked the Committee to contribute items for the meeting in September 2023.

14. Closing Remarks

The Chair thanked the Committee for their attendance and confirmed the date and time of the next meeting, which would likely be held at the same venue.

15. Date and Time of Next Meeting

Wednesday 27th September 2023 at 2.00pm.

Humber and North Yorkshire
Health and Care Partnership

Agenda Item No:	5

Report to:	HNY Integrated Care Partnership
Date of Meeting:	27th September 2023
Subject:	**ICP Integration Strategy Outcomes Framework**
Sponsor:	Karina Ellis Deputy Executive Director Corporate Affairs
Author:	Jack Lewis, Consultant in Public Health Peter Hudson, Public Health Specialist Registrar

STATUS OF THE REPORT: *(Please click on the appropriate box)*

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

SUMMARY OF REPORT:

The report describes the background to the development of the HNY Integration Strategy Outcomes Framework and the progress to date.

The illustrative Outcomes Framework is based on the life course articulated in the Integration Strategy and recognises the cumulative effect of individual, family and community factors in addition to the conditions that affect our populations healthy life expectancy.

The report describes the background work to selecting the metrics; this involved a survey sent to ICS organisations and a technical workshop facilitated on 14th September.

Based on this background work the report identifies an illustrative 16 high-level metrics which logically affect the strategic healthy life expectancy outcomes.

Next steps include final selection of metrics using logic modelling, a focus on improving availability of segmentation to assess inequalities, bespoke data collection where needed, and dashboard development.

RECOMMENDATIONS:

Members are asked to:

i) Note the highlights provided.

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	There may be a small cost associated with dashboard development and maintenance, and developing new metrics, funded within existing budgets.
Quality	Reducing inequalities and improving population health are fundamental components of quality health and care systems.
HR	N/A
Legal / Regulatory	Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability to access health services and (b) reduce inequalities between patients who respect to outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities. Each ICB must also exercise its functions with a view to ensuring the health services are delivered in an integrated way and that their provision is integrated with that of health-related or social care services, where this would: improve quality of those services; reduce inequalities in access and outcomes.
Data Protection / IG	The intention is to use extant, publicly available data.
Health inequality / equality	This update is primarily focused on the ICBs responsibilities toward improving health and reducing health inequalities.
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK:

N/A

MONITORING AND ASSURANCE:

The Population Health and Prevention Executive Committee is responsible for monitoring and assuring the items in this update along with any recommendations that emerge from Board discussions.

ENGAGEMENT:

The Population Health and Prevention Executive Committee is a partnership between the six local authorities, the ICB, and providers including VCSE, with input from the DHSC Office for Health Improvement and Disparities. Various components of this update reflect engagement with those partners.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

ICP INTEGRATION STRATEGY OUTCOMES FRAMEWORK

1. INTRODUCTION

The ICP has requested the development of an Outcomes Framework to monitor the delivery of the HNY Integration Strategy. It is anticipated this framework and associated dashboard will be considered regularly at ICP board meetings and logically align to the overall ICS ambition: For everyone in our population to live longer, healthier lives by narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035.

2. BACKGROUND

2.1. The HNY Integrated Strategy

The integrated strategy was published following the establishment of Humber and North Yorkshire ICB and ICS in the summer of 2022. It captures the aspirations of many partners in Humber and North Yorkshire, local government, health, community groups and social enterprise. The purpose of the strategy is to set the ambition for our Partnership through our six Places working with communities. The strategy is a high-level statement of intent and outlines a framework for how organisations may allocate resource and structure activity to address the overarching aims.

2.2. The outcome framework

The high-level ambitions regarding life expectancy and healthy life expectancy are meaningful and robust, however they are slow to change. They are a summative measure of a myriad of other antecedents of both good health and poor health. The strategy ambitions are to be delivered in 8 year (narrowing the gap by 2030) and 13-year horizons (increasing overall healthy life expectancy by 2035), but the ICP need to be able to show meaningful progress in the interim for proper scrutiny and planning.

To this end the outcome framework and associated dashboard are being developed to capture and present metrics curated from the vast ocean of data available which logically and conceptually describe the movement of factors contributing to the overall ambitions. Focused effort is being made to use statistics that allow for segmentation, allowing us to identify differentials where they exist.

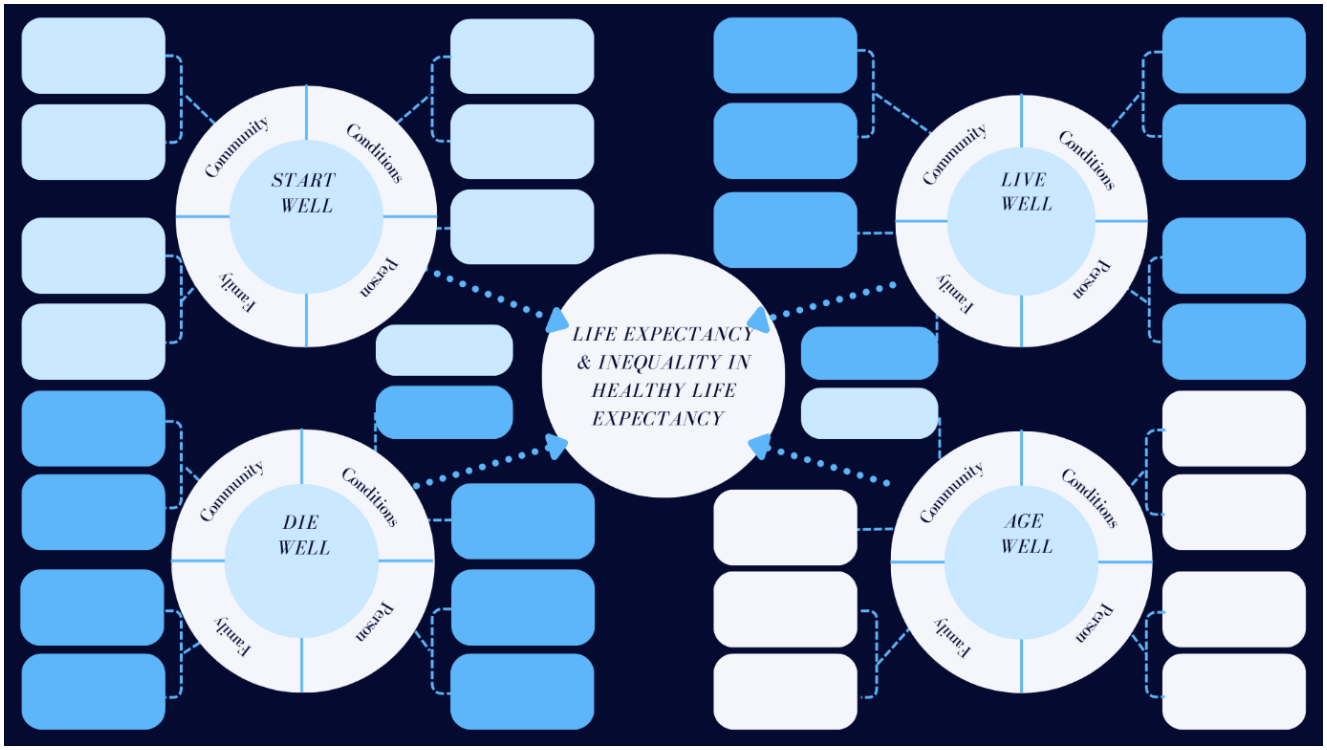
3. ASSESSMENT

3.1. Development of the outcome framework

3.1.1. Conceptual framework

The probability of an individual enjoying a long and healthy life is multifactorial and affected by numerous environmental, biological, and behavioural factors, captured in the biopsychosocial model. These affect individuals in preconception and throughout their lives. The ICB has far reaching direct, and indirect power to affect the health of its population, far beyond access to and quality of healthcare services. The strategy articulates this well, reflecting both the layers of influence of the ‘conditions,’ the ‘person,’ the ‘family’ and wider ‘community’ across the life course, described as start well, live well, age well and die well.

The figure below shows our proposed conceptual model for the strategic outcome framework. The concentric circles represent the logical connection between the low-level indicators, mid-level indicators and the central aims regarding healthy life expectancy, as well as capture the breadth of multifactorial antecedents of health.



3.2. Metric development

To populate the above framework we released a survey out to the Partnership, targeting strategy leads and those with knowledge of metrics, population health, and business intelligence. We followed the survey with a technical workshop to verify findings, consolidate on a set of metrics, and identify gaps that may require bespoke data collection.

3.2.1. Survey

The survey had 11 responses representing all 6 Places. Of those responding, 5 worked in local authorities, 4 worked for the ICB, 1 worked for NHSE and 1 worked for Humber Violence Prevention Partnership.

The respondents were asked whether they created or worked with metrics that reflected the ICP aims of creating conditions, thinking person, thinking family and thinking community. Each of these domains received an adequate response including a number of proposed indicators, with the largest gap around “Think Family.”

3.2.2. Workshop

To build on and refine the survey responses a workshop was held on the 14th September 2023. It was attended by 16 individuals from across the ICB and partner organisations with a range of roles. The aim of the workshop was to identify key metrics across the life course which logically affect the strategic outcome of increasing healthy life expectancy and reducing inequalities in healthy life expectancy.

The workshop was successful with animated discussions reflecting the complexities of identifying a comparatively small number of metrics which sufficiently capture the multifactorial antecedents of a healthy life. We would like to thank those who gave their time and expertise to this exercise.

3.3. The outcomes framework

Work on selecting the metrics is ongoing with careful consideration of the meta data and influenced heavily by the output of the workshop. An illustrative list of 16 higher level metrics is presented below, with four from each stage of the life course which meaningfully affect healthy life expectancy.

Strategic aim	**Theme**	**Illustrative High-level metric [source]**
Average Healthy Life expectancy Difference in Healthy Life Expectancy	Start well	% Children in relative low income families (u16s) [OHID via PHOF]
		Child mortality [ONS]
		% School readiness [DfE via PHOF]
		% 16-17yrs not in education, employment or training [DfE via PHOF]
	Live well	Households below average income [DWP]
		Under 75 mortality rate for all causes [ONS/OHID via PHOF]
		Self-reported wellbeing [ONS Annual popn survey via PHOF]
		Loneliness rate [ONS]
	Age well	Excess winter mortality index 75+ years [ONS]
		Prevalence of multiple comorbidities [GP Patient Survey]
		Social isolation: percentage of adult carers who feel lonely… [Sport England via PHOF]
		(GSS) Social isolation 75+ years [CLS DCMS]
	Die well	'Deaths of despair' [ONS via PHOF]
		Age standardised treatable mortality rate [ONS]
		Percentage of deaths that occur in hospital [ONS via PHOF]
		Deaths in usual place of residence: dementia aged 65+ [OHID]

3.4. Next steps

3.4.1. Metric selection

Metric selection and refining is underway; the focus is on selecting logically appropriate data sources, as well as identifying data which allows segmentation based on protected characteristics, deprivation, geographies and other factors linked to the social patterning of health.

The workshop process identified a need for some additional metrics which are either not or are inconsistently collected across HNY. Typically, the gap was felt to be in the on qualitative experiences of the population, around themes such as happiness, experiences of access to services and end of life care and participation and reach of the CVS. Due to a paucity of segmented routinely produced data it may be the case than in the future we seek to replace published measures with a few select locally collected data sources which will allow for monitoring of differentials by protected characteristics, geography, and deprivation. Furthermore, consideration will be given to how to best measure the scale and depth integration across the system.

3.4.2. Next Steps

1. Continue to build the outcomes framework around our four key themes.

2. Identify a set of high-level outcome measures for each of these themes.

3. Generate our Integration Strategy Outcomes Framework dashboard first draft for consultation with the Partnership and presentation at the next ICP.

4. Propose mitigations to data gaps.

4. RECOMMENDATIONS

4.1. Members are asked to:

i) Note the highlights provided.

Humber and North Yorkshire
Health and Care Partnership

Agenda Item No:	7

Report to:	HNY Integrated Care Partnership
Date of Meeting:	27 September 2023
Subject:	**Chairs Summer Safari**
Director Sponsor:	Sue Symington, Chair
Author:	Sue Symington, Chair

STATUS OF THE REPORT: *(Please click on the appropriate box)*

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

SUMMARY OF REPORT:

During the summer the Chair and the COO/Deputy CE visited all 6 places with the purpose of

- Meeting staff
- Raising board visibility
- Understanding the entirety of the place work programme
- Listening to staff describe their work- successes and challenges.

The following report provides a high-level review of these experiences.

RECOMMENDATIONS:

Members are asked to:

i) Noted the contents of the report.

ICP STRATEGIC OBJECTIVE (*please click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☐
Delivering the vision – start well, live well, age well, die well	☐
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	N/A
Quality	N/A
HR	N/A
Legal / Regulatory	N/A
Data Protection / IG	N/A
Health inequality / equality	N/A
Conflict of Interest Aspects	N/A
Sustainability	N/A

ASSESSED RISK:

None.

MONITORING AND ASSURANCE:

N/A

ENGAGEMENT:

See report below.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.

CHAIRS SUMMER SAFARI

1. Background- Our Places

Humber and North Yorkshire Integrated Care System is large, in fact it is one of the largest (by geography) ICSs in England, covering more than 4000 square miles and 6 local authorities. Each local authority/geographical area has its own distinctive 'personality'. As a consequence, our system is structured into 6 places, co-terminus with local authority boundaries, with the express purpose of ensuring that the work of the ICB is delivered in ways which are appropriate for each distinctive geography.

Our Places	Our Place Directors
Hull	Erica Daley
East Yorkshire	Simon Cox
North Lincolnshire	Alex Seale
Nort east Lincolnshire	Helen Kenyon
York	Sarah Coltman-Lovell
North Yorkshire	Wendy Balmain

2. The Chairs' Geographical Leadership Challenge

As one of the largest ICB's we face (time consuming and energy-thirsty) challenges in meeting face-to-face as staff teams and as leaders.

Since the pandemic many ICB staff have adopted a hybrid way of working, meaning we don't have vibrant offices in each Place where it is easy for the chair and for directors to meet staff and catch up on what's going on and, conversely our staff don't have opportunities to readily meet board members and senior leaders either.
I am always keen to understand more clearly the work which takes place in our Places and the teams responsible for the delivery of our strategy and priorities.

These factors led me to arrange a "Summer Safari" over the course of the last few months alongside our COO and Deputy CE Amanda Bloor to meet staff and managers in our Places.

At the time of writing 5 visits have been undertaken with the York visit planned for 25th September 2023.

3. "Summer Safari"

Amanda Bloor and I made the following half-day visits over the summer months.

Date	Place
26th June 2023	North Lincolnshire
3rd July 2023	Hull

31st July 2023	East Yorkshire
21st August 2023	North Yorkshire
11th September 2023	North East Lincolnshire
25th September 2023	*York*

4. Grateful thanks

Over the course of these 5 visits to date, we met more than 150 staff working in our ICB and saw their work bases. My grateful thanks go to all of them for making time to talk with us and share with us the work that they do and the successes and challenges they face in their roles. My impression was that staff appreciated the opportunity to meet with board members.

5. What did I learn?

While I had no pre-determined personal agenda for these Place visits, I was content for Places to define their own agendas and I welcomed the opportunity to learn more about the work of Place both individually and collectively. In addition, it was useful to triangulate my experiences as board chair, with the experiences at each Place. Below I capture some of that learning.

6. Looking out- Partnerships

- That the 'closer' the working relationships are with local authorities, the better the outcomes tend to be in that Place.
- That relationships between Places and the care sector vary dependant on geography- learning can take place between Places.
- That the multiple General Practices across our geography are diverse and individually unique and that PCNs are similarly diverse and individually unique: this diversity requires local commitment to ongoing relationship building.
- That Places not only commission services, but that many people are involved in delivering 'support' for those services commissioned.
- That the NHS can learn much from local authorities in respect of financial planning and achieving budgets
- That embedded relationships with the third sector make a real difference to the quality of patient and service user experiences. There is room to continually build on this area of partnership working.

7. Looking In- Working life at Place

- That our staff are predominantly proud of the work that they do and feel that their contributions to our health system are valuable.
- That hybrid working has advantages for many individuals but creates challenges for the larger organisation. We all 'miss out' on informal communications and the team spirit which occurs when groups of people regularly interact collectively.
- That staff miss informal, frequent contact with senior leaders and directors- and in turn senior leaders and directors also 'miss out' on those informal opportunities to build relationships with our teams.
- That our multiple office sites are not fully utilised.

- That our staff miss the ‘family’ feel which existed in CCGs.

8. Bright ideas!

- That our staff would welcome and Annual Nursing Conference
- That our ICB- or even our overall ICS - should hold an annual awards event

9. Practical Actions for the Integrated Care Board and the Integrated Care Partnership

- That the ICB and the ICP undertake a workshop session in relation to Continuing Health Care (CHC)
- That the ICB produce a Freedom to Speak Up report half yearly.
- That the ICB should report all 31 of national targets to our board on 1 document- not just 25.
- That the ICB and ICP continues to prioritise partnership building and working across all of our Places.
- That the ICB re-double its efforts to engage with staff; the upcoming Staff Roadshows and development of our organisational values being the next steps.
- That all board members prioritise being out and about, increasing the board’s visibility in our Places.
- That the board feedback to staff following all board meetings (this started on 13th September)
- That the ICB commission a review office into premises and their utilisation.
- That I arrange follow-up, one-day, back-to-the-floor shadowing experiences with staff.

10. Conclusion

This was a most useful and important commitment over the summer months, which contributes to understanding the ways in which all staff, at all levels can work together supporting services to patients and service users. The learning noted above will contribute to our effectiveness as an organisation and to the development of an organisational culture which can provide the very best outcomes for those we serve.

Sue Symington
Chair
17 September 2023

Humber and North Yorkshire
Health and Care Partnership

Agenda Item No:	10

Report to:	HNY Integrated Care Partnership
Date of Meeting:	27 September 2023
Subject:	**Chief Operating Officer Place Report**
Director Sponsor:	Amanda Bloor, Deputy Chief Executive/ Chief Operating Officer
Author:	Penny Gray, Director of Commissioning Strategy

STATUS OF THE REPORT: *(Please click on the appropriate box)*

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

SUMMARY OF REPORT:

A 'three in one' Place report is being developed, based on the Place objectives and the 'triple aim'. The triple aim requires the NHS to have regard to the wider effect of decisions on health and wellbeing, the quality of services, and efficiency and sustainability. The Place report will support understanding at Executive level of Place and Partner initiatives and progress, while building on existing reporting system in the ICB to reduce duplication and the administrative burden.

RECOMMENDATIONS:

Members are asked to:

i) provide feedback on the suggested core elements and what would be most helpful to be considered in future ICP meetings.

ICB STRATEGIC OBJECTIVE

Managing Today	☒
Managing Tomorrow	☐
Enabling the Effective Operation of the Organisation	☒

IMPLICATIONS	
Finance	Integration and effective use of resources is one of the core areas in the proposed place report.

Quality	Performance and delivery is one of the core areas in the proposed place report.
HR	NA
Legal / Regulatory	The report is based on the 'triple aim' of ICBs as set out in the 2022 Health and Care Act.
Data Protection / IG	NA
Health inequality / equality	Health inequality/ equality is one of the 'triple aim' of ICBs as set out in the 2022 Health and Care Act and therefore is part of the proposed place report.
Conflict of Interest Aspects	NA
Sustainability	NA

ASSESSED RISK:

The place report will provide transparency to support partnership working within the ICP.

MONITORING AND ASSURANCE:

Actions and progress set out in the place report will be monitored through the ICB governance processes that are in place.

ENGAGEMENT:

Place Directors have contributed to and supported the development of the place report.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.

Chief Operating Officer – Place Report

1. INTRODUCTION AND BACKGROUND

1.1. The six Places in HNY Integrated Care Board (ICB) provide leadership across the system to deliver:

- System delivery and transformation
- System performance, improvement, and outcomes
- Integration and effective use of resources.

1.2. This focus on Place based leadership aims to support delivery within the wider Integrated Care System (ICS) and Integrated Care Partnerships (ICP) and drive the delivery of the ICB statutory duty of the 'triple aim', to ensure:

- Better health and wellbeing for everyone
- Better care for all people including a focus on health inequalities.
- The sustainable use of resources, through the duty of integration.

1.3 There is also a key focus on joint delivery in place of the local Health and Well Being Strategies that underpin the overall ICP strategy. The key success criteria is strong local relationships and partnership working, particularly engaging with and supporting local communities.

2. ASSESSMENT

2.1. A 'three in one' Place report is being developed, based on the Place objectives and the 'triple aim'. This will support understanding at Executive level of Place and Partner initiatives and progress, while building on existing reporting system in the ICB to reduce duplication and the administrative burden.

2.2. The reports from each Place will cover core aspects of the Place and Partner based objectives identified in the Joint Forward Plan (build from local place plans/Health and Well Being Strategies) which will provide consistency across the ICB while also support Place and Partner based priorities and developments.

2.3. An Executive summary from the Chief Operating Officer will provide a dashboard type report into different governance routes and other partnership forums to reduce duplication.

2.4. The **core** elements of the report are set out in the table below. Whilst these elements are in the main focusing on delivering NHS plans, the core purpose is about working together and to support and deliver local government priorities too to drive more efficient outcomes.

System transformation	Performance and delivery	Integration and effective use of resources
• Urgent care, discharge, and patient flow • Integrated care models and the community offer • Utilising population health • Prevention and community approaches to health inequalities and health inclusion • Joint workforce approaches.	• Emergency care and system resilience • Diagnostics • Elective recovery and care • Cancer • Overall acute position • Mental Health, Learning Disability and Autism.	• Quality, efficiency, and productivity progress • Creating the conditions for change with our partners and communities to inform integration. • Implementation of innovative cross sector solutions to support delivery.

2.5. A 'worked example' of the report was tested using North Lincolnshire Place. Feedback from the ICB Executive was positive with some changes to the format and structure needed to ensure that it does not duplicate with other reports and to develop the high-level executive summary. A summary of the 'worked example' is below.

North Lincolnshire worked example summary, this includes delivery of the Health and Well Being Strategy and local place plans, overseen by the Place Committee.

System transformation	System delivery and performance	Effective use of resources
• On track against plans. There is strong collaborative working across all partners to secure delivery. Some identified funding challenges are being worked through within available resources. • Key areas of focus are the Home First initiative to increase pathway 0 and 1 discharges. • Scunthorpe South project on integrated care models has been initiated and a risk stratification approach has been agreed. Focus is on Learning Disability (LD) and Severe Mental Illness (SMI). Work on frailty pathways progressing well. Stumble falls work showing good early outcomes on admissions avoidance. Dementia pathway review work underway. Learning Disability/autism deep dive underway.	• Performance risks have been identified but there are plans in place to mitigate these. Key risks are associated with cancer and elective performance. There is strong collaboration working across Place partners to secure delivery and benefits of integrated working and planning. • There are robust resilience plans in place including winter plans. Priority areas Same Day Emergency Care (SDEC) pathways, integrated SPA and Urgent Care Service expansion and discharge flow No Criteria To Reside (NCRT), virtual ward optimisation. Multi-agency Discharge Event (MADE) event planned for October. • Completion of the Community Diagnostics Centre capital build and pathway development is a key area of focus. • Primary care access plans developed and being implemented.	• Place monitoring is via the established Programme Delivery Group and ongoing Quality, Efficiency Productivity (QEP) delivery is in place with monthly reporting. • Wider system transformation plans include outpatient transformation (Connecting Health Network), admissions avoidance, ambulance turnaround and 4 hours target and community transformation. • The QEP programme is on track for both programme milestones and finance to deliver with main focus areas being Mental Health/Learning Disabilities Out Of Area (OOA), prescribing, and Continuing Health Care. Analysis of complex cases (Mental Health/Continuing Health Care) and local provider/market development to enable people to be cared from at home/local provision wherever possible.

2.6. Case study examples of integrated delivery models can also be prepared to complement performance and delivery data. A current example is given below.

System response to transfer of care and integrated discharge in Hull and East Riding

Challenge	Approach	Results	Recommendations
• High numbers of No Criteria To Reside (NCTR). • High occupancy levels in acute beds. • Fragile homecare market. • Underutilised capacity within Voluntary Community Sector (VCS). • Workforce challenge across health and care. • Poor patient outcomes and experience. • Unsustainble system pressures across partnership. • To achieve transformation within existing resources.	• Collective understanding of the problem for each partner organisation. • Shared data. • Agreed vision and trajectory. • Patient experience and outcomes driving the programme. • Shared risks and benefits. • Redesign existing services within resource and transform patient pathways.	• Impact on No Criteria to Reside (NCTR) and hospital occupancy. • Creation of multi-agency discharge Multi-Disciplinary Team. • Positive culture of collaboration across teams. • Greater understanding and shared ownership of each organisation's pressures. • Partnership focus on the patient outcomes. • Patients going home quicker. • Less demand on home care. • Overall, NCTR Length of stay (LoS) has reduced for all P1-P3** discharges. • The reduction in average NCTR length of stay of 0.67 days equates to: 5,000 annual bed days saved.	• Ongoing review and evaluation of programme against quantitative and qualitative data. • Continue implementation phase 3 until March 2024. • Scale up proof of concept projects. • Start to plan next phase focusing of wider community bed base.

** P1: immediate care needed - requires immediate life-saving intervention.
P2: intermediate or urgent care needed - requires significant intervention within two to four hours.
P3: delayed care - needs medical treatment but this can safely be delayed.

3. **RECOMMENDATIONS:**

3.1 Members are asked to:

i) provide feedback on the suggested core elements and what would be most helpful to be considered in future ICP meetings.

Humber and North Yorkshire
Health and Care Partnership

Agenda Item No:	11

Report to:	Humber and North Yorkshire Integrated Care Partnership
Date of Meeting:	27 September 2023
Subject:	**Voice of the Lived Experience**
Director Sponsor:	Anja Hazebroek, Director of Communications, Marketing and Media Relations
Author:	Frankie Jackson, Community Engagement and Insight Manager, Kirsten Spark, Community Engagement and Insight Manager, Jonathan Brooks, Senior Evaluation and Insight Officer

STATUS OF THE REPORT: *(Please click on the appropriate box)*

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

SUMMARY OF REPORT:

Meaningful engagement with our communities and people is vital to truly understand local sentiment, need, priorities, and concerns in Humber and North Yorkshire.

In June 2023, a 'Voice of the Lived Experience' workshop was held to bring together the ICB's Corporate Affairs, Communications, Marketing and Engagement, Nursing and Quality teams alongside Healthwatch, to start to map out existing work and agree a shared ambition and agenda.

A key objective is to demonstrate the ICB, and wider ICS is heavily influenced in its decision making based on public insight and experience.

A task and finish group for the Voice of the Lived Experience has been established, and a summary report (dashboard) has been developed to provide Board and Partnership members with the key themes arising from engagement and insight activity delivered through the ICB and Healthwatch. This will continue to be iterated as the work delivered by the task and finish group progresses and becomes more sophisticated.

The first dashboard report highlights the key themes being:

- Access to services – mainly primary care and dentistry
- Waiting times
- Perceived and real difficulties in making appointments

In addition, the aim is to also provide Board and Partnership members with more comprehensive insight into key aspects of the public engagement and insight activity taking place across the system and as such, important reports will be brought to public Board and Partnership meetings.

The latest report presents the findings from the community engagement activity that took place over the week of the NHS's 75th Birthday in July 2023, whereby conversations and insight activity took place with over 700 people in 20 of our most deprived communities across Humber and North Yorkshire to understand more about perceptions and priorities for the NHS now and in the future, building on the national engagement activity undertaken through the NHS Assembly.

Key themes are:

- Concerns about lack of access to NHS dentists.
- Feeling that primary care appointments are less available, and people want face to face appointments. Care navigators are viewed as a barrier to getting care, and alternative appointment methods are not always accepted by patients.
- Desire for clear and transparent communication from the NHS – especially waiting times and support to 'wait well'.
- Important to publicise the good work taking place across the health and care system.
- People need educating and supporting to use the NHS responsibly.
- People want services in their local community - concern that travelling to other areas for care is widening health inequalities.

RECOMMENDATIONS: (*Specify the recommendation(s) being asked of the meeting - use additional points as appropriate*):

Members are asked to:

i) Note and discuss the key themes.
ii) Explore how this initial work can be built upon and extended across the Partnership.

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	N/A at present but and may have implications if particular themes and/or recommendations are progressed in the future.
Quality	Better understanding of public perceptions and experience is key to improving quality, access to care and reducing health inequalities.
HR	N/A at present.
Legal / Regulatory	The ICB is required to meet its statutory duties as part of the NHS Act to make arrangements to secure that people are appropriately 'involved' in planning, proposals and decisions regarding NHS services.
Data Protection / IG	N/A at present.
Health inequality / equality	Better understanding of public perceptions and experience is key to improving quality, access to care and reducing health inequalities.
Conflict of Interest Aspects	N/A at present.
Sustainability	N/A at present.

ASSESSED RISK: The primary risk is that the ICB fails to appropriately involve the public in its planning, proposals and decision regarding NHS services, as part of its statutory duty. Ensuring that the Voice of the Lived Experience is part of every Board agenda, and that the dashboard and key reports are brought to the Board's attention is a key part of the mitigation.

MONITORING AND ASSURANCE: (*Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*

As part of the task and finish group activity, governance and assurance is being reviewed.

ENGAGEMENT: *(Please provide details of any clinical, professional, or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans.)*

The dashboard report summaries the engagement activity undertaken. The NHS@75 activity engaged with over 700 people.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.

VOICE OF THE LIVED EXPERIENCE

1. INTRODUCTION: Why is authentic public involvement so important and what are our responsibilities as an ICB?

Meaningful engagement with our communities and people is vital to truly understand local sentiment, need, priorities, and concerns. It is also a statutory obligation.

Feeding this insight and intelligence to the ICB Board and ICP is crucial to ensure that Board and Partnership members are regularly tuned in to the local narrative and consider this in its planning, when reviewing proposals and in making decisions. It is important that community views and experience in Humber and North Yorkshire inform and help shape our decision-making.

A regular engagement and insight summary 'dashboard' report, supplemented by more extensive theme or topic reports, should be useful tools in achieving this, providing regular engagement updates and in turn, members of the ICB Board and ICP will gain valuable insights into the sentiments, priorities, and concerns of the wonderfully diverse communities we serve.

2. THE SUMMARY 'DASHBOARD' REPORT

A snapshot of our engagement and insight activity will serve as a central document for reviewing local community engagement exercises - showcasing exactly what communities are telling us, capturing their emotions, concerns, and aspirations as key themes. It will provide an overview of recent engagement activities that have taken place across Humber and North Yorkshire, shedding light on the scope and depth of interactions between the partner organisations, communities, and patients. It will link closely with the Voice of the Lived Experience programme of work – where the creating, and learning from, public intelligence reports will be more collaborative and coordinated than ever before.

Content will include:

- PALS data
- Healthwatch insight
- ICB engagement and insight – place-based and central
- National insight
- Spotlight on local networks and forums
- What's coming up and future work

In time, the ambition is to extend this across the System, including other partners including Local Authorities.

An updated summary report will be provided for each Public ICB Board and quarterly ICP meeting. It should be understood that two to three months is a very short period of time in the world of public engagement and, sometimes, public opinion and themes may not be hugely different from the previous report. Engagement projects, consultations, general surveys and more take considerable time to plan and coordinate if we are to maximise our audience, reach the right groups and extract the most useful insight.

3. COMPREHENSIVE INSIGHT REPORTS ON KEY ISSUES

As referenced, meaningful engagement and insight projects are necessarily time and resource intensive. The aim is to bring a key, comprehensive report to each public ICB Board and to quarterly ICP meetings, providing a deeper dive into key topics and themes.

4. RECOMMENDATIONS

4.1. Members are asked to:

i) Note and discuss the key themes.
ii) Explore how this initial work can be built upon and extended across the Partnership.

Humber and North Yorkshire
Health and Care Partnership

NHS

NHS@75

Community engagement to shape the future

July 2023

LET'S GET BETTER.

Contents

Executive Summary

Introduction

The 5th of July 2023 marked the 75th anniversary of the National Health Service (NHS); founded in 1948, it became the first universal health system which was available to all, free at the point of access. Today, the NHS provides services to millions of people across the country.

Over the last 75 years, the NHS has led the way developing new treatments to meet the needs of successive generations; from the first kidney dialysis being performed in Leeds in 1956, Britain's first heart transplant in 1968 and the subsequent UK heart transplant programme being launched in 1979, through to the response to the Covid-19 pandemic and the national vaccination programme which has delivered 128 million vaccinations since December 2020[1].

Such a significant moment provided the ideal opportunity to reflect on the importance of the healthcare services which our NHS provides, whilst acknowledging the challenges it faces and looking at how it will develop over the coming years.

The NHS@75 project was launched in Spring 2023 by the NHS Assembly, to help shape the future of the NHS through a collaborative conversation with the people it touches; the NHS Assembly brings together individuals from across health and care to provide advice to NHS England's board. The NHS@75 report, produced by the NHS Assembly can be found here.

As a statutory organisation responsible for NHS spend and performance for a population of 1.7 million people, NHS Humber and North Yorkshire Integrated Care Board (ICB) was invited to take part in the NHS@75 project and involve its people in shaping the future of the NHS.

The first part of this project involved conversations with a number of key groups, focussing mainly on:

- Staff
- Primary Care
- Local Authorities (Councils)
- Care & Independent Sector
- Voluntary, Community, and Social Enterprise sector (VCSE)

Whilst some patient and public were involved through patient representative groups, the ICB wanted to take this engagement further and develop the conversation across our communities and with a wider survey for everyone to complete.

Engagement goals

[1] NHS England, 2023, https://www.england.nhs.uk/nhsbirthday/about-the-nhs-birthday/nhs-in-numbers-today/

The ICB expanded on the earlier questions of the NHS Assembly, and asked the following:

1. **People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?**

   (Using a scale of 1 – 5, with 1 being the most important and 5 being the least important, please tell us how important *each statement is to you.)*

2. **What is the most important thing communities can do to support the NHS in the future?**

   (Please rank these from the most important (1) to least important (4). Please only use a number once.)

3. **What do you think would help to build more trust and support the NHS in the future?**

During the planning stages for this piece of insight work, the ICB identified a need to target resources at engaging with communities across Humber and North Yorkshire within NHS England's 'Core20PLUS5' approach; these are areas which experience higher levels of deprivation, social isolation, and health inequalities. Core20PLUS5 is a national approach to inform activities which will reduce health inequalities at a national and regional level. These communities were identified using data sources including the national Census, to pinpoint the areas with the highest levels of deprivation; this data was then used to inform the planning of a series of outreach events. During a 5-day period, over 20 sessions were held across the ICB footprint, including in Hull, the East Marsh ward in Grimsby, and Scarborough.

Conclusions:

It should be noted that the context of these findings may be affected by the demographic makeup of the people who responded to the survey. The majority of responses came from people who were aged 45 and over; the largest age groups being 65 – 74 (170 people) and 55 – 64 (153 people). 67% of responses came from women, and most respondents identified their ethnicity as being white (650 out of 721 people); 37 people identified as Asian, with this being the second highest response rate.

There is the potential that some of the key themes and findings in this report are influenced by the demography of the people who were engaged with – in particular, age. Previous engagement activity around primary care access in the Humber region during the Covid pandemic has shown that people aged 26 – 45 were twice as likely to prefer engaging with Primary Care via remote methods such as video consultation, compared to the wider dataset[2].

[2] NHS Humber & North Yorkshire ICB, 2020, https://www.northeastlincolnshireccg.nhs.uk/how-you-have-influenced-our-decision-making/primary-care-response-to-covid-19-engagement-report/

Access to healthcare, including primary care, is a major theme identified in this report, with people often saying that they do not like or want remote consultations, and would prefer a face-to-face assessment with a clinician – some said that this needs to be a GP rather than a nurse or other professional. As such, there may be some benefit in an in-depth analysis of the survey data and themes by demographic data, to allow any trends to be identified and investigated further if necessary – in particular, age.

Access to healthcare

Themes related to having access to healthcare can be seen throughout the report. Concerns were expressed about the need to address waiting times for access to a service, mainly getting an appointment within primary care that a patient feels is appropriate for their need.

The findings related to primary care reflect the insight from our survey in 2020 which considered changes to primary care during and after the pandemic. People continue to hold on to the belief that the General Practitioner is the best person to see with a health problem, and that this is more acceptable if delivered as a face-to-face consultation as it had been in the past. Changes to the way care is provided, facilitated by new technologies and an expanded primary care workforce are not always easily accepted. The perception is that appointments are less available and are being controlled by the care navigator, viewed by some as a barrier to getting the care they think they need. Alternative appointments such as online, telephone or with another healthcare professional may lessen the waiting time but may not be accepted, leading some to follow other care pathways such as urgent care or to manage without.

Waiting times were also raised regarding access to secondary care, which reflects national challenges.

People also raised concerns about access to NHS funded dental services, and comments relating to this can be seen throughout the report calling for improvements to be made to these services. It is clear that there are some patients who feel that they have not been able to access appropriate dental services for some time, and that this could be having a knock-on impact on other areas of their health, such as mental wellbeing and pain management.

Funding healthcare

Many called for increased funding for health care and better pay for staff. This may reflect national media coverage, particularly the industrial action that took place at the time of the survey. However, these comments sat alongside calls for reducing wastage and making the best use of the resources available. People wanted to see a growing healthcare workforce and were clear they need to be properly supported not just financially, but valued and supported as members of staff.

Recruitment and retention of staff was important, and it was felt this would improve staff morale which in turn positively impacts on patient experience. Some comments identified that by improving recruitment and retention of permanent staff, cost savings and financial efficiencies could be achieved by reducing or removing the reliance on ‘bank staff’ which are often much more expensive than employed staff.

Communication
Keeping people informed and being transparent were key themes. People asked to be kept updated whilst waiting for care, for the NHS to be honest with them about waiting times and to be realistic so they would know what to expect. They would also like to be supported to 'Wait Well' when they need further treatment, such as knowing what to do to manage their condition(s) in the short-term and when to contact a service for further support or if there is a deterioration in their condition.

It was suggested that people could be better informed about services available, how the NHS system works as well as how to keep themselves healthy. If a service cannot be provided, then people would like to be told this along with an honest explanation of why.

It was also suggested that the NHS should be publicising some of the good work taking place, to help balance the sometimes-negative attention which it receives.

People suggested better knowledge would help people choose the right services and relieve pressure on gateway points such as primary care or emergency care.

Prevention and personal responsibility
There was a strong theme around educating people to use the NHS responsibly. People felt this would help redistribute demand and that by telling people how to keep themselves well, they would be able to avoid preventable ill health. This theme is unique in that all the others focus on NHS action, whilst here people felt that everyone had a responsibility for their own healthcare as far as possible. People would need support and information to enable them to do this, and suggestions included utilising communication campaigns and public health initiatives around topics such as healthy eating and exercise to enable and support them to live healthier lives for longer.

There also appears to be a feeling amongst some people, that the NHS should be more proactive in dealing with people who fail to attend a pre-arranged appointment, and those who use services inappropriately – for example, attending A&E for a minor ailment which could be addressed through self-care or by attending a pharmacy.

Local Services

Many people would like to see health and care services offered in their local communities, rather than needing to travel to other towns and cities to access the services they require. In general, this theme appears to relate to more specialised services which are often based at busier hospitals such as York or Castle Hill; however, comments also referenced the need to travel to other Primary Care Centres due to particular services being provided from a specific site within a Primary Care Network. Comments referred to the impact that centralised services can have on patients, including difficulties with travel; they also identified the potential for widening health inequalities in more rural and isolated communities. It is unclear whether these concerns are unique to particular areas in the ICB locality, or if it is a view shared across the footprint of Humber and North Yorkshire; further detailed analysis of the data would be needed to ascertain this.

Some comments also conveyed that respondents feel frustrated that there is a lack of consistency in the services which are being provided across Humber and North Yorkshire, and that there is significant variation in their delivery.

Through targeted engagement with Muslim and Sikh communities in Scunthorpe, North Lincolnshire, people told us that they would like to see more NHS services based in the community, with suggestions including pop-up health clinics which were used during the Covid vaccination programme. People would also like to see more awareness in communities of the services offered by pharmacies, and efforts made to increase the number which have consultation rooms and for them to have more pharmacy staff.

Social Care

Whilst most of the themes identified focused mainly on health care, some people felt that improvements need to be made to the interface between the NHS and social care providers, and increased capacity within the care system, especially to help alleviate some of the issues which the health system experiences around hospital discharge. This may have been prompted in part by the coverage which hospital discharge has received in the local and national media, particularly since the Covid-19 pandemic.

The NHS as an organisation

How the NHS is managed was a key theme which appeared throughout the responses to this survey, and there appears to be a lack of understanding of the role that non-clinical posts, in particular management positions, undertake in the

organisation and how they support clinical colleagues. People expressed concern that the complex management structure of the NHS makes it a difficult organisation to navigate, and some suggested that savings and efficiencies could be made by reducing the number of management posts.

Some people also have concerns about the 'privatisation' of the NHS and said that they would like to see the use of private companies stopped. This could be due to a lack of understanding of the role organisations such as Community Interest Companies and other third-sector organisations play as part of the NHS.

Patients and service users value all aspects of the NHS
When asked to rank 10 statements about what could be done by the NHS to maintain public pride in the organisation, people told us that all were a priority to them; from providing easy access to services, to increasing the number of staff – more than 70% told us that each statement was a priority to them (assigning it a ranking of 1 or 2).

This is not a surprise, given that the statements related to many of the core areas of the NHS; however, it does pose some challenges for the ICB and its partners, given that many of the priority areas would require significant financial resources and time to deliver.

Recommendations

- It appears that there may be some variation in the feedback received from different areas of Humber & North Yorkshire; in particular, it appears that there may be a preference from people living in rural and coastal areas to have services located closer to them. A more detailed analysis of the data by respondent postcode is recommended to confirm whether this is the case and to plan further targeted engagement if required.

- Analysis of the demographic data supplied by those who responded to the survey, shows that most respondents were over the age of 45, female, and of a white background. If a similar engagement activity is being planned in the future, it would be beneficial to plan more targeted work with some of the groups and communities who did not respond in significant numbers to this survey – especially young people, those from an ethnic minority background, and the LGBT+ community.

- A common thread throughout the findings of this report, and the 2020 Humber primary care engagement, is that patients are concerned about access to health and care services – including primary care; they perceive there to be barriers to accessing face-to-face consultations. We know from previous engagement that views on access to services, face to face and remote consultations can vary between age cohorts, with younger people tending to be more open to remote consultations and the convenience they offer; it is therefore recommended that an in-depth analysis of the survey data is undertaken, to identify if there are any significant differences in views between age groups. This will help to inform any future engagement activities, and the

development of communications and marketing materials relating to access to services.

- Feedback suggests that patients would like to see more services offered closer to home, in their communities, rather than needing to travel to other towns or cities to receive care; some are also frustrated about a lack of consistency in the services which are being delivered across the ICB geography. As patients are also asking for honest communications from the NHS, there could be merit in planning communications activity which explains the reasons behind services being centralised: for example, due to staffing levels, or to develop a specialist centre to improve patient care and safety.

- A lack of access to NHS funded dental services was a regular theme throughout the responses to this survey. However, given that this is a relatively small sample size in comparison to the population of Humber and North Yorkshire, it is difficult to identify how widespread this issue is and the potential impact it is having on other services, such as Urgent and Emergency Care; therefore, it is recommended that more in-depth engagement activity is planned to research this issue in detail - in particular what alternatives people turn to for care if their need is urgent.

- There continues to be evidence that some patients prefer to see their GP when accessing primary care, rather than other clinicians such as practice nurses and pharmacists. It could be beneficial to review any communications activity raising awareness of the different clinical roles, and how they can support patients to live healthy lives and manage any long-term health conditions. The role of the care navigator could be illustrated with local case studies showing how this has helped people access the care they need, along with information about how this is a role that requires training and differs from a receptionist. This could also be an opportunity to raise awareness of the support which pharmacies can offer patients to manage their medication and help with any minor ailments; improved awareness of the services offered will provide people with a convenient and accessible alternative to attending their primary care provider or an urgent care facility, which would allow more capacity in these services to be available to those who need it.

- Our findings show that people would like to hear more positive stories about our local NHS. Given the concerns which some people have regarding ‘privatisation’ of the NHS, it could be beneficial to look at opportunities to communicate with the population of Humber and North Yorkshire about the variety of organisations which make up the Health and Care Partnership; with the aim of raising awareness and improving understanding of the NHS structure in the region. An example could be a case study of how a patient has benefited from ophthalmology care by NewMedica and how the NHS works alongside them to provide care out of hospital.

- Concern was expressed about people who do not use NHS services responsibly, for example missing appointments or choosing services that inappropriate for their needs. Consideration could be given to communications

which illustrate the cost or impact of this, for example what else could have been provided if better choices were made by patients.

- There is an appetite for the NHS to be more upfront and honest in its communications; especially when changes need to be made to services due to budget constraints. On this note and given that the public feel that the NHS should be prioritising all 10 of the statements in question 1, there may be some merit in communicating why this is not possible. This could help to develop an understanding of the challenges faced by the ICB when balancing increased demand for services, budget envelopes, and the need for ongoing innovation and development of modern services; whilst working with partners to address the most important concerns of local people.

- Patients would welcome advice and support to enable them to 'wait well' whilst they are on a waiting list for further investigation or treatment. A review of the communication with patients on waiting lists could be beneficial to ensure that they're receiving the information they want and need, at a time which is often stressful. To shape communications around the needs of patients, a co-production approach could be taken, with current and former patients recruited to share their lived experience.

How we have listened

Methodology

Members of the ICB engagement team went out to locations in the community to speak with people and complete the questionnaire face to face. There was also an opportunity for those who preferred, to take the questionnaire away and return it via Freepost within the survey timeframe.

The engagement was planned to cover as wide a geographical area as possible, whilst also considering areas where people may be less likely to take part or may experience greater health inequalities as a result of deprivation. The team planned this face-to-face engagement to take place across the week which included the NHS birthday on 5th July 2023, and the following venues were visited:

Hull & East Riding of Yorkshire

- Orchard Park Health Centre
- Elliot Chappell Health Centre
- Hull Champions
- Bridlington Spa
- Freedom Centre
- Shores café and community centre
- Withernsea Aldi
- Goole Leisure Centre
- North Point Shopping Centre

Northern Lincolnshire

- West Marsh over 50s social club
- Centre4
- Arcafe Westcliff
- Freeman Street Market
- Scunthorpe Mosque
- Sikh Temple (Scunthorpe)

York & North Yorkshire

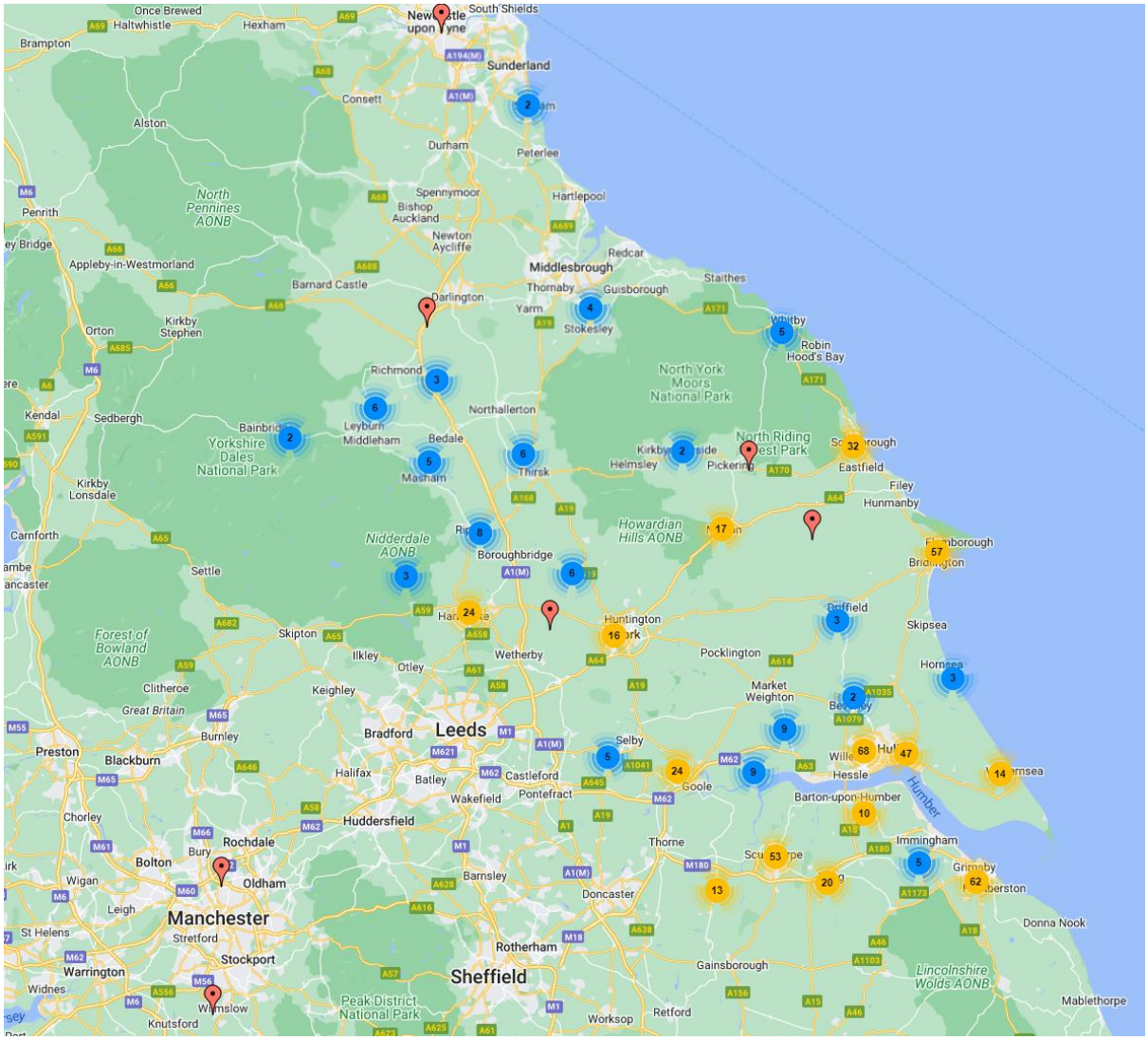
- Next Steps (Malton & Norton)
- Malton Library
- Scarborough Gallows Community Centre
- Acomb Garth Community Centre
- Aldi Supermarket, Scarborough
- Helmsley Market
- York

Online survey

To enable as wide participation as possible, the short survey was hosted on the ICB's online survey platform, 'Tractivity'. For two weeks, the survey link was circulated by email and shared widely on social media. Email circulation included patient and community groups across the whole ICB area, along with VCSE contacts such as local Healthwatch for them to share with their mailing lists. The patient network groups across the ICB were also sent the survey link.

Engagement reach

The map below illustrates the spread of the responses gathered across the geography of the Humber and North Yorkshire ICB. This was reviewed at regular intervals during the engagement period to ensure adequate reach, and additional face to face sessions took place where responses needed boosting.



Overall, there were 755 responses to the survey, including all face to face and online submissions.

Results

Question 1 - People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?

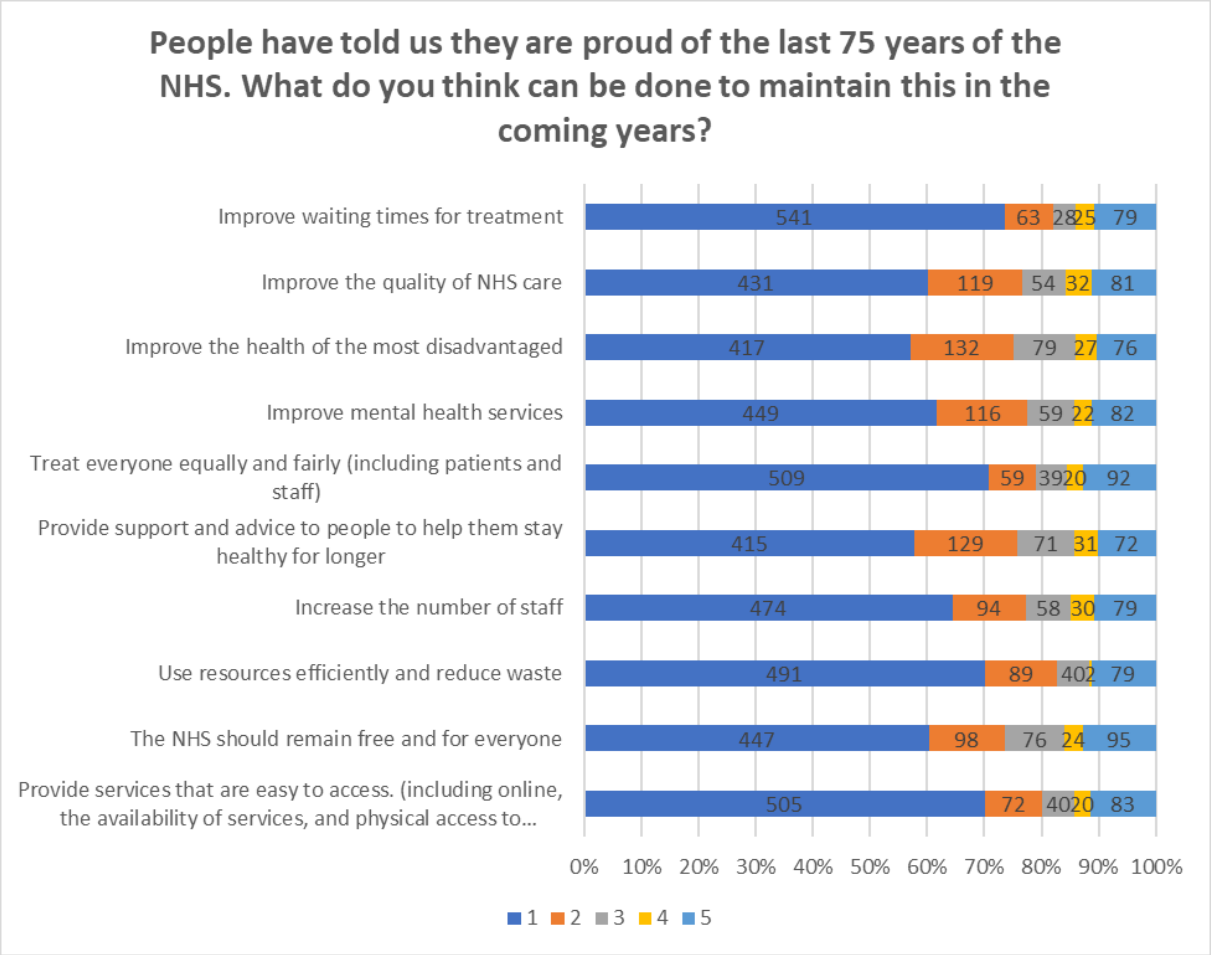
Respondents were asked to rank the following 10 statements on a scale of 1-5, with 1 being the most important, and 5 the least important. The statements were developed from the feedback received during the first phase of the NHS75 engagement in May 2023.

- Providing services that are easy to access (including online, the availability of services, and physical access to healthcare buildings)
- The NHS should remain free for everyone
- Use resources efficiently and reduce waste

- Increase the number of staff
- Provide support and advice to people to help them stay healthy for longer
- Treat everyone equally and fairly (including patients and staff)
- Improve mental health services
- Improve the health of the most disadvantaged
- Improve the quality of NHS care
- Improve waiting times for treatment

The graph below shows the breakdown of rankings across each of the 10 statements. All these statements are considered important by most respondents, with in excess of 70% ranking each of the statements as either 1 or 2 on a scale of importance.

It is worth noting that not all respondents assigned a ranking to every statement; therefore, to make comparison across the statements easier, the graph below has been based on the percentage of respondents who ranked each statement 1-5, rather than the specific number (although this is stated for information.)



'Improving waiting times for treatment' was ranked as a top priority for 73% of respondents (541 individuals), with an additional 63 people (8.5%) ranking it at number 2 on the scale. This was closely followed by 'Treating everyone equally and

fairly', which was ranked as a top priority by nearly 71% (509 people), with a further 8.2% ranking it at number 2.

People were also given the opportunity to make suggestions for how they felt the NHS could work to maintain public pride in the organisation – 297 open-ended responses were received. These comments have been analysed in detail and coded to identify any key trends and themes. Many of the comments we received provided lots of detail, which cover several topics and means that they sit within more than one theme.

The most common theme identified during the analysis of the free-text responses, related to **access to health care services**, with over one-third (38%) of comments referencing this – in particular, access to primary care services, which 23 comments related to (7.9%).

"Make it easier to get a doctor appointment."

"The ability to see a GP without waiting a month…"

"We also need to get rid of overly complex GP triage forms. It is currently too hard to do too many things. At the moment the only way to guarantee you will be seen is to fight for your rights and chase and chase and chase until you get what you need. It actively reinforces existing health inequalities."

It is worth noting that primary care access is a theme which featured heavily in the findings from the 2020 Primary Care Response to Covid-19 engagement, which was launched to find out how patients accessing General Practice in the Humber region had been impacted by the changes which were brought in at the start of the pandemic to keep staff and patients safe; in particular, the move to remote consultations. In 2020, patients reported finding the triage processes to be 'clunky' and a barrier to accessing health services, and some questioned whether care navigators and/or reception staff are suitably qualified to be making decisions about an individual's health.

Just over 6% (18) of comments expressed a desire for services to be closer to where patients live and in the local community, rather than requiring them to travel a significant distance to access the care they need; this is a theme which could benefit from further analysis to identify whether this specific to a particular area(s), or a view shared across the whole Humber and North Yorkshire footprint.

"Improve coverage and keep services 'local'"

"Make all treatments closer to home. We have to make 3 trips to York in 1 week, that is 300 miles and up to 15 hours of driving when there is a perfectly good hospital a mile down the road from our house…"

"Care should be at the heart of what is done in the NHS and that should be delivered locally to the patient."

Some respondents would like to see more face-to-face appointments with clinicians (4.1%), with comments particularly relating to primary care services and a preference for an in-person appointment rather than over the phone.

"Access to GP's was obviously restricted during Covid but has not been reinstated – it needs to."

"Improve face-to-face access and continuity of care."

"Being able to have a face-to-face appointment with a GP instead of waiting two weeks for a phone call."

This is a theme which was apparent in the 2020 Primary Care Response to Covid-19 engagement which found that a 'digital-first' approach to primary care would 'only work for half of patients", and that the "clear preference for patient accessing health professionals is face-to-face, followed by over the phone." Some respondents to the survey also questioned how much confidence they had in diagnosis which were made remotely, without being able to show their symptoms in-person.

A small number of respondents (10 / 3.1 %) stated that they would like to see a GP rather than another clinician when they attend a service. Although this is a small sample size, this appears to relate specifically to when patients attend primary care; in some cases, there is a preference for seeing a specific GP who they have previously seen.

"…Allow us to see our doctor to save YOU more time rather than others who normally pass you onto the doc anyway…"

"To always be able to see the Doctor you were/are originally registered with."

"…I don't necessarily have a problem with phone calls for some issues, it is the access to an actual GP, rather than a Nurse Practitioner with is a problem."

Some of the comments received were related to waiting times, and the time it can sometimes take to access a service – nearly 5% of the comments related to this in some way. The examples given included the waiting time to access specialist services such as mental health, dementia, and Special Educational Needs and disability, as well as more general services including primary care and urgent/emergency care.

"Improve services for parents of SEND children so waiting times for diagnosis and support are non-existent."

"Crisis Teams for Mental Health services need better staffing, you still have to wait far too long on the phone."

"Decrease waiting times to be seen at A&E."

Concerns were also raised by a small number of respondents (10 / 3.4%) about access to dental services through the NHS, and that there are cases where people

cannot access an NHS dentist. This is a small sample size, and more insight would be needed to identify any more detailed trends – in particular, regarding whether this is an issue within a specific geography, or if it is a pattern across the whole of the ICB footprint.; however, it is clear that some areas of our population are having significant difficulty accessing dental services through the NHS. Comments included:

"Improve and make free to all basic dental services. System at present is an outrage."

"More GPs, Dentist as not seen the latter for 5 years as cannot get an appointment."

"Dentistry needs to be a high priority so everyone can access dental care, a lack of this leads to other issues such as pain, mental health issues."

A similar number of people (9) identified the need for preventative services which can enable people to manage their own health and to live healthy lives, as important factors in maintaining public pride in the NHS; with comments referencing some of the wider determinants of health.

"Invest in early health and prevention in all areas of health and social care."

"Encourage health promoting projects. Encourage people to take less alcohol and smoking less and eat healthy."

"Prevention is better than cure – people need the right diet, money to heat homes – need to deal with the causes."

A small number of respondents (4) suggested that a more stringent approach should be taken by the NHS in managing situations where patients fail to attend an appointment (without notifying in advance), or where they attend the wrong service; some suggested that attending A&E for relatively minor issues should be considered as abusing the system.

NHS funding was highlighted as an important area by many people who responded to the survey, with 14% of comments referencing issues such as staff pay (5.5% / 16) and the need to make efficiencies such as reducing the use of bank staff (2.4% / 7). A couple of respondents also said that they felt investment is needed in the NHS infrastructure – such as more beds in hospitals and improving the services available at Bridlington Hospital.

Many of the comments relating to staff pay, also acknowledged that increasing staff pay could help to address some of the recruitment and retention issues facing the health service – issues which had been the focus of significant media attention in the weeks and months leading up to the launch of this engagement (and continue to be).

"Treat staff with respect and pay them a fair wage which will improve retention and recruitment of staff."

"Reduce waste & stop using expensive bank staff."

"Spend money more effectively and reduce waste."

On a similar note, 10% of comments (29) identified **staffing** of the NHS to be important going forward – especially the need to recruit more staff (5.5% of comments related to this), particularly in clinical roles, helping to improve the service received by patients.

"Improve the balance between staff and patients."

"More staff will help waiting times, can't reduce staff and expect same service."

In some cases, respondents identified that any increase in the NHS workforce should be focused on clinical staff such as GPs and nurses, rather than back-office managerial and administrative positions.

"Have more nurses and doctors and less admin and managers. Cut down on the unnecessary paperwork and duplication of forms."

Alongside this, 10 comments (3.4%) referred to the issues of recruitment and retention in the health service, including improving working conditions for staff and making the NHS a more attractive employer.

"Ensure staff are working in better conditions to stop people leaving and therefore having a shortfall."

"A focus on reducing health inequalities and addressing cultural issues around why people do not stay working in the NHS."

Many comments (12.4%) referred to the **internal structures and workings of the NHS** and how changes to these could help maintain public pride in the service; most of these comments related to two very specific areas. Again, some comments (4.5%) suggested that there are too many management positions within the NHS, and it leads to the organisation being overly complex. Whilst others suggested that by reducing the number of non-clinical management positions, more money could be invested into clinical, patient facing positions.

"Simplifying the complex layers of management…"

"Reduce senior management costs and use the saved finance to invest in managing the challenges in front line care."

In addition, some respondents told us that they are concerned about the perceived 'selling' of services to private companies, and the 'privatisation' of the NHS. Comments included:

"Reduce the reliance on private healthcare providers to deliver NHS services."

A relatively small number of comments were received regarding this, and as such it is difficult to draw any definitive conclusions; however, this could be a sign that some

work needs to be done to improve understanding of the different organisations, including community organisations, which are part of the NHS.

A couple of responses also suggested that some non-clinical services such as cleaning in hospitals, should be brought in-house, rather than being contracted to external providers.

Nearly 25 comments related to the **patient experience**, when someone is initially accessing, or is receiving ongoing care from a particular department, service, or organisation. Of these, 16 comments (5.5% of the total) were specific to the communications around a patient's care – for example, communication between NHS departments, and keeping families up to date. Some suggested that communication regarding appointments could be improved, and that it is important to ensure patients who do not use technology are not being missed or disadvantaged by systems moving toward online and other digital processes.

"Having a simpler system, where communication between care provider and patient is better and nothing gets lost through all of the layers within the NHS."

"Better communication for next of kin with medical professionals when their loved ones are in hospital."

"…letters and phone calls to give patients appointment as some patients cannot access the internet and some older patients can't hear very well on the phone."

A small number of comments suggested how communication could be improved. These included providing help and information on how to best navigate the health and care system and keeping patients up to date if they're waiting to receive treatment and the reason behind any delays.

"Communication could be improved – like when you are waiting and you don't know why."

"Communication and education about roles and services. Help with navigating the system."

"The NHS is ok once you're in. Waiting times are waiting times but how you treat people while they are on a list is more important."

Just over 7% of the comments received in response to this question, related to **communication** from NHS services to the public and other organisations. Some told

us that the public would like to see clear and honest communication about the challenges the NHS faces and its performance, so that people can better understand the situation.

"If services have to change, tell us early and why."

"Honesty and transparency."

"Open and honest comms about the challenges faced in the NHS (managing expectations)"

One respondent highlighted the importance of publishing good news stories to provide a balanced view of the NHS and the impact it has on people's lives.

"To be more open about the good work you are doing – we did xx hip operations this month – rather than hearing about the negative and how many people are waiting."

A small number of comments suggested that the NHS should be using its communication channels to educate the public about how to live healthier lives and the impact that some life choices can have on their health.

Some also suggested that work should be undertaken to raise awareness of the correct services to use when the public require help – thus reducing the amount of people attending A&E who would have been better placed attending another, more appropriate service.

"Provide more preventative services to enable people to make better life choices regards diet, exercise, dental health etc."

"Encourage health promoting projects."

"Educate the … population that they have to take responsibility of their own health in the first instance and that they do not always need a GP or visit and ED department to get their problem resolved. Educate, good health, where to go for treatment, starting with your pharmacist or NHS 111."

Given the close links between the health service and the **social care** system, it is not surprising to see that some comments (2.4%) referred to the relationship between both services, and included suggestions for how social care could be improved – for example, providing more beds within nursing and care homes, to improve discharge processes and reduce "bed-blocking" in hospitals. These comments are to be expected, given the media focus which has been on delays to hospital discharge, especially since the Covid-19 pandemic.

"Improve communication with and access to social services to speed up hospital discharges, this freeing resources for those that need them most."

"Improve the interface with Social Services."

"Introduce convalescent beds to stop beds being blocked."

Finally, a small number of respondents raised concerns regarding **regional variances** in the services being offered across Humber and North Yorkshire and the potential for patients to be facing a 'postcode lottery' for treatment.

"…NHS policies and procedures should be the same for every Trust in the NHS and not a postcode lottery."

"Level up (to the best) the 'postcode lottery' of NHS and social care services."

Question 2 – What is the most important thing communities can do to support the NHS in the future?

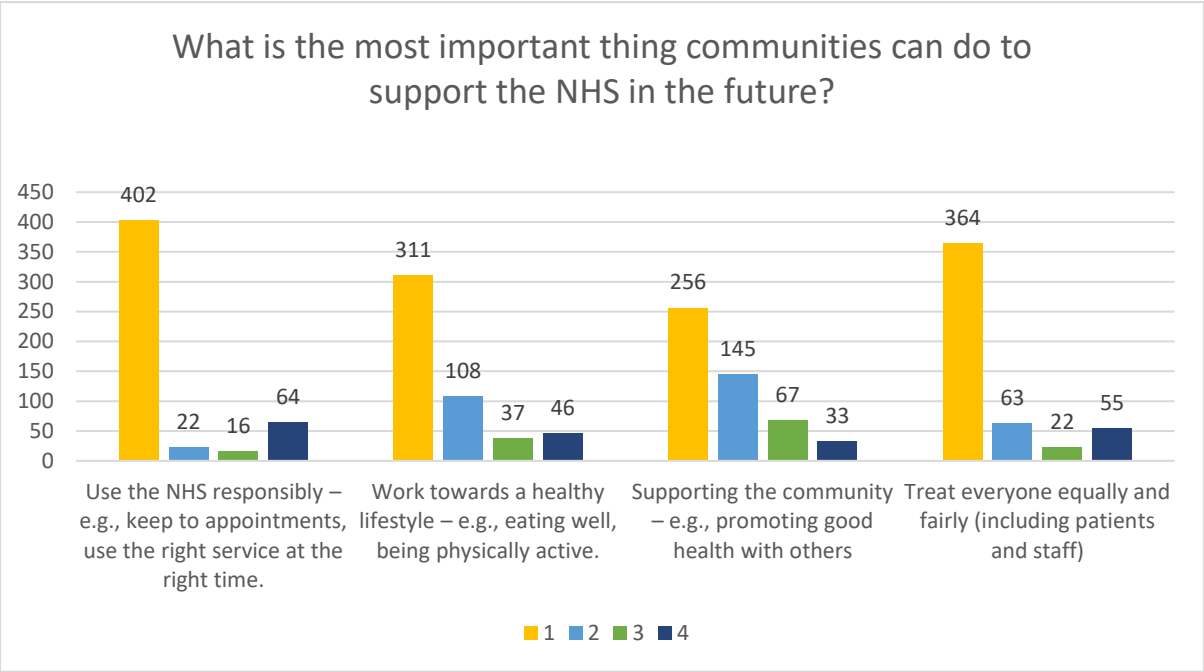
Respondents were asked to rank the following statements on a scale of 1-4, using each number only once; 1 being the most important, through to 4 the least important.

- Use the NHS responsibly – e.g., keep to appointments, use the right service at the right time.
- Work towards a healthy lifestyle – e.g., eating well, being physically active.
- Supporting the community – e.g., promoting good health with others.
- Treat everyone equally and fairly (including patients and staff)

Just over two-thirds (507) of the people who answered this question, allocated a particular ranking to more than one statement; for example, some ranked all the statements as 1 (most important), whilst others put multiple statements as 4 (least important.)

To allow for the inconsistencies in how people have responded to this question, whilst still being able to provide accurate insight, the data has been segmented so that the respondents which have answered the question as initially planned are analysed separately to those who used a ranking more than once. First, a detailed check of all responses took place to identify where any ranking had been used more than once; these were then highlighted and moved into a separate data set for analysis. This then allowed for those responses to be analysed in a similar way to Question 1, where respondents were asked to assign a ranking of importance to each statement and could use a ranking more than once. The findings from this analysis are below.

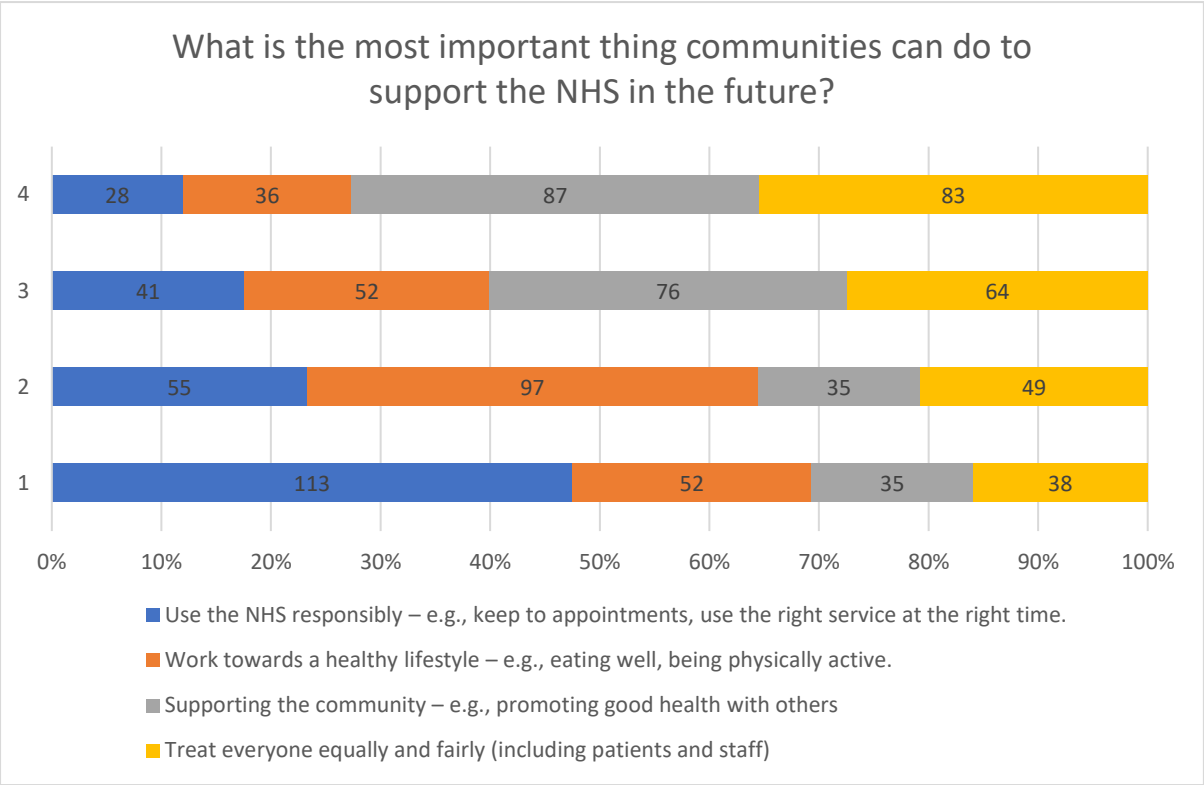
The graphs show that most respondents ranked all four of the statements as being of equal importance, with significant numbers ranking each statement at 1.



'Use the NHS responsibly' received the most with 402 people giving it a ranking of 1, closely followed by 'Treat everyone equally and fairly', which was ranked at 1 by 364 individuals.

'Supporting the community' received the lowest number of rankings at 1, with 256 saying it was most important; however, it did receive the highest number of people saying that they felt it ranked at '2' on the scale of importance, with 145 respondents – this is higher than any of the other statements.

The analysis of the data received from people who ranked the statements on a scale of 1-4 (using each number only once), paints a similar picture in many ways (below); nearly 50% of people (113) said that the most important statement was that communities 'use the NHS responsibly' by keeping to appointments and using the right services. A small number of people did not rank every statement, so the totals on the graph bars add up to slightly different totals; however, this does not make a difference statistically as the variation is minimal.



Nearly 40% of people said that the second most important thing which communities could do to support the NHS in the future, is to 'work towards a healthy lifestyle' – this equated to 97 responses.

When looking at the statements which are viewed as being less important, there is very little to split between 'Supporting the community – e.g., promoting good health with others' and 'Treat everyone equally and fairly.' 32.6% (76) of respondents said that 'Supporting the community' was the 3rd most important statement, whereas 37.1% ranked it at number 4 as their least important statement. In comparison, 64 people (27.5%) said that treating 'everyone equally and fairly' was their third most important statement, with 83 people (35.5%) saying that it was their least important statement.

Question 3 – What do you think would help to build more trust and support the NHS in the future?

People were given the opportunity to tell us what they thought would build more trust in the NHS and what would be important to address to maintain services for the future. These open comments have been analysed in detail and coded to identify any key trends and themes. Again, many of the comments sit within a wider theme however the most common overall were **tackling waiting lists, levels of funding and more staff.**

People felt that addressing the **waiting lists for treatment** was a clear priority for building trust in the NHS (12.2% of comments). They told us about long waits for treatment both for themselves and family members, and expressed concerns about the effect this could have on how successful treatment might be.

“Shorten waiting times for access to specialists so that intervention of a condition can be assessed before the condition worsens and cannot be treated.”

“Shorter waiting times. Quicker responses for scan [and] treatment results. The waiting time causes anxiety.”

“I think services are okay when you get into them. I've never heard people complain much about the treatment they get, but the waits are getting like they were in the 80s.”

We were told that patients are sometimes given a likely wait time, such as the two-week cancer wait, but then do not get appointments in the expected time frame. People told us how important it was to keep patients informed about their wait and to keep in contact, so they know they haven’t been forgotten about.

“NHS staff need to sound more like they care about how long you're waiting and keep you informed.”

“Talk to people on lists. Help people do more while waiting to see consultant. If it's 3 months to wait don't say it's a month.”

It was suggested by some that information could be provided during the wait to help the patient maintain quality of life, and that this should be given to patients rather than expecting them to look for help themselves.

“People contacting you while you're waiting to make sure you're okay. Not everyone is going to do it themselves.”

“Let people know how long they'll be waiting and what they can do while they're on the list to help themselves.”

People said they would have more confidence and trust in the NHS if there was **more funding** for services and for a larger workforce (10.5% of comments). Some of these were related to staff pay which some linked to recent workforce issues and industrial action, however other comments mention more investment into developing services.

“There is trust and support but poor funding and treatment of staff which then affects treatment.”

“It all depends on how much is in the kitty - we either need more investment in the NHS or to choose which things to spend the funding on.”

“Invest in it properly, reflecting the wider range of interventions, treatments and drugs available. Invest in the workforce, and do the right things for those who need most help rather than everything being a battle.”

Whilst the amount of funding available may not be something that can be influenced, people told us they were concerned about **wastage and best use of the resources available.** (8.9% of comments)

"My dad worked for the NHS for 18 years and said the waste of resources was unbelievable So look from the top down to see where money can be saved….."

"Make decisions based on need rather than trying to fit financial envelopes that only squeeze services and staffing to the minimum."

"Sometimes the obvious efficiencies are overlooked like access to records and reminders."

"Prevent local 'choice' of systems, supplies, treatments and concentrate on the best across the country - you are wasting hundreds of millions trying to be 'relevant' locally - we are individuals."

"I think people mix up buildings with services. If there are the right services provided that people need then it isn't so important that we need to have hospital buildings in every town."

"The NHS can learn from other industries on efficiency."

"Do we need more staff? No, we need to ensure staff are working to the top of their grade, embrace technology to reduce waste, remove inefficiencies, remove duplication and replace mundane repetitive tasks with automated workflows so nurses can be nurses, Dr's can be Dr's, Health care scientists and practitioners can do the jobs they signed up for."

People often spoke of a need for **more staff** in the NHS, but again many were clear that this was more frontline staff that provide clinical care rather than senior roles of management which they felt were more than adequate. (1.9% of comments). They suggested more frontline workers needed to be trained and encouraged to join the NHS through apprenticeships and improved nurse education.

"Seeing investment in the NHS workforce, increasing numbers of GPs and other frontline medical staff."

"Less "management" and more time, care and respect for the patient contact staff. Without doctors, nurses etc. there is no patient care/good outcomes."

“Make jobs sound appealing. Less negativity. Boost training (employment) we have fine nurses and doctors and care staff. We need to keep them.”

“I think the NHS is incredible and its painful to see how its struggling but I think the main reason is the system that is currently being used and how there is not enough doctors/staff on shifts.”

“Less levels of management bureaucracy that bleed front line staff services dry.”

Greater **transparency** from decision makers about the challenges and pressures faced by the local NHS was called for in 9.5% of the comments. People felt that it was important to ‘tell it like it is’, so that everyone can have more realistic expectations. It was suggested that along with being transparent, the NHS should do what it says it will do so that people have greater trust. This links with comments around waiting lists and telling patients how long they are waiting and updating on any changes to the wait times.

“More honesty and transparency about who gets treated and why/when/how”

“……being honest as to diagnosis and treatment. Time scales good bad or indifferent. If we have to wait a while then let us know!”

“Come and talk to us, be open and frank. How can we help you?”

“Transparency in how funding and resources are allocated and distributed.”

“Be honest about reasons for long waiting lists. If it is lack of money (a political decision) please say so!”

“Being open and honest about why you make decisions. If there's no money, tell people.”

“I Trust the health advice from the NHS but I'm not so trusting about the decisions that are made as sometimes it's for economics but you rarely say that and explain things away with "better services" etc. It would be more honest and people would trust you more if you just said, actually we can't afford to do that.”

“It is important to be honest with the public about how services can be best delivered and why services previously available are now unavailable. Reasons for reduced services, longer waiting lists, removal of services should be shared honestly.”

Communication was a key theme across many of the comments (7.6% / 40 comments), with some being specific about communication between healthcare professionals and organisations (1.3%) as well as people asking for improved communication with patients (5.5%).

“Some of the advice given by clinicians directly conflicts with advice given by their predecessor which is disconcerting as patients are left unsure who to believe and who's right.”

"The NHS do not give themselves enough praise - people need to understand the real life experiences they provide - Showcase more services and patient stories to the public."

"Too many errors due to lack of communication between professionals within the systems gives rise to confusion and lack of faith from patients."

"open and honest comms about the challenges faced in the NHS (managing expectations)"

"I am always frustrated by the inability to speak to someone appropriate when things go wrong. It is almost impossible to get hold of someone who can help."

People said that everyone should be more aware of what services are available and the correct service to choose depending on the healthcare need. It was suggested that greater knowledge would result in less people seeking an inappropriate level of care, such as attending emergency care for things that could be dealt with at primary care level or in a pharmacy.

"We need to NHS to be more vocal, we hear that people have to wait a long time to see a GP..... what about all the other health care professionals that are available to see patients.....clear communication should be in the public domain advising that a Nurse Practitioner can do XXXX allowing GPs to XXXX. Communication all the way!!!"

"…..education around how to use it e.g. when it is acceptable to call an ambulance, this would reduce waiting times for those that actually need it…."

Many of the comments related to **primary care**, which as the gateway to healthcare remains the main experience of the NHS for many people.

"The NHS today, is a very different NHS for many positive reasons. In order for this to continue people need to appreciate and value the services available to them. The front door to the NHS is via your GP Practice and unfortunately peoples experiences are failing at this early stage. If the NHS could get this right I would see trust improved."

Some believed access to primary care should be the same as it was before the pandemic and did not accept new ways of accessing services such on the telephone, online or appointments with healthcare professionals other than a GP.

The key theme within this feedback was the need for more appointments to be offered with a GP (9.5% / 50 comments). People were sure that the GP was the healthcare professional to see within primary care, as opposed to appointments with nursing staff. This theme was also strong in the Primary Care Response to Covid-19 survey in December 2020.

"…need to access GPs, they never have appointments, have to use drop in centres. I haven't seen a GP in 2 years, need to see a neurologist but can't see a GP to discuss requested medication review in December, it's now July…."

"Again, I think access to GPs is a big problem, particularly for the elderly."

"Actually being able to see a doctor rather than phone appointments or triaged online."

"Being able to see a GP when you need to and face to face."

"See actual doctors in person, rather than being seen by a health care assistant or nurse."

There were nine comments specifically about the role of the care navigator, some of which reflect limited understanding of the role or unwillingness to accept non-clinical staff asking questions about health needs. Some people found care navigation to be intrusive and not carried out in a confidential environment.

"Increase access to GP's and stop receptionists asking for a reason why you need to see a GP in a packed surgery ! Where is the confidentiality in that !"

"……..not getting fobbed off with a phone call with someone who is not permitted to deal with a patient's ailment or create a prescription for them."

"Change the attitudes of doctors receptionist, as they make a lot of decisions on who you see."

"Not having reception staff determine if you need to be seen or not! As they have no medical qualifications."

"being able to see a doctor if you want to, not if the receptionist thinks you should"

It was suggested that patients can sometimes use knowledge of their own conditions and know what help they need to access.

"Patients are generally very good at knowing where they need to be or the help they need. They usually know if they need a phone appointment or to see someone face to face. They know they need a nurse or a physio or sometimes a GP but we put all these barriers up in the way of people getting to the right place so they either end up in A&E or they give up and don't get help at all."

Again, in common with the Primary Care Response to Covid-19 survey in December 2020, people said they felt more trust would be gained if face-to-face appointments were restored as the default. Some referenced difficulties faced by older people who are not used to technology, however the use of telephone appointments was also less trusted.

"More face-to-face, human contact. Less frustrating automated booking systems - be able to speak to a person, not a machine"

"You should make it easier to get face to face appointments, especially for elderly patients who might not have online facilities."

A proportion of the comments asked for better **engagement** with people and patients, calling for health services to connect with their communities and ask what it is that people need (7.2% of comments). It was felt that only by understanding people's needs could tailored support be offered that would lead to a good quality of care and a healthier life. Connecting with those more vulnerable, such as older people or those with disabilities, was felt important to ensure their needs are understood and services are accessible. (1.7%)

"Practitioners being more connected to communities - stepping outside the NHS bubble, getting to know people in their communities."

"I want to see more NHS managers out having conversations like these in communities. They're really important. For us and for you"

"Come and talk to us, be open and frank. How can we help you?"

"We want more NHS people to come and see us in the community and speak with us"

"Face to face engagement with people in their own neighbourhoods."

"Listen to patients rather than look at business plans and costs all the time"

"Some communities need more help and advice than others, some areas have more ill health than others. Please come into these areas and speak to us, listen to what we have to say, having spoken to the staff today, felt really good telling NHS people what we are going through, please come back and keep talking to us."

This theme also links with that of **patient experience**, where people spoke about the need to improve the quality of care in some cases, but also the caring nature of those providing care. It was acknowledged by some in comments about support for workforce that staff who are under immense pressure or with little support could

transfer their frustrations into their attitude towards patients. Rather than simply pointing out poor skills in patient interaction, people felt this was a symptom of pressure in the system in some cases and could be addressed by action to support the workforce.

"Ensuring staff are well paid, not expected to work long hours and valued and supported - happy staff work more efficiently. This in turn improves the patient's experience of healthcare."

"Low morale with staff needs to be addressed as currently the attitude of staff can impact negatively on patients and their families "why do all the staff seem angry with us?""

"Staff need to be able to laugh and enjoy their shifts as this directly positively affects patient care."

"In my experience, phone staff are always in a rush and I know this puts people off asking for help... train staff to be relational - to be empathic, to connect genuinely with the patient, - every time. It's the little things!"

People were aware of the need to consider and address **health inequalities** (2.5% of comments), citing not only geographical differences and disadvantage but also inequalities arising from wider determinants of health such as deprivation or poor housing.

"Consideration about the vast differences between life experiences (without concentration on the top and bottom of the scale)"

"For ICBs and Trusts to make meaningful strides towards tackling costal inequalities, especially in areas of significant socioeconomic deprivation."

"To know that regardless of age, gender, ethnicity etc. that everyone is offered the same level of care."

"I and many of my friends in same situation are not ill because we have made bad lifestyle choices, but because we born with illnesses. We lived in poverty because we cannot get the timely care we need to keep working. Poverty causes our health to be permanently damaged."

People told us they still feel that services should be available **closer to home**, and locating care within communities would lead to better outcomes. (4.6% / 24 comments) There was a small proportion of these who felt strongly about hospital services that had been closed, leading to longer travel times (1.9%) but some spoke about the benefits of providing care within localities so that people have support nearby.

"…there is nothing for people like myself who lives in East Hull unless you have transport it is a long way to travel to Cottingham, especially if appointments are on a

Sunday. There is nothing much in the East Hull area for patients to go for treatment or see a specialist."

"Access to healthcare locally, especially for the now emerging older patients who cannot easily travel or afford to travel."

"No resident should be faced with journeys to other towns to access professional medical care and attention."

"Patients should be seen at their local hospital wherever possible and not have to do 80-mile round trips for tests."

"More pop up services in our communties. This will make people healthier and less need for the NHS later on"

"Recognise that people don't all live in high population areas and make an effort to provide fair and equal access to services"

Some themes arose where people told us more investment or focus should be given to particular services. Pharmacy services were said to be a good focus for developing services (2.1%), whilst some spoke about the need to improve mental health services (1.7%) and urgent care (1.3%).

"A revamp of the mental health services in North Yorkshire especially perinatal mental health support."

"Increase RMN's in GP surgeries to reduce people going into a Mental health crisis . Mental health services are in crisis themselves."

"More resources to help drug dependency, mental health and alcohol."

"…..dentists are now a joke….. i haven't been able to see an NHS practice for more than six years…"

"UTCs aren't effective - need to be an MDT approach. Opening hours don't coincide with A&E busy times"

"I think the Doctors in Doctors surgeries could provide more non urgent care to take the pressure off the hospitals and A&E but you struggle to get an appointment so people neglect their illness until its too late and then head to A&E."

"better use of pharmacies. More can be done to help people in pharmacies."

"Chemists are such a good service. But more people need to know about what they can offer. So better communication about that. And as more people know about them then we need to invest more in them - more consultation rooms, more staff etc."

Improving systems that support health and care were said to require attention, specifically modernising by greater use of IT for record sharing and patients to

manage their own health care (2.7% / 14 comments). It was said that older people or anyone unfamiliar with the available NHS IT such as online GP appointment booking should be shown how to use this and not expected to work it out.

"When the NHS introduces new technology for patients, please consider showing patients how to use it too. Surely the uptake of people using apps and websites etc will be greater if people know how to make best use of them and understand all the benefits."

"Get more people onto using NHS app to book appointments and reduce overuse of telephone bookings."

"More virtual appointments. They are easily doable for people"

"More digital first solutions for those who prefer these (but not removing other options for those that don't)."

It was said that services still need to work in a more joined up way, and that there is still room for development in the integration of health and care.

"Better links to easily navigate from one service to another."

"The ICS/integration is not as advanced or mature as it should be by now. Contracting / procurement conversations still seem to dominate and we don't seem to have embraced transformation and the freedoms to do what's best for the patients that the ICS promised."

"To embrace partnership working and allow existing staff to develop links with other organisations, which could improve a patients pathway and maintain good health for a longer period of time."

Finally, **prevention and self care** was said to be important if the NHS is to cope going into the future (6.1% / 32 comments). Whilst people recognised that some patients have encountered health problems as a result of their circumstances (such as deprivation or lifestyle choices at a younger age), they believed people should be encouraged to take steps to improve their own health and reduce the need for health care intervention.

"More emphasis on prevention, healthy lifestyles and people being responsible for their own health and wellbeing"

"People need to support the NHS by living a healthy lifestyle, eating well and exercising."

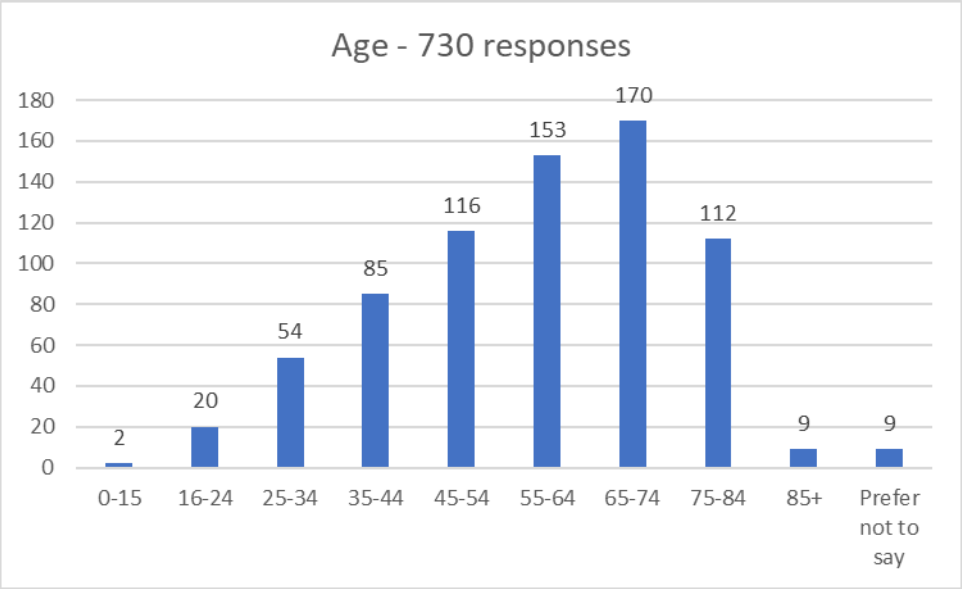
"I think the most important thing is to promote and educate on healthy eating habits. I see what is in the shops and the way food and eating unhealthy things are promoted and it's no wonder we have an obesity problem. Promoting better eating habits would have the biggest impact in keeping people healthy."

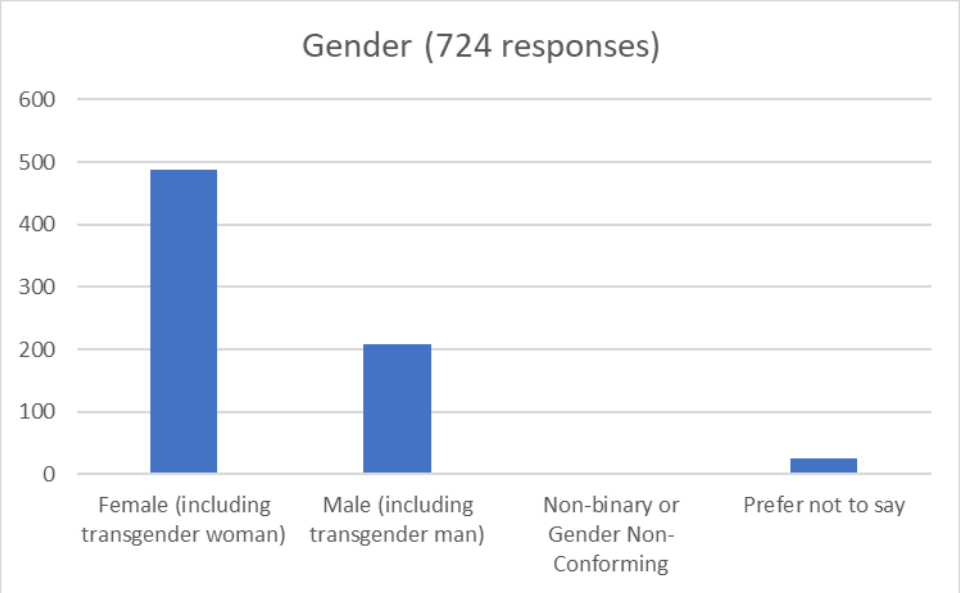
“I think people need to change more than the NHS. People need to educate themselves, look after themselves and manage their conditions responsibly, not expecting the NHS to fix all their issues and keep them alive for ever more.”

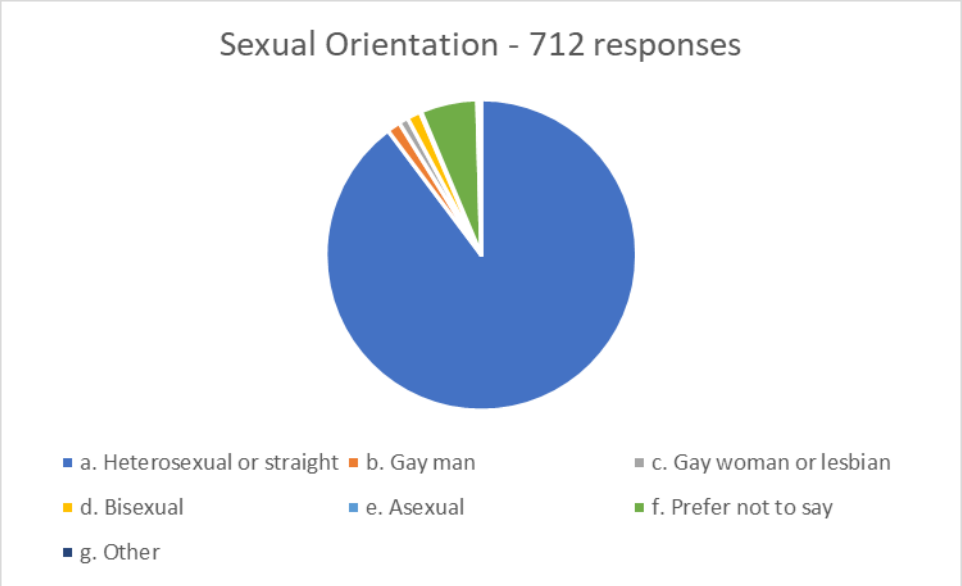
“To reach people before they get ill - preventative messages - help people stay healthy”

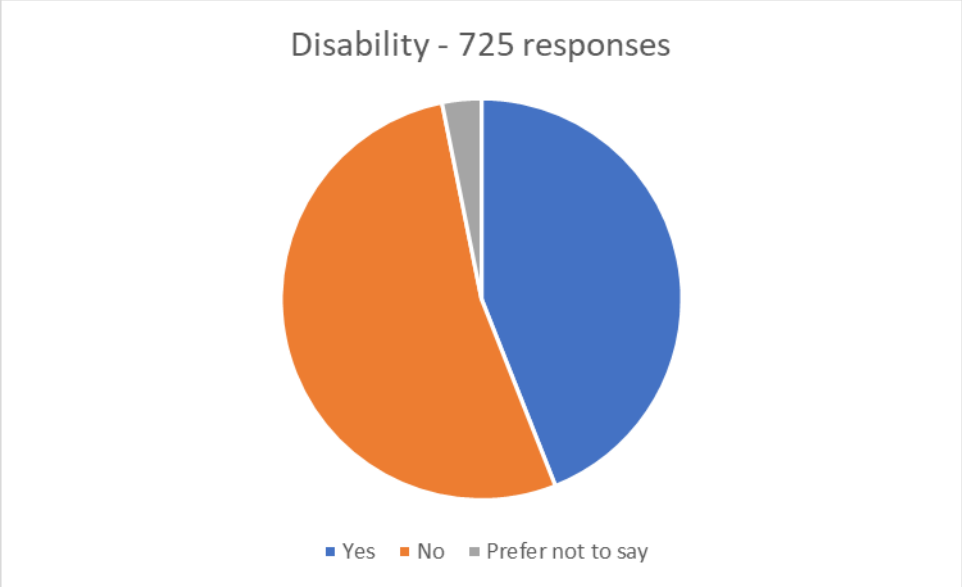
“Regular reviews of patients with chronic illnesses will help them to have trust and confidence in their ongoing treatment.”

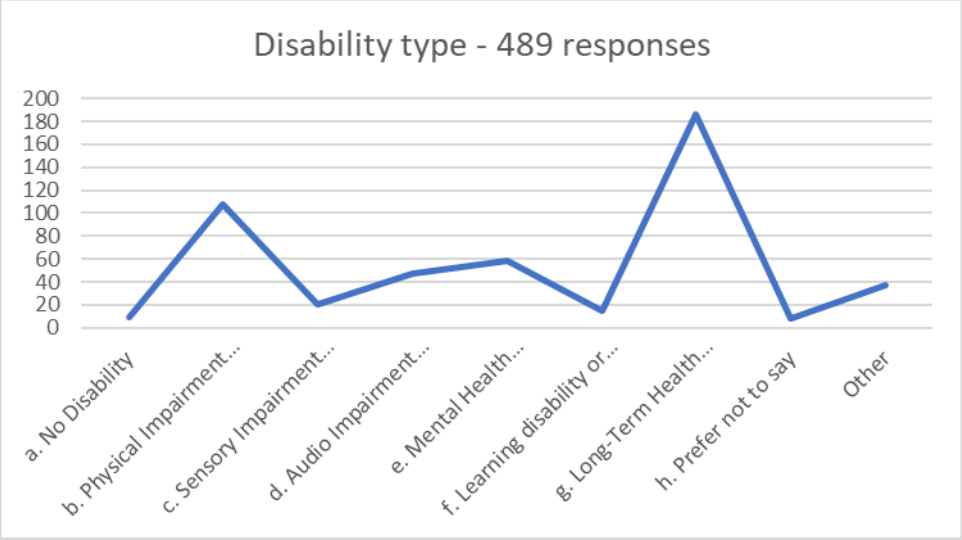
Appendix 1 – Equalities data

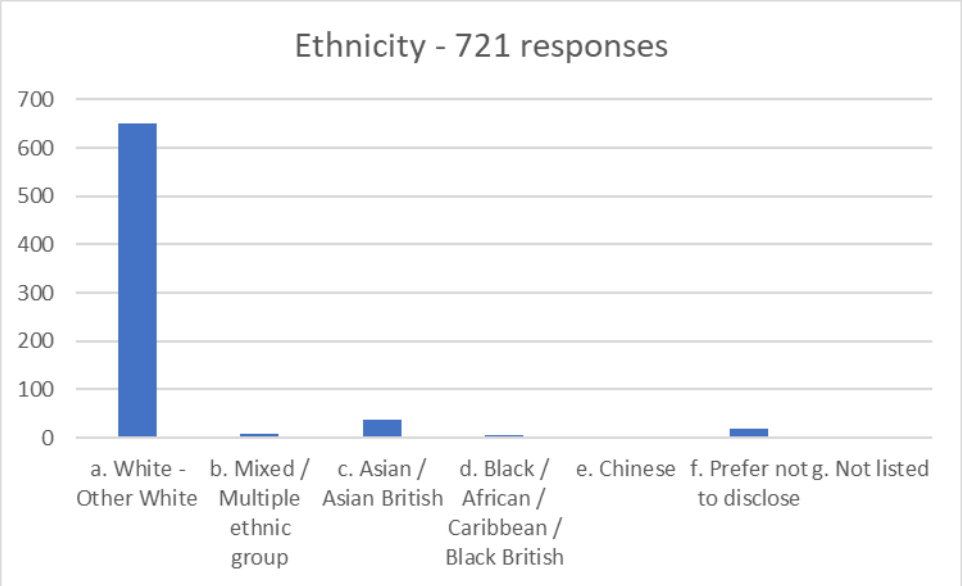


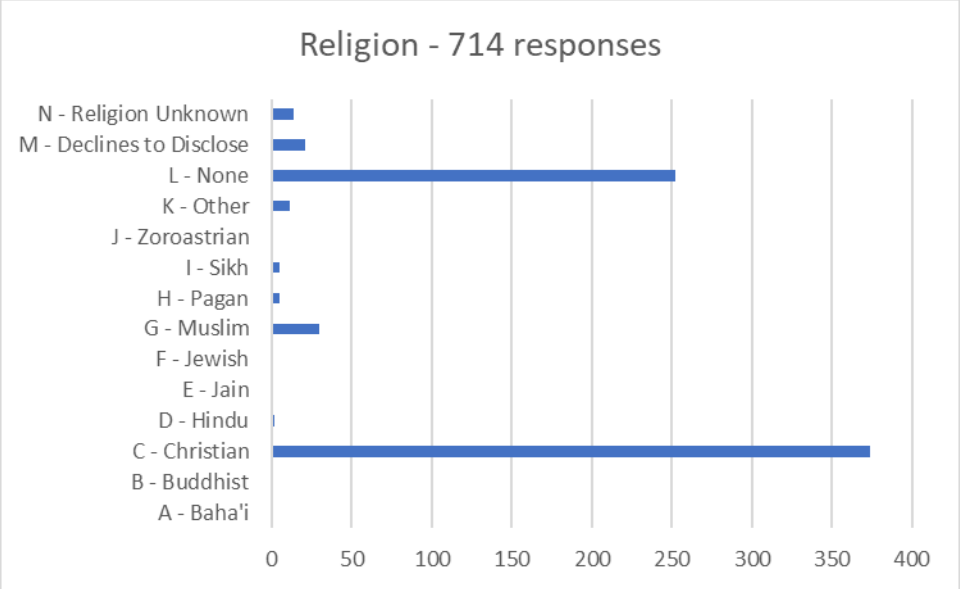



Sexual Orientation - 712 responses
a. Heterosexual or straight
b. Gay man
c. Gay woman or lesbian
d. Bisexual
e. Asexual
f. Prefer not to say
g. Other


Disability - 725 responses
Yes
No
Prefer not to say


Disability type - 489 responses
200
180
160
140
120
100
80
60
40
20
0
a. No Disability
b. Physical Impairment...
c. Sensory Impairment...
d. Audio Impairment...
e. Mental Health...
f. Learning disability or...
g. Long-Term Health...
h. Prefer not to say
Other


Ethnicity - 721 responses
700
600
500
400
300
200
100
0
a. White - Other White
b. Mixed / Multiple ethnic group
c. Asian / Asian British
d. Black / African / Caribbean / Black British
e. Chinese
f. Prefer not to disclose
g. Not listed


Religion - 714 responses
N - Religion Unknown
M - Declines to Disclose
L - None
K - Other
J - Zoroastrian
I - Sikh
H - Pagan
G - Muslim
F - Jewish
E - Jain
D - Hindu
C - Christian
B - Buddhist
A - Baha'i
0
50
100
150
200
250
300
350
400

Appendix 2 - Coding framework

Question 1

People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?

Theme	Sub Theme	Number of responses
Access to services		110
	Primary Care	23
	Access to modern health tech	2
	Want Face-to-face appointments	12
	Dentistry	10
	Parking at services	2
	Want to see a Dr instead of another clinician	9
	Waiting times	14
	Preventative services/Public Health/Social Prescribing	9
	Drug & Alcohol services	1
	Local/community-based services close to home	18
	Mental Health services	9
	Dementia Services	2
	Managing people who do not attend appointments/attend wrong service	4
Staffing		29
	Recruitment & retention	10
	Training	10
	More staff	16
	Reduce admin for clinical staff	4
Patient Experience		24
	Support to ‘wait well’	1
	Patient communication	16
Funding		41
	Staff pay	16
	Infrastructure & equipment	2

	Efficiencies	7
NHS Structures		36
	In-house services (cleaning etc.) rather than contracting out	2
	NHS management	2
	Reduce outsourcing	10
	Service improvement	2
	Reduce non-management and non-clinical posts	13
	Service integration	3
Communication		21
	Education	6
Patient & Public Involvement		4
Social Care Provision		7
	“Bed Blocking”	2
Hospital Discharge		3
Regional Variances		7
Industrial Action		3

Question 3

What do you think would help to build more trust and support the NHS in the future?

Theme	Number of responses
Good as it is	11
Tailored support	7
Respect services	15
More funding	55
Government action	9
Less senior staff, more frontline	10
More staff	52
Less wastage	47
More Face-to-Face	18
Transparency	50
Connect with people	38
Use pharmacy	11
Prevention and Self-care	32
Care navigation	9
Know what's available	7
More access to a dentist	7
More appointments with a GP	50
More appointments	25
Waiting list	64
Better discharge	4
Support for staff	22
Travel and transport issue	10
Close to home	24
Do what say will do	3
Inequalities	13
Wider determinants of health	8
Tackle geographic inequality	10
Communication between services	7
Communication with patients	29
Communication	40
Access to specialists	3
Listen to vulnerable patients	9
Better urgent care	7
Modernise/use IT	14
Patients to pay for some things	17
Don't close services	2
Keeping it free	3
Improve attitude/caring approach	17

Quality of care	18
Mental health	9
Joined up working	11

Appendix 3 – paper survey

Humber and North Yorkshire
Health and Care Partnership

NHS

NHS 75

NHS@75 – Engagement to shape the future.

July 5th 2023 will mark the 75th anniversary of the NHS. To celebrate this significant moment, the NHS in Humber and North Yorkshire is speaking to local people to find out their thoughts on the NHS in its 75th year, and how it can continue to develop in the future.

By completing this short survey, you will be helping us to gain a greater understanding of what is important to our communities when it comes to accessing health and care services.

We will analyse all the responses we receive to identify any key themes and topics, with a report being shared with the NHS Humber and North Yorkshire Integrated Care Board to inform the future work of our local NHS.

The closing date for this survey is **Sunday 16th July 2023.**

If you require this questionnaire in an alternative format *(including large print or alternative languages)*, or if you require additional support to complete this questionnaire, please contact:

☎ 01482 672156
✉ hnyicb.communications@nhs.net

Please return any completed surveys back to us using the FREEPOST address below, no stamp necessary, just pop it in an envelope and post it!

FREEPOST RTTL-HSBE-BLHL
Health House
Grange Park Lane
Willerby
HULL HU10 6DT

This survey is also available online, scan the QR code below to complete:

Scan me!

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Humber and North Yorkshire Health and Care Partnership

NHS

Question 1 - People have told us they are proud of the last 75 years of the NHS. What do you think can be done to maintain this in the coming years?

Using a scale of 1 – 5, with 1 being the most important and 5 being the least important, please tell us how important ***each statement is to you****.*

	1	2	3	4	5
Provide services that are easy to access. *(including online, the availability of services, and physical access to healthcare buildings)*	○	○	○	○	○
The NHS should remain free and for everyone	○	○	○	○	○
Use resources efficiently and reduce waste	○	○	○	○	○
Increase the number of staff	○	○	○	○	○
Provide support and advice to people to help them stay healthy for longer	○	○	○	○	○
Treat everyone equally and fairly (including patients and staff)	○	○	○	○	○
Improve mental health services	○	○	○	○	○
Improve the health of the most disadvantaged	○	○	○	○	○
Improve the quality of NHS care	○	○	○	○	○
Improve waiting times for treatment	○	○	○	○	○
Anything else...					

Question 2 – What is the most important thing communities can do to support the NHS in the future?

Please rank these from the most important (1) to least important (4). Please only use a number once.

	1	2	3	4
Use the NHS responsibly – e.g., keep to appointments, use the right service at the right time.	○	○	○	○
Work towards a healthy lifestyle – e.g., eating well, being physically active.	○	○	○	○
Supporting the community – e.g., promoting good health with others	○	○	○	○
Treat everyone equally and fairly (including patients and staff)	○	○	○	○

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Humber and North Yorkshire
Health and Care Partnership

NHS

Question 3 – What do you think would help to build more trust and support the NHS in the future?

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Humber and North Yorkshire
Health and Care Partnership

NHS

About you

The next set of questions will help us to better understand the answers you have given, and the health and care needs and experiences of people across Humber and North Yorkshire.

By answering these short questions, you will help us to work to address health inequalities, giving everyone the opportunity to receive care in a way that is most appropriate to them, and improving outcomes for patients.

You do not need to answer any or all these questions, and any information you provide will be securely stored and completely anonymous.

What is your postcode?

What is your age?

- ◯ 0-15
- ◯ 16-24
- ◯ 25-34
- ◯ 35-44
- ◯ 45-54
- ◯ 55-64
- ◯ 65-74
- ◯ 75-84
- ◯ 85+
- ◯ Prefer not to say

What is your gender?

- ◯ Female *(Including transgender woman)*
- ◯ Male *(Including transgender man)*
- ◯ Non-Binary or Gender Non-Conforming
- ◯ Prefer not to say
- ◯ I identify in another way *(Please specify)*

Do you have a disability, long-term illness, or health condition?

- ◯ No Disability
- ◯ Physical Impairment (e.g. difficulty moving your arms or mobility issues)
- ◯ Sensory Impairment (e.g. being blind or having a visual impairment)
- ◯ Audio Impairment (e.g. being deaf or having a hearing impairment)
- ◯ Mental Health Condition (e.g. depression, dementia or schizophrenia)

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NHS

- ○ Learning disability or difficulty (e.g. dyslexia) or a cognitive impairment (e.g. autistic spectrum disorder)
- ○ Long-Term Health Condition (e.g. asthma, epilepsy or diabetes)
- ○ Prefer not to say
- ○ Other *(Please specify)*

Which of the following best describes your ethnic background?

- ○ White – other white
- ○ Mixed / Multiple ethnic group
- ○ Asian / Asian British
- ○ Black / African / Caribbean / Black British
- ○ Chinese
- ○ Prefer not to say
- ○ Not on the list *(Please specify)*

Which of the following best describes your sexual orientation?

- ○ Heterosexual or straight
- ○ Gay man
- ○ Gay women or lesbian
- ○ Bisexual
- ○ Asexual
- ○ Prefer not to say
- ○ Other *(Please specify)*

What is your religion or belief?

- ○ No religion
- ○ Buddhist
- ○ Christian (all denominations)
- ○ Hindu
- ○ Jewish
- ○ Muslim
- ○ Sikh
- ○ Other *(Please specify)*

Thank you for completing this survey.

LET'S GET BETTER.

LET'S GET BETTER.

Engagement and Insight - a snapshot

Humber and North Yorkshire Health and Care Partnership

September 2023

What are the key themes we are hearing?

- ❑ **Access to services** mainly primary care and dentistry
- ❑ **Waiting times**
- ❑ **Difficulties making appointments**

Key sources include:

HNY ICB Engagement and Insight - A summary of our activity between June - September 2023

HNY ICB PALs and Complaints – 2022-23 data

Healthwatch (six across Humber and North Yorkshire) – Key findings from June - August 2023

National GP Patient Survey - January-April 2023

British Social Attitudes Survey (national) – September - October 2022

Our public memberships:

The ICB boasts **five** public membership schemes - all of which are pivotal mechanisms for involving our local population. We meet regularly with these groups, who also receive newsletters and early opportunities to take part in local, regional and national health surveys. We are committed to increasing membership numbers and will update you on the activity and progress of these groups moving forward. Below is a list of the groups and current membership numbers:

Accord (North East Lincolnshire) – **1283**
Embrace (North Lincolnshire) – **270**
The Loop (North Yorkshire & York) – **350**
Hull Champions (Hull) – **90 groups**
Involve (East Riding) - **224**

Engagement and insight summary

Humber and North Yorkshire Health and Care Partnership

NHS75 engagement

- More than **750** responses
- **20 face to face sessions** across HNY

Key themes:

Concerns about **lack of access particularly to GPs and NHS dentists.**

Feeling that **primary care appointments are less available**, and people **want face to face appointments.** Care navigators are viewed as a barrier to getting care, and **alternative appointment methods are not always accepted by patients.**

Desire for **clear and transparent communication from the NHS** – especially waiting times and support to 'wait well'.

Important to **publicise the good work taking place** across the health and care system.

People need **educating and supporting to use the NHS responsibly.**

People want services in their local community - concern that travelling to other areas for care is widening health inequalities.

- **The full report to NHS75 can be read with September's Board papers.**

Humber Business Day (June 2023)

700 business leaders attended the event.

60 businesses visited our stand and **talked about workplace health and how to support employees with health and wellbeing.**

26 businesses expressed interest in our Working Voices Scheme.

35 businesses attended breakout sessions led by Dr James Crick to hear about the HCP's Strategy and the role employers can make to improving health.

Key employer concerns: workforce mental health; high levels of smoking (manual occupations); **low levels of physical activity** (sedentary occupations).

Hull Pride

Full report will be presented to Board in November

1,800 people attended Hull's health and care tent.

338 people voted on how they think health and care can be improved for LGBT+ people in the future:
40% voted for 'LGBT+ awareness and education for health and care staff
28% voted for 'improve inclusivity across health and care'
27% voted for 'increase the promotion and awareness of services and support
5% suggested 'improving equality, better LGBT+ work rights, increased LGBT+ education in schools, and listen more.

Humber and North Yorkshire
Health and Care Partnership

PALS and Complaints insight 2022-23

The ICB's Experience of our Population Annual Report shows that the organisation has received the following contact through its Experience Team during 2022-23.

The key themes identified across all contact types during this period were:

Communication
Quality of care
Continuing Health Care

Contact Type	North Yorkshire	York	Hull	East Riding of Yorkshire	North Lincolnshire	North East Lincolnshire	Total
Formal Complaint	21	23	10	20	13	34*	**121**
Concern	97	184	140	222	38	425*	**1106**
Comment	0	11	29	0	14	0	**54**
Compliment	1	10	11	11	4	45	**82**
Enquiry	127	104	132	0	52	0	**415**
MP	35	18	50	19	50	9	**162**
Total	**281**	**349**	**372**	**253**	**171**	**513**	**1940**

* Inclusive of both health care and Adult Social Care

EXPERIENCE TEAM	
01/04/2023 - 24/08/2023	
	TOTALS
Complaints	124
PHSO	4
MP	62
PALS	358
Other*	466
Compliments	24
OVERALL TOTAL ACROSS ABOVE DOMAINS	**1038**

*Includes enquiries, comments etc

Healthwatch - common themes across our six places (June-August)

Primary care:
Poor access and long waits on the phone and for appointments.
Challenges of using online systems.
Time-limitations on GP systems e.g. only being able to phone between 7.30am – 9.30 am for appointments.
Once people get an appointment, they're often happy with the quality of the care which they receive.

Dentistry:
Issues are regularly being raised regarding a lack of access to NHS services, with many on waiting lists for years.
Practices are either closing or only offering private care.
Impacting on people's mental health and wellbeing.

Hospital care:
Long waiting times at A&E, for operations/follow up appointments and for test results.
Positive feedback about caring staff.

Coming up...

Regional PPG Chairs Forum launch

Humber Acute Services consultation

Hull UTC Engagement

Community Diagnostics Hub N. Lincs

Creation of ICS public insight bank

Wolds Pride September 17

Humber and North Yorkshire
Health and Care Partnership

Agenda Item No:	12

Report to:	HNY Integrated Care Partnership
Date of Meeting:	27 September 2023
Subject:	**Seasonal Preparedness - Winter 2023/24**
Director Sponsor:	Amanda Bloor, Deputy Chief Executive and Chief Operating Officer
Author:	Shaun Jones, Interim Locality Director Rebecca Elsom, UEC Programme Director

STATUS OF THE REPORT: *(Please click on the appropriate box)*

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

SUMMARY OF REPORT:

This report outlines the requirements for Integrated Care Boards and Local Authorities, to work across the system to prepare for winter 2023/24.

The report sets out the national requirements and the approach being taken, alongside the specific asks and associated resources, for Local Authorities, with a view to presenting a headline summary of the plans at the meeting. The national deadline for the submission of the plans is on 28 September 2023.

RECOMMENDATIONS:

ICP Members are asked to:

i) Note the national requirements for each Integrated Care Board (ICB) and Local Authorities in preparing for Winter 2023/24, and the approach being taken across Humber and North Yorkshire to respond to the national requirements.

ii) Receive inputs from colleagues across the respective Places in relation to the sharing of best practice and the latest positions in advance of the 28 September 2023 plan submission deadlines for Local Authorities.

ICP STRATEGIC OBJECTIVE	
Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS	
Finance	There are no financial implications of this report.
Quality	Patient safety and quality are a fundamental consideration as part of the work on urgent and emergency care and preparing for winter.
HR	There are no human resource implications from this report though the availability and utilisation of workforce will be crucial in responding to winter pressures.
Legal / Regulatory	There are no regulatory or legal implications from this report.
Data Protection / IG	There are no data protection or information governance issues arising from this report.
Health inequality / equality	Tackling health inequalities is an underpinning consideration for this report, with the need to focus on high intensity users one of a number of key elements.
Conflict of Interest Aspects	There are no conflicts of interest to note.
Sustainability	Not applicable.

ASSESSED RISK:

Improving Urgent and Emergency care is a significant national and HNY ICB priority and represents a key risk area for the delivery of the Humber and North Yorkshire ICB Operational Plan. The risks associated with patient safety and quality and performance tend to be even more challenged over the winter period, which is why ICB's are being asked to coordinate the preparing for winter requirements for each Integrated Care System (ICS) across the country.

MONITORING AND ASSURANCE:

In line with its importance, the Humber and North Yorkshire ICB Winter Plan submitted will be subject to regional and national assurance processes and will feature in ongoing monitoring reports to the ICB Board and other parts of the ICB's governance arrangements.

Local Authorities have been awarded additional resources via the Market Sustainability and Workforce Fund and via the Urgent and Emergency Care (UEC) Recovery Fund. The latter of which is due to the fact that Humber and North Yorkshire ICB is classified as a Tier 2 UEC status.

The nature and level of monitoring and assurance of the Winter Plans will be high and commensurate with the fact that Humber and North Yorkshire ICB is a Tier 2 ICB for Urgent and Emergency Care.

ENGAGEMENT:

Engagement has taken place with Place Directors and Local Authority colleagues to support the collation of this report and facilitate the input into the discussion at the meeting.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.

Preparing for Winter 2023/24

1. INTRODUCTION

1.1. This report outlines the requirements for each Integrated Care Board (ICB) to prepare for the Winter period and the steps being taken by Humber and North Yorkshire ICB in response to the national asks.

1.2 The report also includes the specific national roles and responsibilities expectations on Local Authorities in terms of their preparations for winter, with reference to the additional financial resources being made available to support this.

2. BACKGROUND

2.1. In August 2022 NHS England wrote to ICB's outlining the explicit responsibilities of ICBs in preparing for and responding to system challenges and ensuring that robust arrangements were put in place to prepare for Winter. Specific requirements for ICBs included the submission of Bed Capacity and Board Assurance plans, and a self-assessment of all acute providers in terms of their winter preparations and specific requirements. There was also the Winter Board Assurance Framework (BAF) which required monthly updates against a range of detailed actions for each ICB.

2.2. A 'Going further for winter' correspondence was then issued to all ICBs in late October 2022, with a requirement for a range of additional actions to be put in place for 1 December 2022. This included the establishment of a System Control Centre to oversee system pressures, as well as specific actions regarding Falls response and work on High Intensity Users.

2.3. A 'Going Further for Winter – mental health' was also issued in December 2022 with guidance supporting strengthening ambulance response to mental health need; Optimising flow through mental health inpatient settings; Raising the profile of all age 24/7 urgent mental health lines and supporting children and young people with mental health needs in acute and paediatric settings.

2.4. Last winter was arguably the most challenging winter nationally ever experienced as health and social care system pressures combined to make it very difficult to respond to the multiple demands placed upon partners at a similar time.

2.5. All ICB Operational Plans for 2023/24 had to outline how they were going to meet the following objectives, that formed part of the national 31 Objectives within the NHS Operational Planning requirements. These were:

- **Improve A&E waiting times** so no less than 76% of patients are seen within 4 hours by March 2024 (NB winter letter defines as 76% of patients being admitted transferred or discharged within 4 hours by March 2024).

- **To improve Category 2 response times** to an average of 30 minutes across 2023/24.

- **Reduce G&A occupancy to 92% or below**.

2.6 Key actions required in the guidance included:

- Increase physical capacity and permanently sustain the equivalent of the 7000 beds of capacity that was funded in winter 2022/23.
- Reduce the number of medically fit for discharge patients in our hospitals, addressing NHS causes as well as working in partnership with Local Authorities.
- Increase ambulance capacity.
- Reduce ambulance handover delays to support the management of clinical risk across the system.
- Maintain clinically led System Control Centres to effectively manage risk.

2.7 The Operational Planning guidance signalled the publication of an Urgent and Emergency Care Recovery Plan which was published in January 2023. This set out a number of priorities over the course of 2023/24 to recover the urgent and emergency care position nationally. This can be found here:

https://www.england.nhs.uk/wp-content/uploads/2023/01/B2034-delivery-plan-for-recovering-urgent-and-emergency-care-services.pdf

2.8 In line with the national UEC Recovery Plan, each ICB had to submit a range of plans as part of the Operational Planning process for 2023/24. This included a narrative recovery plan, various trajectories to meet the national requirements and a Bed Capacity Plan to utilise the additional £18.1 million allocated to Humber and North Yorkshire for 2023/24 over and above the allocations made in 2022/23 which were made available as part of the core allocations for 2023/24.

2.9 Board members have previously been appraised of the fact that Humber and North Yorkshire is classified as a Tier 2 ICB for the purposes of Urgent and Emergency Care and is receiving some regional support to help its improved performance to meet the national requirements. This will continue as part of the winter plan submission and assurance requirements.

3. ASSESSMENT

3.1. The NHS England Preparing for Winter letter was published on 27 July 2023, 'Delivering Operational Resilience across the NHS this winter'. Each ICB were required to submit their plans by 11 September 2023.

3.2. A separate letter was also sent to Local Authorities from DHSC outlining the requirements of Local Government for winter, consistent with the roles and responsibilities, with a deadline of 28 September 2023.

3.3. The NHS letter sets out a focus on 4 key areas as follows:

1. Continue to deliver on the UEC Recovery Plan by ensuring the delivery of the Ten High Impact interventions; this builds on the completion of the maturity matrix by Place and identification of system champions to attend the four areas of focus as part of the universal support offer.

2. Completing Operational and Surge Planning to prepare for difficult winter scenarios relating to the winter planning templates.

3. ICBs should ensure effective system working; relating to the roles and responsibilities identified for each element of the health and social care economy, the publication of the System Control Centres and Operational Pressures Escalation Levels (OEPL) framework.

4. Support the workforce to deliver building on the NHS Peoples Promise and focus on recruitment and retention.

3.4 The letter also sets out an incentive scheme for providers to deliver performance above the national planning requirements, with the incentive of receiving capital allocations for 2024/25.

3.5 The templates for the submission of the Winter Plans were shared on 4 August 2023 and required the submission of the following by the deadline of 11 September 2023:

- A Winter narrative template plan responding to a series of Key Lines of Enquiry (KLOE's) covering a multitude of areas including urgent and emergency care, mental health, primary care and community consistent with the 4 areas of focus and the roles and responsibilities outlined.

- A numerical template plan which allows the opportunity to review and adjust the various metrics and details submitted as part of the Operational Plans in May 2023, taking account of the position in the first 4 months of the year, alongside the Community Bed audit undertaken in June 2023 and Better Care Fund (BCF) Demand and Capacity Plans completed in June/July 2023.

3.6 In additional to the Winter Planning requirements for ICBs, the Department of Health and Social Care wrote to all Local Authorities to ensure clarity on actions for adult social care and the NHS for people and patients. Both letters referenced the importance of reviewing work on intermediate care capacity and demand estimates and planning work. This included the need to submit updated Better Care Fund (BCF) capacity and demand plans, which will be required to be submitted in October 2023, and will need to take into account of the asks in these letters.

Alongside this, Department of Health and Social Care (DHSC) published the policy statement and grant determination explaining the details of the new Market Sustainability and Improvement Fund (MSIF) Workforce Fund and the MSIF 2023 to 2024 Care provider fees, showing data and analysis of fees paid to care providers by local authorities, reported as part of the Market Sustainability and Improvement Fund.

3.7 Furthermore, 55 Local Authorities were written to on 8 September 2023 to invite them to submit plans to utilise a share of an additional £10 million all Local Authorities to utilise their allocation of the Local Authorities Urgent and Emergency Care Support Fund. The intention is to provide targeted funding for Local Authorities in areas with the greatest urgent and emergency care challenges, subject to the submission of robust proposals which will be assessed against the following criteria:

- Impact on urgent and emergency care resilience and performance over the winter period, whether by helping prevent avoidable admissions or by reducing discharge delays.
- Are deliverable over the winter 2023/24 period.
- Are additional to existing LA expenditure and capacity plans and linked to NHS winter surge plans and Better Care Fund demand and capacity plans, for example by addressing gaps identified in those plans. Section 151 officers will be required to assure that funding has been used to purchase additional services and capacity in line with the MoU.

All 6 Local Authorities in Humber and North Yorkshire have been invited to submit plans to draw down a nominal proportion of the Local Authorities Urgent and Emergency Care Fund, either at 100% or up to 150% of the amounts indicated to each Local Authority, as a result of Humber and North Yorkshire ICB being in a Tier 2 UEC status.

3.8 Each part of the Humber and North Yorkshire system has its well-established integration arrangements between health and social care, responding to the similar challenges experienced nationally, albeit some of them have some particular local characteristics to them. Appendix 1 shares some insight into the work underway across some parts of the Humber and North Yorkshire geography, with scope to share more good practice as part of the Integrated Care Partnership (ICP) meeting itself. One of the critical issues is to ensure that there is sufficient capacity across health and social care across all parts of the ICS geography to meet the demands across the winter period, in the context of a very challenging financial position across the NHS and Local Government.

3.9 A further key part of the preparations for winter is to ensure that a timely and effective vaccination programme is in place to protect both patients and staff who may be at a higher risk of infection. The annual Vaccination letter was flagged in the previous report to ICB Board members, but this has recently been followed up with a supplementary letter which brought forward the start date of the Covid and Flu Vaccination programme, which commenced on 11 September 2023. Arrangements are being put in place to ensure that the programme is established across Humber and North Yorkshire.

4. CONCLUSION

4.1 Delivering safe, effective and timely urgent and emergency care services all year round is a core requirement of ICBs, and other partners. The specific requirements in relation to the planning and preparation for winter is always subject to extra requirements and scrutiny, alongside a clear accountability of the roles and responsibilities for ICBs to lead and coordinate the winter planning and preparations.

The national requirements for Winter 2023/24 reflect the learning from last winter, the need to ensure that all plans across health and social care align, and that plans provide sufficient capacity to meet the predicted demand.

4.2 Additional resources have been made available to all Local Authorities to support their capacity in preparing for winter, whilst a smaller number of Local Authorities have also received an invitation to secure further resources as a result of being in a Tier 2 ICB UEC area.

4.3 As all partners are working hard to finalise their respective plans, the ICP discussion represents an opportunity to hear about the efforts taking place to align the respective health and social plans and share best practice across all parts of the ICS geography.

5. RECOMMENDATIONS

ICP Members are asked to:

i) Note the national requirements for each ICB and Local Authorities in preparing for Winter 2023/24, and the approach being taken across Humber and North Yorkshire to respond to the national requirements.

ii) Receive inputs from colleagues across the respective Places in relation to the sharing of best practice and the latest positions in advance of 28 September 2023 plan submission deadlines for Local Authorities.

Appendix 1 – Examples of work across Humber and North Yorkshire in preparing for Winter 2023/24.

Appendix 1

Hull and East Riding

There are significant challenges with discharge from hospital into the community in Hull and the East Riding of Yorkshire:

People are spending longer in hospital than they need to – over half the average length of stay for HUTH inpatients requiring a supported discharge (Pathway 1-3) is spent as no criteria to reside (NCTR)

Local system partners across Health Care and the Voluntary sector are currently working together to address this and are in Phase 3 of the Hull and East Riding D2A Programme. An ambitious vision for the future discharge model has been agreed is now being implemented alongside an evaluation process that includes a specific focus on patient experience and outcomes.

Work to date has Involved:

1. Setting a system wide programme
2. Agreeing vision for future discharge model
3. Developing milestone plan for implementation
4. Redesigning the discharge pathway within the hospital with the creation of a single point of access and daily multi-disciplinary approach for patients with the more complex needs who need support on discharge (the 13th floor MDT)
5. Creation of a new therapy led rehabilitation and transfer of care beds on the hospital site where patients are discharged for assessment and completion of the transfer of care process to take place outside of the hospital environment (Rossmore rehab and reablement).

The change has been system led and continues to be delivered by leaders from Health, Social care and VCS. Now moving into month 2 of the implementation there are positive and demonstrable outcomes being demonstrated by the changes. Overall, NCTR LoS has reduced for all P1-P3 discharges since the 13th floor MDT went live.

The reduction in average NCTR length of stay of 0.67 days equates to:

- 5,000 annual bed days saved.
- 14 beds created.
- 92% of patients transferred to Rossmore are being discharged on pathways 1 and 2 with less need for more complex care packages following therapy led assessment and a focus on reablement.

The work is still in its initial stages but is showing a promising shift in both qualitative and quantitative data measurements that have been set up as part of the programme. Most importantly patient experience and outcomes are improving, and the system is taking a collaborative approach to improving the local position.

Northern Lincolnshire

Transformation and development of Single Point of Access in preparation for winter

In Northern Lincolnshire, the Single Points of Access (SPA) in North Lincolnshire and North East Lincolnshire are implemented at place level with cross boundary working where required to ensure that the needs of local populations are met in both geographies.

Both SPAs cover all 9 clinical conditions (in line with national urgent care response guidance); are available 24 hours, 7 days a week, 365 days a year, provide urgent falls response (level 1 & 2 falls) and prioritise first contact clinicians including paramedics/ambulance crews to enable rapid access to all non-ED pathways. Both SPAs provide clinical triage with senior clinical decision-making capacity, with direct access to the Community Urgent Care/Response Team, Unscheduled Care Team, Rapid Response Team, Virtual Wards, outpatient parenteral antibiotic therapy (OPAT), VCSE services and out of hours GP service.

A 'push' model is in place for Category 3 & 5 calls between East Midlands Ambulance Service (EMAS) and NLaG Community SPA (NL) and Care Plus Group in collaboration with Focus Adult Social Care (NEL). In preparation for winter, EMAS are working to finalise arrangements for the use of the 'Intelligent Routing Platform' in times of surge. This Platform is already in place and EMAS is in the process to ensure sufficient staff are in place in the event of surge, to ensure sufficient flex in their establishment and maintain usual service delivery. Work continues to support transition from the current advance medical priority dispatch system (AMPDS) to NHS pathways within EMAS control centres, and colleagues in NL and NEL are working closely with EMAS to support this transition.

- **NEL SPA priorities for winter 2023/24**

Further development of Clinical Assessment Services: continued development of (OPAT), virtual ward, GP Connect, 111, CAT 3 and 5 diversion, same day emergency care (SDEC), Community falls, care homes, 2 hourly urgent care response, Adult Social Care and Safeguarding, Carelink.

- **NL SPA priorities for winter 2023/24**

Actions being undertaken in NL SPA ahead of winter to maximise efficiency:

- Continued development of EMAS call transfers (coding review).
- Enhancing joined up working between the Hospital Discharge Team, Virtual Ward, urgent care team therapist, Community Matrons and Short-Term Care Team.
- Close working with Proactive Care service (E.g., SAFE service) to reduce crisis demand.

North Yorkshire and York

North Yorkshire priorities for Winter 2023/24

North Yorkshire have additional capacity to support intermediate care and meet demand throughout the year, principally through the Adult Social Care Discharge, but also through the NHS bed/capacity fund. Additional capacity planned equally throughout the year as pressures on the health and social care system in the summer months have been sometimes as great as those over the in-winter period. However, contracts for key elements of capacity such as additional community intermediate care beds are placed on a 3 month by 3-month basis, providing the opportunity to reduce capacity in summer in line with any fall in demand and provide additional capacity over the winter period if necessary. Work is underway to use existing provision more advantageously, with improved patient flow once out of hospital, into long term provision, ensuring capacity exists in intermediate/rapid response provision. This includes bedded provision and Home First provision, Community Reablement Team (CRT), Housing Support Grant (HSG) and private provision.

Establishment of a Frailty Hub for York

The York Frailty Hub will ensure quality, safety, and patient experience is at the centre of our clinical decision making. Priorities for 2023/24 include:

- Establishing an Advice and Guidance line
- Developing acute carer support to keep people at home or their care home/place of residence.
- Developing a rapid response team
- To develop a triage tool for referrals that is responsive to those in greatest need – making the best use of resources.
- To enhance referral pathways to include paramedics, social care, mental health, patients, high intensity users.
- To explore opportunities around education and learning in collaboration with hospices

The hub will develop and deliver a fair and just culture in all areas of working, across multiple partners and providers. In 2023/24 this will be supported by:

- Education and training for staff
- Giving staff the tools, they need to carry out their duties.
- Create a truly integrated, collaborative workforce that cuts across organisational boundaries.
- MDT approach to create a resilient workforce to support a sustainable future model.
- Work collaboratively with partners to create a workforce model for the frailty hub that supports integration and provides a platform on which to progress and strengthen the offer for the population.
- System integrated investment in the vision on behalf of all our patients to prevent admissions wherever it is possible and safe to do so by aligning our services as much as possible.
- The integration of teams into this model means we can work closer than ever before to get the correct clinician or volunteer to a patient when needed to prevent an unnecessary admission.

Expansion of the One Team (Single Point of Access) Model

- Develop and enhance the One Team model to continue to support rehabilitation and early supported discharge.
- Build on the already established partnerships between colleagues within the Home First/One Team(s).
- Maximise use of all resources, as a collective, eradicating duplication and enhancing efficiency
- To establish a true single point of access – ensuring all partners are aware of the pathway.
- To explore opportunities to enhance referral pathways.
- To promote ‘telling your story once’ model by facilitating a joined-up approach – ensuring all partners have access to the right information at the right time, to benefit the patient.
- To develop and enhance the current infrastructure to support the workforce.

York priorities for Winter 2023/24

- In York there is a targeted approach being taken within the acute trust to facilitate discharge by working with wards (beginning with those who have the most complex patients) to educate around pathway identification, process for equipment requests (and the impact this has on delayed discharges), the importance of describing care needs to enable Adult Social Care to assess to discharge.
- Data is being used in a more productive way to determine what the current delays are – break down of requirements and analysis of trend patterns to support capacity planning.
- Virtual Frailty Ward trajectory is on track to increase beds from 5 to 10 as clinical workforce capacity allows, and dependant on identification of patients who meet Virtual Ward bed criteria.
- The Virtual Ward medium to long term ambition aligns with the 'virtual hospital' vision/national direction of travel with multiple specialties exploring opportunities for virtual ward pathways.

Humber and North Yorkshire
Health and Care Partnership

Agenda Item No:	13

Report to:	HNY Integrated Care Partnership
Date of Meeting:	27 September 2023
Subject:	**Sustainability/ Green Plan**
Director Sponsor:	Jane Hazelgrave, Executive Director of Finance and Investment
Author:	Neil Cartwright, Senior Net Zero Programme Manager, Greener NHS

STATUS OF THE REPORT: *(Please click on the appropriate box)*

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

SUMMARY OF REPORT:

On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022. This places duties on NHS England, and all trusts, foundation trusts, and integrated care boards to contribute towards statutory emissions and environmental targets. Integrated care boards (ICBs) will meet this new duty through the delivery of their localised Green Plans.

In July 2023 Humber and North Yorkshire ICB approved a three-year Green Plan to set out the carbon reduction initiatives that are already underway and priorities for the subsequent three years. This plan aligns to the "Delivering a Net Zero National Health Service" and the Yorkshire and Humber Climate Commission aims, working towards four guiding principles for Humber and North Yorkshire:

- **Mitigation** - balancing the amount of greenhouse gases emitted with the amount removed from the atmosphere, effectively reducing the impact of climate change to nearly zero.
- **Adaptation** - preparing our communities for and responding to the effects of climate change, with the aim of reducing vulnerability and enhancing resilience.
- **Biodiversity** - tackle climate change while also ensuring the preservation and rejuvenation of nature and biodiversity, enriching our green spaces for the benefit of future generations.
- **Just Transition** - to support a fair and inclusive shift away from fossil fuels that reduces inequalities and that leaves no-one and nowhere behind.

In addition, the Yorkshire and Humber Association of Directors of Public Health (YHADPH) and the Yorkshire and Humber Climate Commission (YHCC) are joining voices, knowledge, and connections to focus greater and more immediate attention on the climate crisis as an urgent public health matter.

Public services play a vital role in helping to implement and coordinate plans and secure greener outcomes nationally and locally, in our workplaces and communities. However, it is only by working collectively across the public, private and voluntary sectors that the ICP will gain greater traction and impact.

RECOMMENDATIONS: (*Specify the recommendation(s) being asked of the meeting - use additional points as appropriate*):

Members are asked to:

i) Note and discuss the key themes.
ii) Explore how the plans and work can be better coordinated, built upon and extended across the Partnership.

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	Addressing Green issues requires integrating environmental sustainability into financial judgements across the ICP, while appropriately aligning resources for effective delivery.
Quality	Climate action plans enhance efficiency, bolster reputations, mitigate risks, support regulatory compliance, and drive innovation, improving overall service quality.
HR	The Green agenda has implications for both training initiatives and organisational development across all organisations.
Legal / Regulatory	The public sector has legal and moral obligations to reduce greenhouse gas emissions and the ICB Green Plan fulfils the duties embedded in the Health and Care Act 2022, to confront climate change, while acknowledging the principles outlined in the Climate Change Act 2008.
Data Protection / IG	N/A
Health inequality / equality	Addressing climate change mitigates health risks, improves living conditions, and fosters equality, reducing disparities in health outcomes.
Conflict of Interest Aspects	N/A
Sustainability	The ICB Green Plan sets out a methodical blueprint for system leadership, committed to the delivery across all elements of environmental sustainability.

ASSESSED RISK:

Risks associated with the delivery of the ICP plans include, but are not limited to:

- Financial pressures could impede the successful delivery by limiting financial resources available for sustainable investments, staffing, technology and initiatives.

- Damage to Reputation: Stakeholders, including patients, staff, and partners, increasingly value sustainability. Lack of progress could harm ICB reputation, affecting confidence, community confidence and potential partnerships.
- Operational Disruptions: A future health and care system might face disruptions due to climate change-related events like flooding, heatwaves, or power outages, impacting patient care and safety.
- Patient Health Risks: Failure of progress against environmental targets and healthcare system adaptation may present increased health risks for patients due to environmental factors, such as poor air quality or heatwaves caused by climate change.

MONITORING AND ASSURANCE: (*Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*

Organisational 'Green' Plans will be monitored through the governance arrangements across the public sector.

ENGAGEMENT: *(Please provide details of any clinical, professional, or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans.)*

The preparation of this report involved extensive collaboration with several key parties including the North East and Yorkshire Regional Greener NHS England Team, sustainability leads from various trusts, the HNY Net Zero Clinical Lead, Senior Pharmacists, and digital leads, in addition to the Yorkshire and Humber Climate Commission.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.

Humber and North Yorkshire
Health and Care Partnership

Humber and North Yorkshire - Green Plan

Neil Cartwright

Senior Net Zero Programme Manager, Greener NHS

NHS England, North East and Yorkshire Region

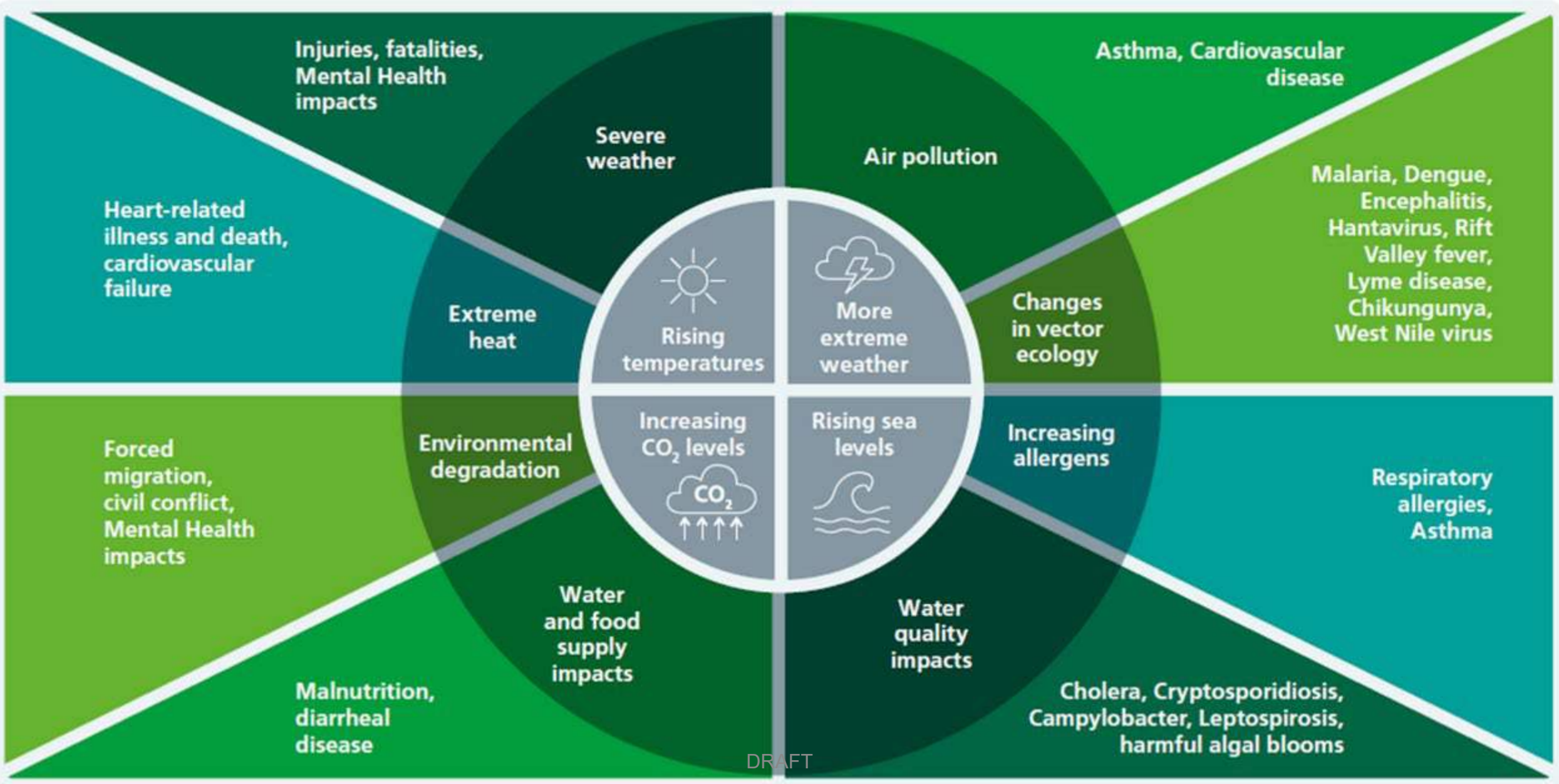
DRAFT

The Climate Crisis is a Health Crisis

Humber and North Yorkshire Health and Care Partnership

- “Climate change is the single biggest health threat facing humanity” (WHO, 2021)
- Climate change is the greatest global health threat facing the world in the 21st century, but it is also the greatest opportunity to redefine the social and environmental determinants of health. (The Lancet)
- Climate change is already impacting health in a myriad of ways, from increasingly frequent extreme weather events (such as floods, storms and heatwaves), worsening air pollution, the disruption of food systems, increases in vector-borne infectious diseases, increased risk of pandemics and mental health issues.
- Furthermore, climate-sensitive health risks are disproportionately felt by the most vulnerable and disadvantaged, worsening health inequalities.
- Environmentally sustainable healthcare reduces the carbon footprint of healthcare whilst improving healthcare, through prevention, patient self-care, effective patient pathways and low carbon alternatives - *this is completely aligned with the core purpose of Humber and North Yorkshire ICS to improve population health and reduce health inequalities.*
- *It’s already affecting us -> https://addresspollution.org/*

The Impacts of Climate Change on Health



Background

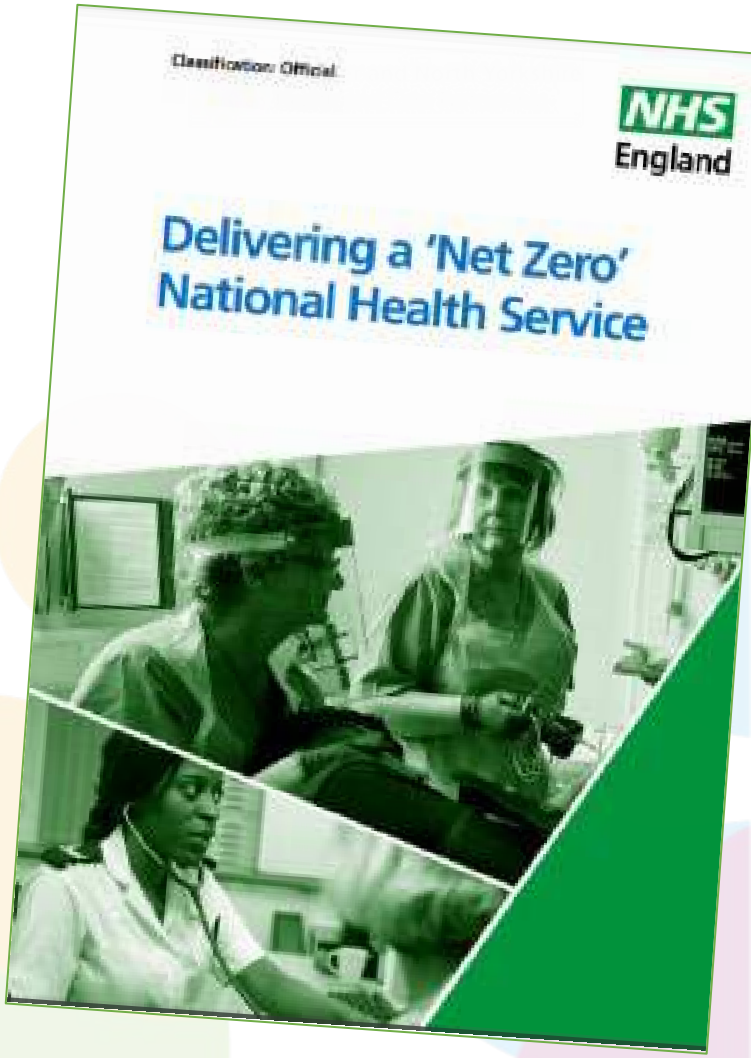
- In Jan 2020, the NHS became the world's first health service to commit to reaching net zero carbon, and in October 2020 the "Delivering a 'Net Zero' National Health Service" report was launched, requiring every Trust, Foundation Trust and ICB to have a Green Plan

- Requirements within NHS Standard Contract, Integrated Care Partnership Strategy and Joint Forward Plan

- The UK 2050 net zero target was made legally binding by the Climate Change Act 2008 (2050 Target Amendment) Order 2019

- On 1 July 2022, the NHS became the first health system to embed net zero into legislation, through the Health and Care Act 2022

- July 2023 Humber and North Yorkshire ICB approved a three-year Green Plan to set out the carbon reduction initiatives that are already underway and priorities for the subsequent three years



NHS Carbon Footprint

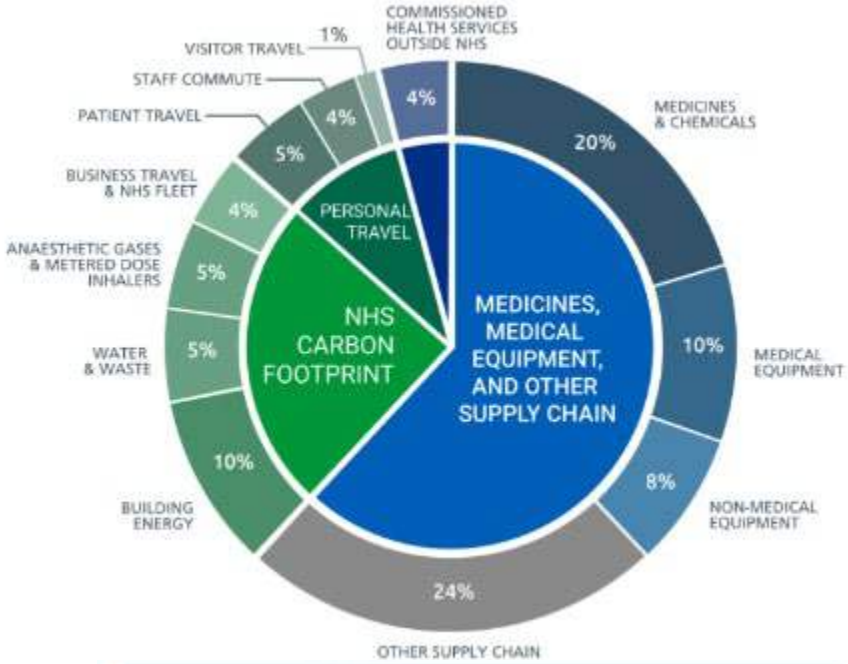
Our Vision:

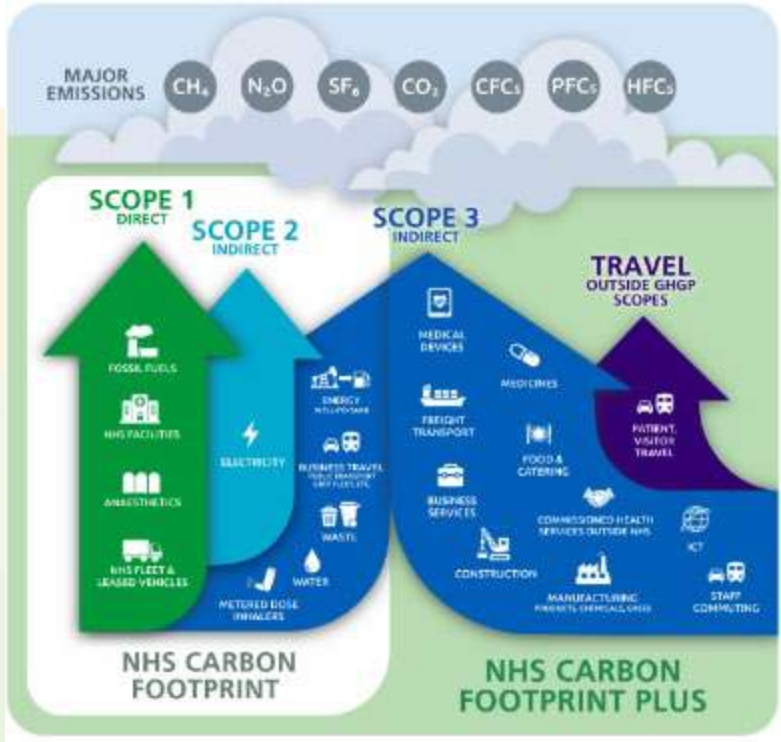
To deliver the world's first net zero health service and respond to climate change, improving health now and for future generations.
(NHS England – Greener NHS)

Set against a 1990 baseline, the NHS has set two clear and feasible targets for their net zero commitment:

- The NHS Carbon Footprint (emissions they control directly), will be net zero by 2040, with ambition to reach an 80% reduction from 2028-2032

- The NHS Carbon Footprint Plus (emissions they can influence), will be net zero by 2045, with ambition to reach an 80% reduction from 2036-2039

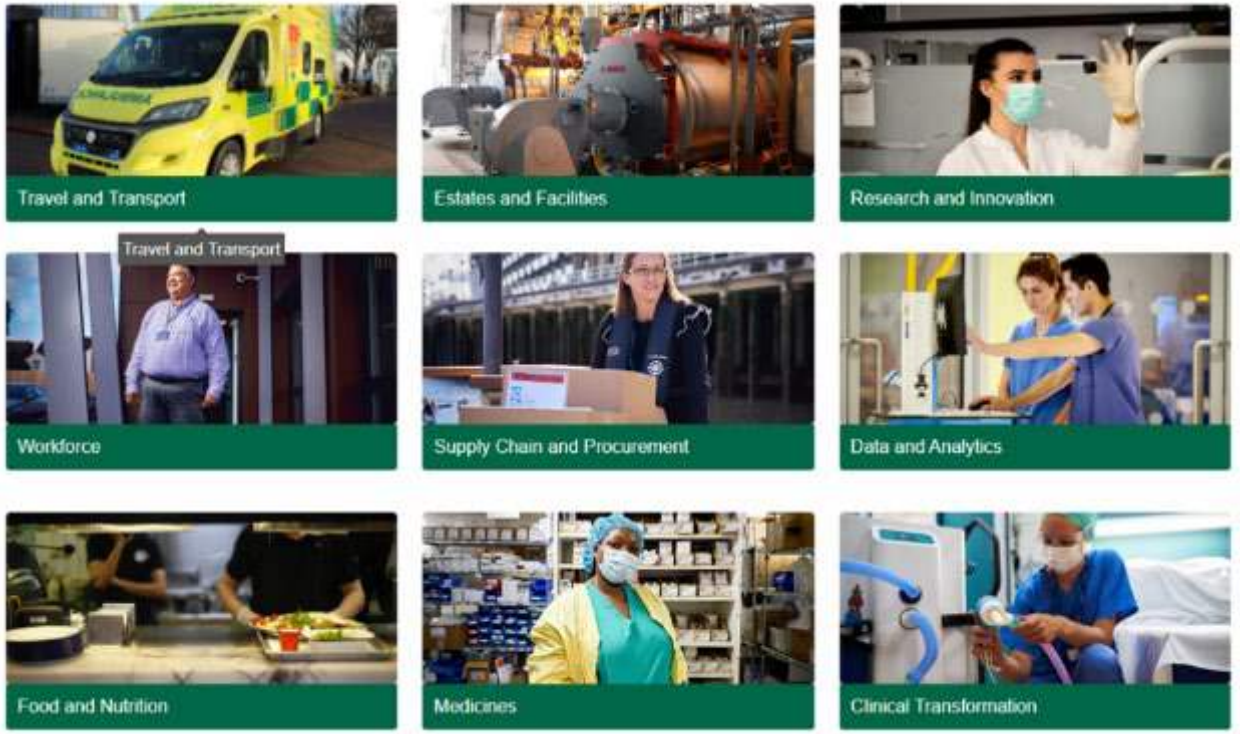


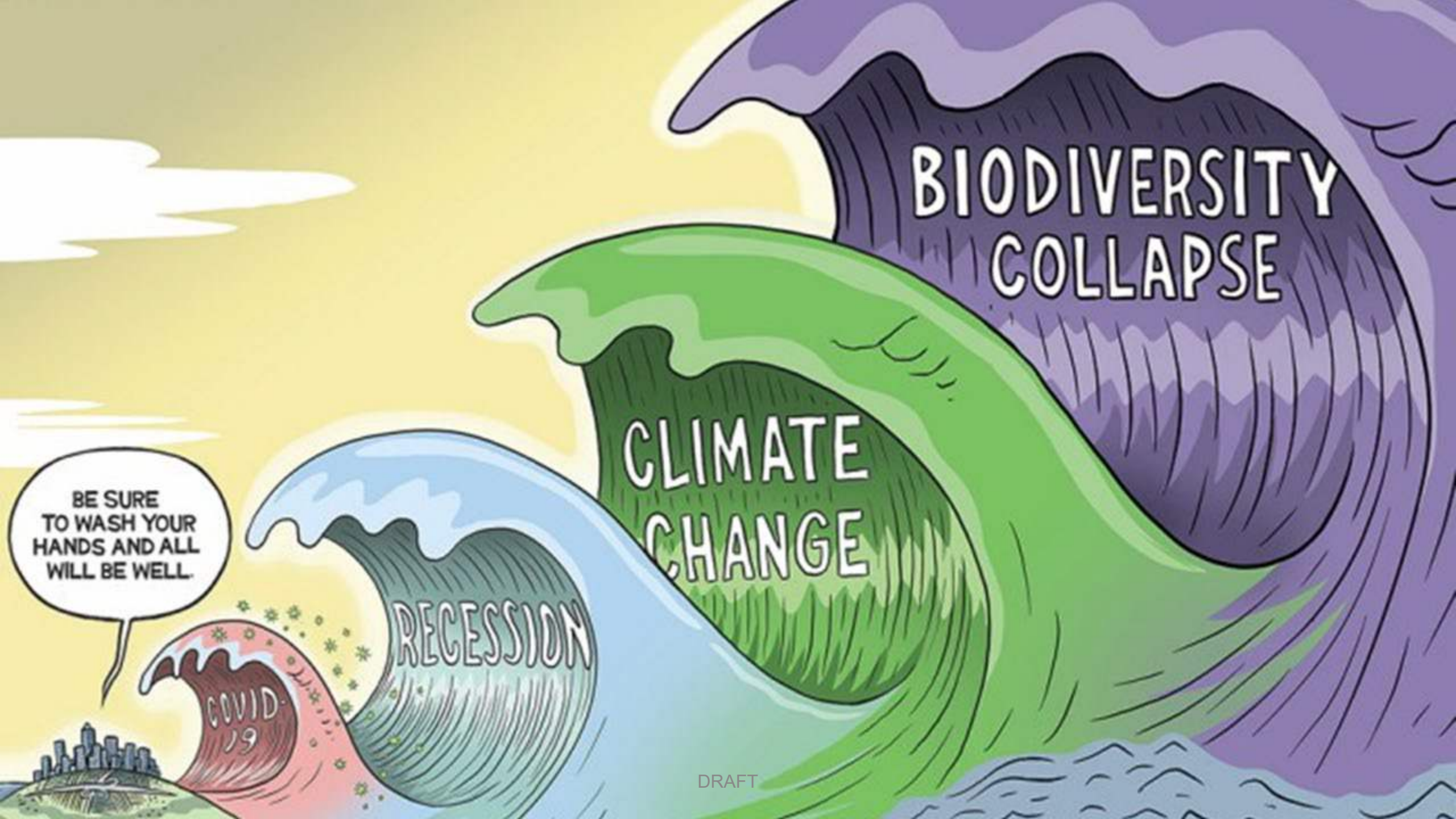


National Approach

Humber and North Yorkshire Health and Care Partnership

- Within NHSE there is a Greener NHS Team which evolved from a Sustainable Development Unit set up in 2008
- NHS Chief Sustainability Officer is Dr Nick Watts
- Provides policy, tools, guidance, campaigns, data collections, metrics and other support
- There are 7 operating regions, and a small NHS England regional Greener NHS Team in each region
- Each year the national team agrees a Memorandum of Understanding (MOU) for regional leadership & delivery with the regions - the regional team works with all parts of the system to deliver.
- Deliverables for 23/24 include using a toolkit to measure the carbon impact of virtual wards, eliminating volatile anaesthetic gases with high global warming potential, reducing emissions from nitrous oxide and inhalers, decarbonising the estate and progressing adaptation activities.




BIODIVERSITY COLLAPSE
CLIMATE CHANGE
RECESSION
COVID-19
BE SURE TO WASH YOUR HANDS AND ALL WILL BE WELL.

Four guiding principles for Humber & North Yorkshire

Humber and North Yorkshire Health and Care Partnership

Yorkshire and Humber Climate Commission

- **Mitigation** - balancing the amount of greenhouse gases emitted with the amount removed from the atmosphere, effectively reducing the impact of climate change to nearly zero.
- **Adaptation** - preparing our communities for and responding to the effects of climate change, with the aim of reducing vulnerability and enhancing resilience.
- **Biodiversity** - tackle climate change while also ensuring the preservation and rejuvenation of nature and biodiversity, enriching our green spaces for the benefit of future generations.
- **Just Transition** - to support a fair and inclusive shift away from fossil fuels that reduces inequalities and that leaves no-one and nowhere behind.

What have we achieved - Green Plans

Humber and North Yorkshire Health and Care Partnership

All of the following organisations in Humber and North Yorkshire have published “Green Plans”
(links to each of the published documents)

NHS Trusts
Harrogate and District NHS Foundation Trust
Hull University Teaching Hospitals NHS Trust
Humber NHS Foundation Trust
Northern Lincolnshire and Goole NHS Foundation Trust
Rotherham, Doncaster & South Humber NHS Foundation Trust
Tees, Esk and Wear Valley NHS Foundation Trust
York and Scarborough Teaching Hospitals NHS Foundation Trust

Social Enterprise Providers
City Health Care Partnership CIC
Care Plus Group
NAViGO

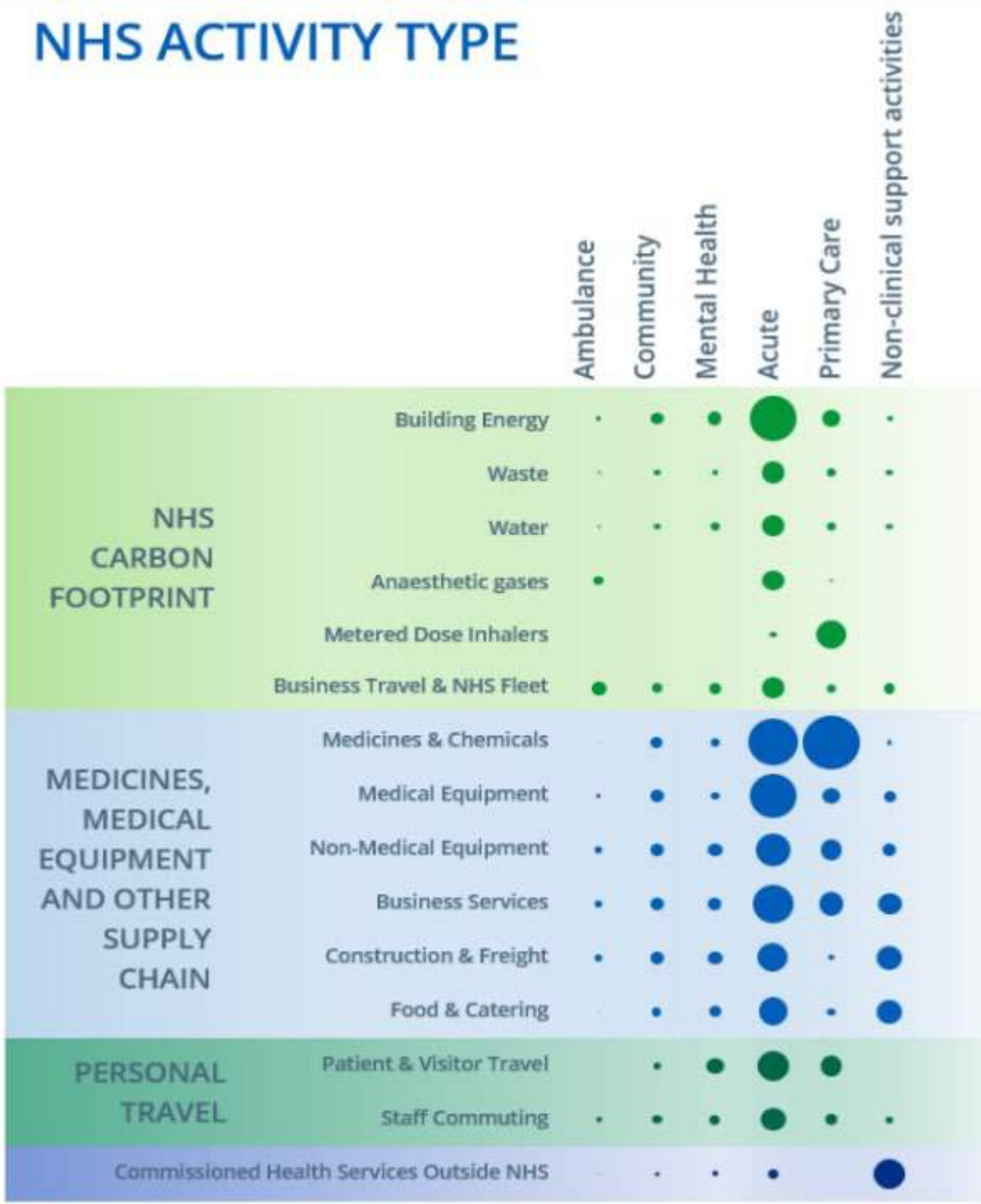
Ambulance Trusts
East Midlands Ambulance Service NHS Trust
Yorkshire Ambulance Service NHS Trust

What have we achieved?

- Since 2021 5 HNY Trusts secured £80million of Public Sector Decarbonisation Scheme (PSDS) funding aimed at reducing carbon emissions in public sector buildings through energy efficiency and low carbon heat upgrades.
    - Castle Hill (right) – £4.5 million project - “Field of Dreams” 11,000 solar panels providing 5MW of power
- HNY Green Plan adopted by the ICB Board - July 2023
- HUTH wins 2022 HSJ Partnership Award “Environmental Sustainability Project of the Year” for the SENTINEL asthma project.
- HNY Climate Change and Sustainability Group (monthly) and HNY Sustainable Medicines Group established.
- Dedicated Net Zero Clinical Lead appointed (0.2 WTE).
- Humber Generalist School as a regional “Trailblazer” for sustainability

Areas of focus

1. Assurance and Governance
2. Workforce, networks and system leadership
3. Sustainable models of care
4. Digital transformation
5. Travel, transport and air quality
6. Estates and facilities
7. Medicines
8. Supply chain and procurement
9. Food and nutrition
10. Climate change adaptation
11. Green space and biodiversity



“Starters for ten”

Humber and North Yorkshire Health and Care Partnership

1. **Assurance and Governance** – Place based senior HCP leadership with responsibility for “Sustainability” (does not need to come from health)
2. Workforce, networks and system leadership
3. Sustainable models of care
4. Digital transformation
5. **Travel, transport and air quality** – Support with modal shift targeting congestion reduction, promote the health advantages of active travel, and address air quality issues
6. **Estates and facilities** – shared estate / estate rationalisation – community energy
7. Medicines
8. **Supply chain and procurement** – Public Procurement Notice (PPN) 06/20 – “Social Value” in tendering linked to “place” public health priorities
9. Food and nutrition
10. Climate change adaptation
11. **Green space and biodiversity** – how do we support - tree strategy, biodiversity strategy

Humber and North Yorkshire Health and Care Partnership

NHS Humber and North Yorkshire Integrated Care Board (ICB)

Agenda Item No:	14

Report to:	Humber and North Yorkshire Integrated Care Partnership
Date of Meeting:	27 September 2023
Subject:	**Women's Health Strategy and Health Hubs**
Director Sponsor:	Anja Hazebroek, Director of Communications, Marketing and Media Relations
Author:	Anja Hazebroek, Director of Communications, Marketing and Media Relations

STATUS OF THE REPORT: *(Please click on the appropriate box)*

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

SUMMARY OF REPORT: Finalised in August 2022, the Women's Health Strategy for England sets out the 10-year ambitions for boosting the health and wellbeing of women and girls and improving how the health and care system listens to women.

More recently, the Women's Health Ambassador for England, Professor Dame Lesley Regan, has formed a new network of women's health champions - made up of senior leadership in every local care system and co-chaired with NHS England - who will use their leadership and experience to drive forward wider work to improve women's health. Anja Hazebroek, Director of Communications, Marketing and Media Relations is the women's health champion for HNY ICB.

One of the top priorities is the expansion of women's health hubs. Hubs – physical, virtual or hybrid – are intended to bring together healthcare professionals and existing services to provide integrated women's health services in the community, focusing on improving access to care and reducing health inequalities. Collective working is underway across the Department of Health and Social Care (DHSC), NHS England (NHSE), integrated care systems and other women's health stakeholders to develop resources to help encourage their expansion.

Earlier in July 2023, it was announced that the £25 million investment for the development of women's health hubs will be distributed equally to Integrated Care Boards (ICBs), with £595,000 in total for each ICB. This will be transferred over the current and next financial year (i.e., 2023 to 2024 and 2024 to 2025), with 75% available in 2023 to 2024 for immediate use.

This is to enable the establishment of at least one women's health hub in every integrated care system (ICS), covering activities such as project management and workforce development, including staff training and backfill.

This report provides an overview of the current situation in Humber and North Yorkshire and next steps in respect of the women's health strategy and health hub development.

RECOMMENDATIONS: (*Specify the recommendation(s) being asked of the meeting - use additional points as appropriate*):

Members are asked to:

i) Note the position and next steps.
ii) Provide any initial feedback.

ICP STRATEGIC OBJECTIVE (p*lease click on the boxes of the relevant strategic objective(s)*

Addressing Health Inequalities and improving healthy life expectancy	☒
Delivering the vision – start well, live well, age well, die well	☒
Supporting our strategic intentions – creating the conditions, think person, think family, think community	☒

IMPLICATIONS (*Please state N/A against any domain where none are identified)*

Finance	£595,000 in total has been confirmed for each ICB. A cost-benefit analysis has also been provided by DHSC, which outlines the anticipated set-up costs this funding could be utilised on and the potential net social and financial value of hubs. The central scenario (based on evidence from existing hubs) estimates there will be £5 of benefits for every £1 spent on a Primary Care Network-sized hub.
Quality	The development of the hubs has the aim of providing integrated women's health services in the community, focusing on improving access to care and reducing health inequalities.
HR	N/A at present but may have implications once the hub and/or strategy has been more fully scoped and designed/developed.
Legal / Regulatory	Each ICB is expected to develop at least one hub (physical, virtual or hybrid).
Data Protection / IG	N/A at present.
Health inequality / equality	The development of the hubs has the aim of providing integrated women's health services in the community, focusing on improving access to care and reducing health inequalities.
Conflict of Interest Aspects	N/A at present.
Sustainability	The initial funding is non recurrent and therefore the sustainability of any hub will be a significant consideration. ICBs are not expected to incur costs implementing a model that is not recurrently affordable.

ASSESSED RISK: The immediate risks are around not delivering the expectation of at least one hub in the ICB and/or that the hub's design does not meet the needs of women in Humber and North Yorkshire.

The risk will be mitigated through parallel and interdependent tracks of activity in a design group being established and deployed for the development of the hub and engagement with women in HNY.

The critical onward risk is one of developing a sustainable model, given the 2-year, non-recurrent funding allocation.

MONITORING AND ASSURANCE: (*Please summarise how implementation of the recommendations will be monitored and the assurances that can be taken from the report)*

As part of the initial scoping and design, appropriate governance and assurance will be put into place with appropriate oversight from Executive and the Board.

ENGAGEMENT: *(Please provide details of any clinical, professional, or public involvement work undertaken or planned. Summarise feedback from engagement and explain how this has influenced your report. If you have not yet engaged with stakeholders include a summary of your plans.)*

Considerable engagement took place nationally, with women and girls, to inform the development of the strategy. Work needs to take place with women and girls in Humber and North Yorkshire to further inform and define priorities and needs.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No ☒ Yes ☐

If yes, please detail the specific grounds for exemption.

Developing the Women's Health Hub and Strategy in Humber and North Yorkshire

1. INTRODUCTION

The Government's first Health Strategy for Women in England was finalised and published in August 2022.

Humber and North Yorkshire does not have a specific health strategy for women at present.

In recent months, as part of the national strategy, two key developments have taken place:

1. The establishment of a new network of women's health champions - made up of senior leadership in every local care system and co-chaired with NHS England - who will use their leadership and experience to drive forward wider work to improve women's health. This network is chaired by Professor Dame Lesley Regan, the Women's Health Ambassador for England and Anja Hazebroek, Director of Communications, Marketing and Media Relations is the women's health champion for HNY ICB.
2. The announcement that the £25 million investment for the development of women's health hubs will be distributed equally to Integrated Care Boards (ICBs), with £595,000 in total for each ICB. This is to enable the establishment of at least one women's health hub in every integrated care system (ICS), covering activities such as project management and workforce development, including staff training and backfill.

2. BACKGROUND

2.1 Women's Health Strategy for England

Although women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. Not enough focus is placed on women-specific issues like miscarriage or menopause, and women are under-represented when it comes to important clinical trials. This has meant that not enough is known about conditions that only affect women, or about how conditions that affect both men and women impact them in different ways.

And while women make up 51% of the population, historically the health and care system has been designed by men for men. In the call for evidence nationally, leading to the development of the Women's Health Strategy for England, 84% of women felt their voice wasn't listed to.

There are also disparities in women's health across the country, including in Humber and North Yorkshire. Smoking in pregnancy is one example of this.

The government's first Women's Health Strategy for England (covering a 10-year period) sets out how the way in which the health and care system listens to women's voices, and boost health outcomes for women and girls, will be improved. It takes a life course approach, focused on understanding the changing health and care needs of women and girls across their lives, from adolescents and young adults to later life.

This strategy sets out a 6-point long-term plan for transformational change:

- Ensuring women's voices are heard – tackling taboos and stigmas, ensuring women are listened to by healthcare professionals, and increasing representation of women at all levels of the health and care system.
- Improving access to services – ensuring women can access services that meet their reproductive health needs across their lives, and prioritising services for women's conditions such as endometriosis. Ensuring conditions that affect both men and women, such as autism or dementia, consider women's needs by default, and being clear on how conditions affect men and women differently.
- Addressing disparities in outcomes among women – ensuring that a woman's age, ethnicity, sexuality, disability or where she is from does not impact upon her ability to access services, or the treatment she receives.
- Better information and education – enabling women and wider society to easily equip themselves with accurate information about women's health, and healthcare professionals to have the initial and ongoing training they need to treat their patients knowledgably and empathetically.
- Greater understanding of how women's health affects their experience in the workplace – normalising conversations on taboo topics, such as periods and the menopause, to ensure women can remain productive and be supported in the workplace, and highlighting the many examples of good practice by employers.
- Supporting more research, improving the evidence base and spearheading the drive for better data – addressing the lack of research into women's health conditions, improving the representation of women of all demographics in research, and plugging the data gap and ensuring existing data is broken down by sex.

The strategy goes on to set out the approach to priority areas related to specific conditions or areas of health where the call for evidence highlighted particular issues or opportunities:

- menstrual health and gynaecological conditions
- fertility, pregnancy, pregnancy loss and postnatal support
- menopause
- mental health and wellbeing
- cancers
- the health impacts of violence against women and girls
- healthy ageing and long-term conditions

2.2 Women's Health Hubs

One of the top priorities of the strategy is the expansion of women's health hubs. Hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, focusing on improving access to care and reducing health inequalities.

Funding has recently been announced to enable the establishment of at least one women's health hub in every integrated care system (ICS), covering activities such as project management and workforce development, including staff training and backfill.

Systems can use the funding to establish a new hub or expand an existing hub – either geographically or in terms of services offered. A hub within each ICS can act as a proof of concept to support wider expansion.

There is no one size fits all approach to women's health hubs. It is important that services are provided in a way that best meets population needs and reduces health inequalities. Equally, there is a need to ensure that hubs help to deliver the ambitions in the Women's Health Strategy and address local needs.

It is expected that the hubs will be established through collaborative working across Integrated Care Partnerships (ICPs), including the NHS, public health, and the voluntary and community sector, and through collaborative commissioning of contraception with local authorities. This funding is being transferred to ICBs to minimise administrative barriers, but the expectation is that it is used collaboratively to best meet population needs and must not be restricted by commissioning boundaries.

3. ASSESSMENT

There is already much great work happening across Humber and North Yorkshire to support and improve Women's health but this can be fragmented and may not be fully understood, in terms of the depth and breadth of what is happening across the system (all partners, all palaces). In addition, there may not be clarity in terms of impact.

In order to develop the HNY women's health hub, and strategy, it is also vital that we understand more about what's important to women in our area, what their current experience of services is and where the gaps and opportunities lie.

There may also be difference or nuance across Places and communities.

4. CONCLUSION

To develop the approach to the Women's Health Hub and strategy in Humber and North Yorkshire, the following initial actions are underway/planned:

1. August/September (Underway) – Initial mapping of existing intelligence, insight and engagement in respect of Women's health in Humber and North Yorkshire. Proposal developed for further public/patient engagement developed to run Autumn/Winter.

2. October - Workshop to understand what's already happening in respect of women's health, good practice and opportunities. The Place Clinical Directors have been tasked in pulling the relevant colleagues/partners into this session. This will include input from Public Health and VCSE.

3. October – Design Group and Programme Established.

5. RECOMMENDATIONS

5.1. Members are asked to:

i) Note the position and next steps.
ii) Provide any initial feedback and input.