

## Humber Acute Services Programme Update

(July 2021)

### Purpose

1. A comprehensive overview of the programme was provided to the Committee in November 2021. The purpose of this report is to provide members with a further update on progress, timelines and next steps.

### Background

2. The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region to deliver better and more accessible health and care for the population. The programme involves the two acute trusts in the Humber – Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) – and the four Clinical Commissioning Groups (CCGs).
3. The Programme sets out a vision that: everyone across the Humber will have access to the best possible healthcare and opportunities to help them live healthy, happy lives. All partners across the health and care system in the Humber have an important role to play in the short, medium and longer-term to deliver this vision, which is much wider than the acute hospital sector alone.

### Core Hospital Services (Programme Two) Update

4. The Core Hospital Services element of the programme concerned with developing the long-term strategy and design of future core hospital services, as part of broader plans to work more collaboratively with partners in primary, community and social care.
5. The work across Programme Two is clinically led and involves detailed options development and appraisal to help identify clinically viable models for core hospital services:
  - Urgent and Emergency Care
  - Maternity, Neonatal Care and Paediatrics
  - Planned Care and Diagnostics
6. To support the development of potential models of care for the future of core hospital services, an extensive period of engagement has been undertaken with clinical teams (from hospital, primary care, mental health and community services), staff, patients, service-users, the public and their representatives. Annex A sets out some of the high-level themes and insight gathered through the public engagement that have helped to shape the potential models of care.
7. Beginning in November 2021 and due to complete by the end of July 2022, **a multi-step, multi-faceted approach**, to evaluation has been adopted. The purpose of this process is to narrow down the possible solutions to those that are most able to address the issues identified within our Case for Change and provide the best possible solutions for our population.
8. Step One of the evaluation process took place from November to December 2021 and involved a series of workshops to assess the advantages and disadvantages of different potential models of care. In total 117 people participated in the workshops.

9. Step Two began in February and involved another series of workshops (throughout March 2022), supported by ongoing evaluation and analysis across a range of areas.
10. Specifically, step two of the evaluation process will incorporate further analysis across key areas based on feedback throughout the programme and important changes to our strategic context:
  - Safety of maternity models (Ockenden review).
  - Travel and accessibility
  - Displacement impact on neighbouring health economies
  - Economic and Social impact
  - Workforce modelling
  - Financial analysis / costing
11. The outputs from these analyses will be combined with the feedback from both sets of workshops to support the finalisation of the options for inclusion in the Pre-Consultation Business Case (PCBC).
12. In April 2022, the work was subject to an independent review by the Yorkshire and Humber Clinical Senate. The Senate Panel was supportive of the work undertaken to date and will publish its findings in July or August 2022.

#### **Capital Investment (Programme Three) Update**

13. Our current healthcare estate is one of our biggest challenges – with many of our buildings being old, unfit for purpose, not very ecologically friendly and in need of immediate investment.
14. We are seeking approval to develop a large-scale capital investment plan for our hospital estate across the Humber that will support better clinical care but also make a significant contribution to the wider economic regeneration of the region.
15. In response to the government’s invitation for expressions of interest from NHS trusts wanting to be considered for inclusion in the next wave of the New Hospitals Programme, we submitted an expression of interest in September 2021 – in the region of £720m – for the development of healthcare infrastructure across the Humber.

#### **Update on Governance Arrangements for the Interim Clinical Plan (Programme One)**

16. Creating unified Humber-wide services is a fundamental aim of the Interim Clinical Plan (previously referred to as Programme One). Great strides have been made towards this goal – by establishing joint clinical leadership teams across specialities; developing visions for the future and formulating service strategies to achieve those visions. This work has helped establish the foundations necessary to stabilise and improve services.
17. On 1<sup>st</sup> April 2022, the focus of the Interim Clinical Plan moved into a new phase – with operational teams working jointly across both trusts, concentrating on mobilisation and implementation of the service strategies.
18. Reflecting this change, the day-to-day governance arrangements for the Interim Clinical Plan changed moving out of the programme management arrangements of the Humber Acute

Services Programme – with a Joint Development Board maintaining oversight of mobilisation and implementation, reporting through to the Committees in Common.

## Conclusion

19. **Our local health system across the Humber needs to change.** It is not always meeting the needs of everyone in the region and, without changes to the way services are organised, this will likely worsen in the future.
20. Over the coming weeks, **we aim to complete our multi-step evaluation process** to enable completion of our Pre-Consultation Business Case (PCBC).
21. The decision about how to progress will be made by the NHS body with legal responsibility for strategic planning of healthcare services across the Humber. Following the implementation of the Health and Care Act (2022) on 1<sup>st</sup> July, this responsibility now rests with NHS Humber and North Yorkshire Integrated Care Board (ICB).
22. We are working collaboratively to put forward potential options on what hospital care might look like in the future (in five to ten years) and **aiming to consult with the public (and other key stakeholders) later this year.**

Ivan McConnell

Director of Strategic Development/Director Humber Acute Services  
Northern Lincolnshire and Goole NHS Foundation Trust

**Contact Officer:** Linsay Cunningham  
Associate Director of Communications and Engagement – Humber Acute Services  
Humber and North Yorkshire Health and Care Partnership

**Telephone:** 07803 411544

**Email:** [linsay.cunningham@nhs.net](mailto:linsay.cunningham@nhs.net)

## Background Papers

Your Birthing Choices – Maternity and Neonatal Care (June 2022) [full feedback report](#) and [summary report](#).

What Matters to You – Parents, Carers and Guardians (March 2022) available [here](#).

What Matters to You – Children and Young People (March 2022) available [here](#).

What Matters To You – Our Staff and Teams (October 2021) available [here](#).

What Matters To You (May 2021) [full feedback report](#) and the [summary report](#).

The Yorkshire and Humber Clinical Senate report (November 2020), available [here](#).

Accident & Emergency Public / Patient feedback report (October 2020) available [here](#).

Hospital Services for the Future – Targeted engagement (February 2020), available [here](#).

Hospital Services for the Future – Workshop Feedback Report (October 2019), available [here](#).

Humber Acute Services Review: Case for Change (November 2019), available [here](#).

This page is intentionally left blank