

Humber, Coast and Vale Health and Care Partnership

Update Report

January 2018

The following report highlights recent work of the Humber, Coast and Vale Health and Care Partnership across some of our key priority areas. A full list of our priorities and further information about the work of the Partnership can be found on our website at www.humbercoastandvale.org.uk.

Integrated Care System development

Following positive feedback from the Partnership's latest meeting with regional regulators (NHS England and NHS Improvement), Humber, Coast and Vale Health and Care Partnership is working towards achieving Integrated Care System (ICS) status by 2020. The Partnership was praised by the new Regional Director for the progress it has made over the past six months, which "warrants a change in narrative about the STP away from being 'challenged' to making good progress".

In order to continue making good progress, the Partnership will continue to focus on developing Integrated Care Partnership (ICP) arrangements at locality level. To support this, the Partnership is currently progressing arrangements for three or four ICPs covering: North Yorkshire and York; Hull and East Riding of Yorkshire; North East Lincolnshire and North Lincolnshire.

Developing these new integrated arrangements, will necessarily involve a twin focus on both:

- the integration of **care delivery** – specifically, the further development of arrangements for integrated provision 'on the ground' between primary, community and social care, and between in-hospital and out-of-hospital care in each locality (ICP); and
- developing the future of **commissioning** at scale locally – including the management of the 20% running cost reduction for CCGs.

In order to support the Partnership to achieve ICS status by Spring 2020, regional leaders have agreed to take steps to provide support to the Partnership in a number of key areas.

In the first instance, this support will focus on the following priority areas:

- improvement methodologies
- clinical engagement and leadership
- digital technology
- ICS development
- population health intelligence



Planning – Next Steps

Earlier this month NHS England published the [NHS Long Term Plan](#). This document sets the framework for the development and transformation of the NHS over the coming 10 years. It sets out a number of key ambitions for change across the health and care system that will ensure the NHS is fit for the future. In the context of the NHS Long Term Plan, the Partnership is continuing to work on local system plans both for the short and longer term.

To support the new ways of working described in the Long Term Plan, planning processes within regional and national teams are shifting away from requiring organisationally-focused plans to a single planning process for commissioners and providers to support integrated system-wide plans. Locally, we have developed a co-ordinated and streamlined planning process, with the Partnership supporting the finance and planning leads. Our finance and programme leads group, supported by the Partnership Director and Partnership Finance Lead, is co-ordinating operational planning for 2019/20 and working to finalise our System Operating Plan for 2019/20 by mid-February.

In addition, all Health and Care Partnerships are required to develop a new five-year strategic plan, describing how we will deliver the requirements of the Long Term Plan in our local area. The Partnership Strategic Plan (2020-2025) will build on the Sustainability and Transformation Plan published in November 2016. It will incorporate new requirements from the Long Term Plan and, more importantly, it will address the ambitions and priorities identified by each of our six places and three or four ICPs. It will also provide an outline of our Partnership's ambitions in relation to our collaborative work programmes in our clinical priority areas; strategic resource areas of digital, workforce and estates; and the work of the two acute services reviews.

Work is now under way to develop our Partnership Plan, which will be built upon broad engagement with clinicians, partners, the public and other stakeholders. An engagement working group has now been established to plan and coordinate engagement and communications in relation to developing the Partnership Plan over the coming months.

Workforce

Over the past 12 months, the Partnership has been reviewing the governance, oversight and leadership of the workforce agenda and working collectively with a broad range of stakeholders to develop a Partnership workforce plan. Over the summer 2018, attention was given to understanding the current workforce landscape including current plans and activities, groups and forums. This was supported by a number of successful workshops, which brought together views and ideas from a range of stakeholders to inform the draft priority areas in the workforce plan.

Working through the Humber, Coast and Vale Workforce Board, a task group of Directors of HR, Health Education England and Partnership Office representatives produced a revised Humber, Coast and Vale Workforce Plan with contributions from a number of other key stakeholders. The Workforce Plan has been developed to be a live document that will be subject to review. The Plan can be viewed on the Humber, Coast and Vale website.

Clinical Priority Programmes – Elective Care

Across the wider Humber, Coast and Vale area, our collaborative efforts are also focused on work in six key clinical priority areas: cancer; elective (planned) care; maternity services; mental health; primary care; and urgent and emergency care. In this month's Partnership Update we are focusing on our collaborative work through the Humber, Coast and Vale Strategic Elective Network. For information about our other clinical priority programmes, [see our website](#). For further information on the work of the Strategic Elective Network, contact the programme director, [Caroline Briggs](#).

100 Day Challenge

The Humber, Coast and Vale Health and Care Partnership is taking part in the North Region 100 day challenge, with a focus on back pain (MSK). The 100 day challenge is an NHS England initiative, which offers the opportunity to implement and test interventions in rapid 'sprints' over 100 days. The programme is focused on back pain and particularly supporting patients with early presentation or low-level persistent pain with detailed information and support for better self-care.

The launch event took place on 22nd November with more than 35 colleagues attending from a broad range of professions and organisations across the Humber, Coast and Vale region. Partners agreed to work on four key initiatives, which are all consistent with the implementation of the National Back Pain Pathway.

Faecal Calprotectin Care Pathway

The Yorkshire and Humber Academic Health Sciences Network (AHSN) is supporting the Partnership to roll out the Faecal Calprotectin Care pathway (FCP). The Faecal Calprotectin test provides an alternative diagnostic test to colonoscopy for patients with suspected bowel disease (lower gastrointestinal conditions). A health economic evaluation based on the first 1,000 patients who went through the pathway in York has been completed by York Health Economic Consortium (YHEC). The benefits demonstrated in the evaluation included a significant reduction in outpatient appointments (190-297 for the first 1,000 patients); a reduction in invasive testing (147-262 fewer colonoscopies) and a financial saving to the local health economy of around £100-150K.

In Humber, Coast and Vale, all six CCGs have now implemented the FCP pathway. This means the Partnership is now the first STP/ICS in the country to have implemented this approach across the whole Partnership area.

Cardiovascular Disease Prevention

A Cardiovascular Disease (CVD) prevention group has been established as part of the Humber, Coast and Vale Cardiology Network and the Elective Programme. The group is working on coordinating plans for prevention of heart disease and stroke across Humber, Coast and Vale. The group has identified a number of priority areas for further work, which include: developing a consistent communications approach and public messaging on 'healthy hearts'; working with the Yorkshire and Humber AHSN to improve diagnosis of Atrial Fibrillation (AF), which is a key

contributor to heart disease and stroke; working with a wider range of partners, such as the Humberside Fire and Rescue service to develop a Making Every Contact Count (MECC) approach.