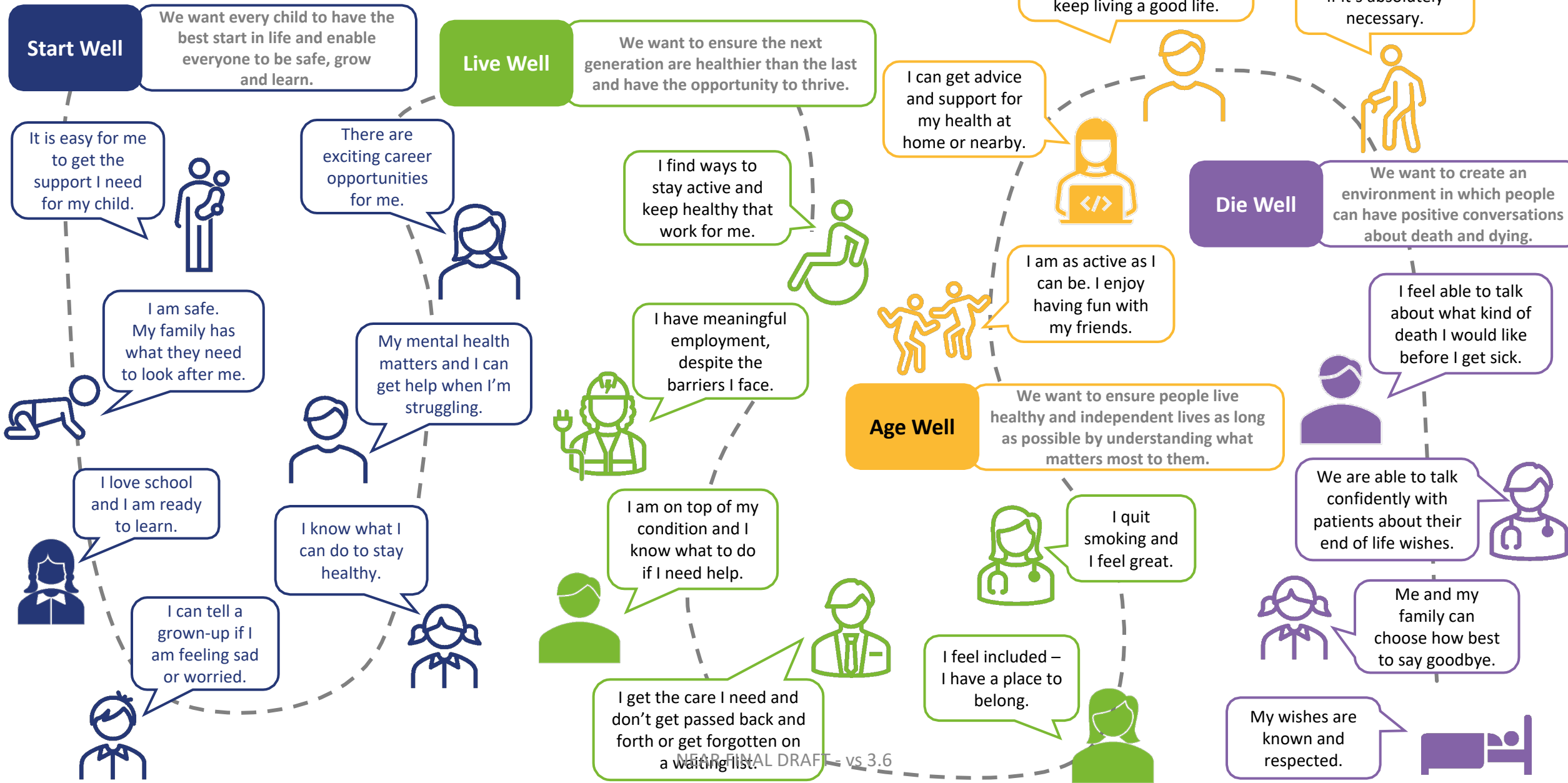


## **Appendix A: What will success look like**

# How we will know we've succeeded



| Strategic outcomes  | JFP Outputs   | Operational plan deliverables   |
|---|---|---|
| I am safe. My family has what they need to look after me.       | <p>Complete a serious violence needs assessment and develop a partnership response strategy</p> <p>Respond to the findings of the national audit of domestic abuse support in healthcare settings</p> <p>Map models of intervention for domestic abuse and adopt and spread best practice develop pathways for non-fatal strangulation, honour and faith-based abuse FGM and forced marriage</p> <p>Respond to children who are experiencing low levels of domestic abuse</p> <p>Ensure meaningful data collection to contribute to developing a better system understanding of domestic abuse</p> <p>Develop an ICB wide learning culture and ensure safeguarding training is of a high quality</p>  |   |
| I know what I can do to stay healthy                            | <p>Pilot health weight, diet and exercise support before LMNS roll out</p> <p>Develop our programme for early support and intervention</p>  |   |
| My Mental health matters and I can get help when I'm struggling | <p>Build on Trauma Informed Care Programme to provide early intervention and prevention to support vulnerable children and young people</p> <p>Support perinatal mental health enabling improved access and increased offer of psychological interventions</p> <p>Improve access to mental health support for children and young people</p> <p>Support perinatal mental health enabling improved access and increased offer of psychological interventions</p> <p>Reduce reliance on inpatient care so that by March 2024 no more than 12-15 under 18s with a learning disability and/or autism per million are cared for in an inpatient setting</p> <p>Ensure that 75% of people aged over 14 on a GP learning disability register receive an annual health check and action plan</p> | <p>Improve access to mental health support for CYP in line with the national ambition</p> <p>improve access to perinatal mental health services</p> |
| There are exciting career opportunities for me                  | <p>Introduce health inequalities opportunities for health and care staff in HNY</p>   |   |

| Strategic outcomes | JFP Outputs | Operational plan deliverables |
|--------------------|-------------|-------------------------------|
|--------------------|-------------|-------------------------------|

It is easy for me to get the support I need for my child

- 2nd round of Ockenden peer review visits - evidence of safe, high quality care
- CNST adherence including working to achieve Saving Babies Lives and support for gestational diabetes
- Implementation of 3 year plan including new Pelvic Health services
- Continue improvement against BAPM neonatal standards pre-term birth support
- Continue research work with University of Hull research work into alcohol in pregnancy
- Support LMNS equality and diversity programme to ensure equity
- Continue to support recruitment and retention in trusts to maintain required staffing levels for maternity services
- Develop strategy with HNY wider workforce supply planner
- Implement maternity support worker scheme to ensure consistent competencies
- Complete implementation of BadgerNet single maternity IT system
- Ensure Yorkshire and Humber Care Record embedded for contextual launch
- Review SI and quality performance for true data comparison and learning
- Scope e-red book provision with partners
- Use a data driving approach to identify inequalities in access and experience for children and young people in mental health services
- Trial the risk stratification tool for action for children and young people with asthma
- Improve access to digital technology to manage diabetes
- Roll out to all places the diabetes poverty proofing project
- Benchmark services against core standards for children with epilepsy to identify priority areas for improvement
- Deliver and evaluate our pilot programme with specialised nurse practitioners for children and young people with asthma
- Embed a pathway between primary and secondary care to delivery national asthma standards
- Increase access to dental services and improve oral health
- Use data tracking and local feedback to identify areas of concern and risks for urgent and emergency care attendances
- Develop a joint strategy including personalisation planning
- Ensure Continuity of Carer teams are supported and developed in deprived areas
- Continue provision of 'Ask a Midwife' service including birth plans, translation and interpretation support, surrogacy guidance

- make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- make progress towards the national safety ambition to reduce stillbirth, neonatal mortality, maternal mortality and serious intrapartum brain injury
- increase fill rates against funded establishment for neonatal mortality

| Strategic outcomes  | JFP Outputs   | Operational plan deliverables  |
|---|---|--|
| <p>I am on top of my condition and I know what to do if I need help</p> | <p>Improve diagnostics for cancer - focussing on liver surveillance and cytosponge delivery</p> <p>Support awareness and diagnosis of cancer - targeting the 20% most deprived areas</p> <p>Deliver our programme of Living with and beyond cancer</p> <p>Build on the early implementer site for Community Mental Health Transformation to continue to increase access to mental health support in the community</p> <p>Build on the early implementer site for Community Mental Health Transformation to continue to increase access to mental health support in the community</p> <p>Develop a 3 year plan for inpatient services across Mental Health, Learning Disabilities and Autism</p> <p>Develop working arrangements with transforming care partnerships to deliver key priorities across learning disabilities and autism</p> <p>Develop a 3 year plan for inpatient services across Mental Health, Learning Disabilities and Autism</p> <p>For people in MH crisis expand the use of MH response vehicles following successful implementation on our patch via the Yorkshire Ambulance Service (YAS).</p> <p>Ensure sustained improvement for the delivery of annual health checks for people with serious mental illness</p> <p>Work with maternity programme to support perinatal mental health enabling improved access an increased offer of psychological interventions</p> <p>Continue to invest in Health and Wellbeing programmes</p> <p>Work with partner organisations to get closer to people suffering from health inequalities</p> <p>Support more people and communities directly to increase digital access and support a digital strategy</p> <p>Develop approach to addressing multi-morbidity starting with our cardiovascular disease detection and prevention plan</p> <p>Develop strategies that focus on prevention for people with 1 long term health condition</p> <p>Support investment at place including local authorities to target inequalities</p> <p>Increase percentage of patients with hypertension treated to NICE guidance</p> <p>Increase percentage of patients aged between 25 and 84 years old with a CVD risk score greater than 20% on lipid lowering therapies</p> <p>Address health inequalities and make every contact count through our Winter Vaccination Board</p> <p>Roll out the spring COVID booster campaign and plan for an anticipated COVID autumn booster campaign</p> | <p>Meet the cancer faster diagnosis standard by March 2024</p> <p>Increase the percentage of cancers diagnosed at stages 1 and 2 in line with the early diagnosis ambition by 2028</p> <p>Increase the number of adults and older adults accessing IAPT treatment</p> <p>Achieve a 5% on year increase in the number of adults and older adults supported by community mental health services</p> <p>Work on eliminating inappropriate adult acute out of area placements</p> <p>Ensure 75% of people aged over 14 on GP learning disability registered receive an annual health check and health action plan by March 2024</p> <p>Reduce reliance on inpatient care, while improving the quality of inpatient care for adults with a learning disability and/or autistic</p> <p>increase percentage of patients with hypertension treated to NICE guidance to 77% by March 2024</p> |

| Strategic outcomes | JFP Outputs | Operational plan deliverables |
|--------------------|-------------|-------------------------------|
|--------------------|-------------|-------------------------------|

I get the care I need and don't get passed back and forth or get forgotten on a waiting list

Planning, delivering and transforming services together with the planned care strategy  
 Work with clinical networks to share best practice and reduce unwarranted variation  
 The electronic patient record programme to support digital modernisation  
 Work together to ensure the clinical sustainability of fragile services  
 Implementation of prioritisation of people with learning disabilities on the waiting list  
 Improve treatment pathways including a stocktake of non-surgical oncology  
 Increase uptake and expansion of the Lung Health Checks programme

Support the 65 week delivery target through maximising capacity and utilising mutual aid  
 Support waiting list reduction by reducing the number of follow ups without a procedure  
 Optimise productivity through collectively utilising capacity  
 Plan, develop and implement the community diagnostic model with a target of 3% DNA for endoscopy and physiology

Agree utilisation improvement targets across modalities  
 Continue development of our neighbourhood teams  
 Utilise our Additional Roles Reimbursement Scheme to recruit an additional 217 individuals across Primary Care Networks  
 Make it easier for people to contact a GP practice so that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently as assessed the same or next day according to clinical need  
 Increase access to primary care by providing additional appointments and increasing the number of appointments available  
 Increase access to dental services with continued investment through procurements and flexible commissioning models  
 Continue to share best practice through a range of forums, showcase events, videos and case studies  
 Explore ways for the VCSE sector to engage in the design of services  
 Reduce unheralded walking patients to Emergency Departments  
 Reduce the number of hospital conveyances, both to Emergency Departments and other hospital settings  
 Support improved CAT 2 response times by reducing conveyances to hospital  
 Improve ambulance handover times within emergency departments  
 Reduce overcrowding in Emergency Departments

Continue to reduce the number of patients waiting over 62 days

Eliminate waits of over 65 weeks for elective care by March 2024 (except where patients choose to wait longer or in specific specialties)  
 Deliver the system specific activity target

Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 Ambition of 95%  
 Deliver diagnostic activity levels that support plans to address elective and cancer backlogs and a the diagnostic waiting time ambition

Continue to recruit ARRS roles by the end of March 2023

Make it easier for people to contact a GP practice  
 Continue the trajectory to deliver 50m more appointments in general practice by March 2023  
 Recover dental activity improving units of dental activity towards pre-pandemic levels

Improve A%E waiting times by March 2023

Improve CAT 2 response times across 2023/24  
 Improve CAT 2 response times across 2023/24  
 Improve CAT 2 response times across 2023/24  
 Improve A%E waiting times by March 2024

| Strategic outcomes  | JFP Outputs  | Operational plan deliverables                |
|---|--|--|
| <p>I get the care I need and don't get passed back and forth or get forgotten on a waiting list</p> | Support the reduction in >12 hour waits in emergency departments                         | Improve A%E waiting times by March 2024      |
|   | Undertake a full review of all urgent treatment centres                                  |  |
|   | Improve type 3 performance reported and subsequent overall 4 hour standard               |  |
|   | support reduction in emergency department crowding and time in department                | Improve A%E waiting times by March 2024      |
|   | Ensure urgent treatment centres are compliant with national standards                    |  |
|   | Increase direct conveyance to urgent treatment centres supporting reduction in ambulance |  |
|   | handover times and CAT 2 response  | Improve CAT 2 response times across 2023/23  |
|   | Minimum opening hours of 12 hours a day 7 days a week to support same day emergency      |  |
|   | care   |  |
|   | Align same day emergency care opening times to peak demand times                         | Improve A%E waiting times by March 2023      |
|   | Increase direct access to same day emergency care for 111, 999, crews on scenes and GPs  |  |
|   | without the need for ED assessment first   |  |
|   | Implement referral based on exclusion criteria to maximise same day emergency care       |  |
|   | opportunities  |  |
|   | Increase 0 day lengths of stay   | Reduce adult general and acute bed occupancy |
|   | Reduce emergency department crowding and wait times - improving 4-hour standard          | Improve A%E waiting times by March 2023      |
| Co-ordinate an integrated high intensity user programme across the ICS                              | Improve A%E waiting times by March 2023  |  |
| Reduce the number of patients classed as high intensity users                                       | Reduce adult general and acute bed occupancy   |  |
| Reduce re-attendance rates  | Improve A%E waiting times by March 2023  |  |
| Increase the number of alternative care pathways available to patients which avoid                  |  |  |
| emergency department and hospital   | Reduce adult general and acute bed occupancy   |  |
| Develop the peri-operative business case  |  |  |
| Submit business cases for the hub and spoke model for Community Diagnostic Centres                  |  |  |
| Implement the Scunthorpe Community Diagnostic hub   |  |  |
| Undertake detailed modelling and engagement on our planned care 5 year strategy and                 |  |  |
| approach  |  |  |
| Consult on a set of proposals for the Humber Acute Services Review                                  |  |  |
| Understand current services, effectiveness and risks for pharmacy, optometry and dental             |  |  |
| services  |  |  |
| Align the Yorkshire and Humber screening and immunisation health inequalities action plan           |  |  |
| with ICB priorities   |  |  |
| Work on identified clinical pathways to test out new ways of working for specialised                |  |  |
| services  |  |  |

| Strategic outcomes   | JFP Outputs   | Operational plan deliverables   |
|--|---|---|
| <p>I feel included - I have a place to belong</p>                  | <p>Improve data quality and reporting on health inequalities and develop a health inequalities plan across acute care</p> <p>Continue to develop our Core20+5 ambassadors to promote health and wellbeing and reduce inequalities</p> <p>Focus on digital inclusion, increasing the number of eligible population registering for the NHS App</p> <p>Continue to embed a personalised care ethos</p> <p>Connect with thriving communities through personalised care</p> <p>Enrich personalised care approaches across health and care</p> <p>Increase the numbers of organisations engaged, increasing levels of diversity</p> <p>Track the reach of communications and public engagement</p> <p>Support co-design within communities to ensure a diverse perspective on development and planning</p> <p>Work through VCSE organisations to engage with people in coastal communities to understand their specific health and wellbeing needs</p> <p>Increase utilisation of the VCSE sector to promote, engage and advocate for peoples' voice</p> <p>Support greater understanding of communities across HNY and what matters to them</p> <p>Embed Core20plus5 into integrated neighbourhood teams, starting in our coastal areas</p> <p>Address asylum seeker health needs</p> <p>Scope out an inclusion health service that reaches all parts of the system</p> <p>Provide tools to improve population health and reduce variation through roll out of PHM support across primary care networks</p> <p>Integration Needs Assessment to make recommendations of where further integration should take place</p> <p>Develop strategy to address health inequalities in coastal and port communities</p> | <p>Continue to address health inequalities and deliver on the Core20plus approach</p> <p>Continue to address health inequalities and deliver on the Core20plus approach</p> <p>Continue to address health inequalities and deliver on the Core20plus approach</p> <p>Continue to address health inequalities and deliver on the Core20plus approach</p> |
| <p>I find ways to stay active and keep health that work for me</p> | <p>Utilise our Additional Roles Reimbursement Scheme to recruit an additional 217 individuals across Primary Care Networks</p> <p>Develop a consistent approach to the management, recruitment and development of volunteers</p> <p>Ensure that the wider determinants of ill health are considered in ICB planning</p> <p>Influence and shape future investment in the VCSE sector to increase sustainability</p>  |   |



## Strategic outcomes

I quit smoking and I feel great

I have meaningful employment despite the barriers I face

## JFP Outputs

implement a universal incentive scheme for tobacco control for smoking in pregnancy

Invest in lung health checks

Embed tobacco control in nursing and midwifery

Launch media and communications campaign for tobacco control

Prepare for the launch of the full model for tobacco control in 2024/25

Provider collaborative development programme for staff health and wellbeing, diversity and inclusion

Offer every newly qualified GP and Practice Nurse access to our fellowship programme

## Operational plan deliverables

| Strategic outcomes  | JFP Outputs   | Operational plan deliverables   |
|---|---|---|
| <p>I only go into hospital if its absolutely necessary</p>          | <p>Reduce unnecessary admissions and conveyance to Emergency Departments through understanding alternative pathways that would support wider admission avoidance</p> <p>Improve data quality and implement faster data flows in community to support admission avoidance</p> <p>Complete waiting list audit to ensure we give visibility of the total waiting list and support a reduction in the overall waiting list</p> <p>Provide system wide support to clinical networks to support a reduction in inequalities and improve health outcomes</p> <p>Utilise our Additional Roles Reimbursement Scheme to recruit an additional 217 individuals across Primary Care Networks</p> <p>Make it easier for people to contact a GP practice so that everyone who needs an appointment with their GP practice gets one within 2 weeks and those who contact their practice urgently as assessed the same or next day according to clinical need</p> <p>Increase access to primary care by providing additional appointments and increasing the number of appointments available</p> <p>Continue development of our neighbourhood teams</p> <p>Increase the number of crisis first care contacts to reduce admissions to hospital</p> <p>Increase the number of crisis first care contacts to reduce admissions to hospital</p> <p>Better understand the value of virtual wards to help inform their utilisation</p> | <p>Continue to recruit ARRS roles by the end of March 2023</p> <p>Consistently meet or exceed the 70% 2 hour urgent community response standard</p> <p>Reduce unnecessary GP appointments and improve patient experience by streamlining direct access and setting up local pathways for direct referrals</p> |
| <p>I can get advice and support for my health at home or nearby</p> | <p>Complete system wide programme of support for a new model of intermediate care to support discharge and increase bed capacity through reducing 'no criteria to reside'</p> <p>Improve discharge pathways to reduce the number of bed days lost and improve patient flow</p> <p>Roll out OPTICA and virtual ward automation digital applications to support urgent and emergency care bed occupancy</p> <p>Utilise remote monitoring funding to purchase and deploy equipment in the pathways and places most challenged</p> <p>Focus on levelling up delivery against the dementia diagnosis targets across HNY so that resource is directed to places where the biggest improvements are needed</p> <p>Continue to invest in Health and Wellbeing Programmes in Primary Care</p>  | <p>Recover the dementia diagnosis rate to 66.7%</p>   |
| <p>I am as active as I can be</p>                                   |   |   |

## Strategic outcomes

## JFP Outputs

## Operational plan deliverables

My wishes are known and respected

We are able to talk confidently with patients about their end of life wishes

My wishes are known and respected

Increase the use of rehabilitation and reablement and support at home for palliative care  
Develop an ICS strategy for palliative and end of life care for children and young people  
Develop the ICB strategy and delivery plan, responding to the priorities identified in the stocktake