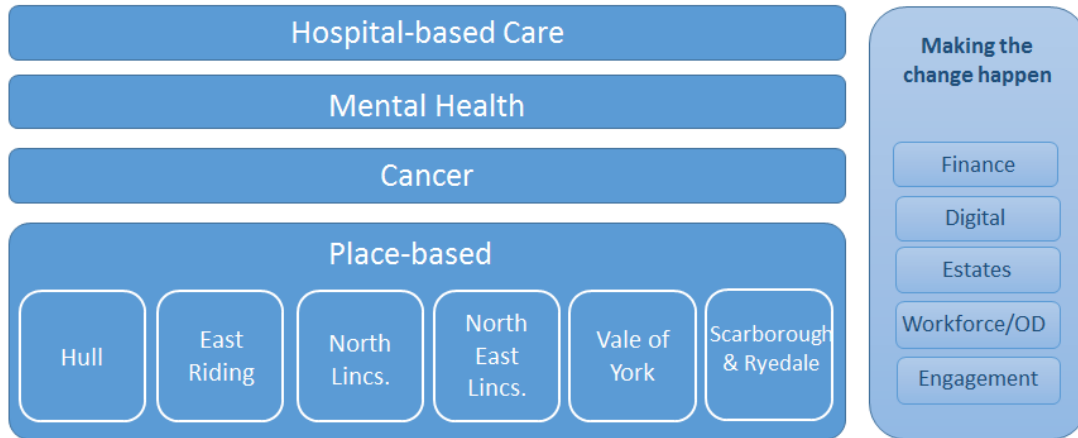
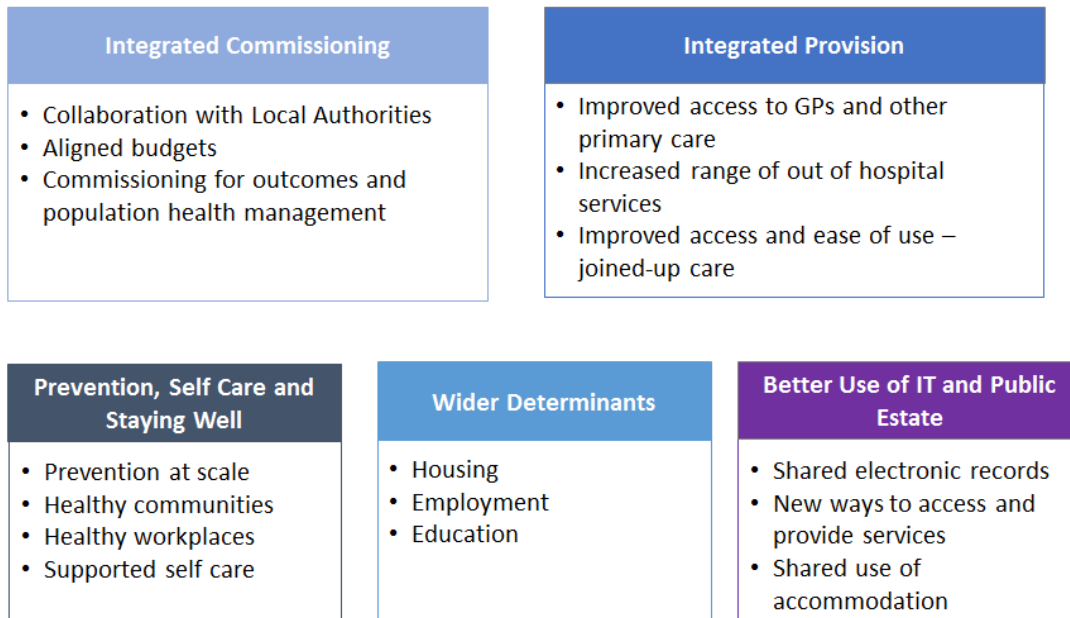


## Annex B – Humber, Coast and Vale Programmes

### Our programmes



### Place-based



# Hospital-based care



## Overall Hospital Configuration

- Elective services
- Emergency medical services
- Emergency surgical services
- Paediatric services
- Shift of services to non-hospital settings

## Sustainable Specialised Services

- Clinical networks for Cancer, Major Trauma, Vascular and Critical Care
- Service reviews: Rehabilitation, Neonatal Intensive Care, specialised Paediatrics and Orthopaedics

## Maternity Care

- Improve local maternity systems to reduce stillbirth and neonatal death rates and improve perinatal mental health

## Clinical Support Services

- Radiology
- Pathology
- Pharmacy

## Shared Non-Clinical Services

- Standardise what we do and share functions to provide better and more efficient services



# Cancer



## Increased Awareness and Early Diagnosis

- Improving lifestyle choices and raising awareness
- Screening and active case finding
- Diagnosing vague symptoms
- gFIT for symptomatic patients

## Smarter Use of Diagnostics

- Diagnostic capacity and demand – system review
- Networked model of Radiology and Pathology
- Developing the diagnostic workforce

## Optimal Treatment

- Standardised and optimised pathway for lung cancer
- High value pathway reviews – Prostate, Colorectal and Breast
- Chemotherapy services review

## Consistent Cancer Recovery

- Personalised cancer follow up
- Better support for people after treatment



# Mental health



## Eliminating out of area placements for all age adults

- No one will be admitted to an inpatient bed outside the HCV footprint, where appropriate for their individual care.
- Develop stronger partnerships with housing providers to provide support and housing to reduce delayed discharges.
- Increase the employment and stable housing rates for people living with mental ill-health.

## Perinatal Mental Health Services

- All women, where appropriate will receive access to evidence-based, specialist perinatal mental health treatment.

## Access to crisis and liaison services

- Increase capacity of crisis resolution and home treatment teams so more people have access to 24/7 crisis care response and intensive home treatment.

## Health and Justice for adults, children and young people

- Improve mental health outcomes for the Health and Justice patient population of all ages.
- Contribute to the reduction in incidents of self harm and suicide among this group.

## Community Mental Health

- Reduction in length of stay in hospital through appropriate support in community settings.

## Older People and Dementia

- Improved early diagnosis and intervention for people with dementia.
- Increase in diagnosis rate to ensure that people can access appropriate post-diagnostic support.
- Better management of complex patients.



# Making the change happen

To address shortages of staff we will expand clinical training and develop new roles. We are already developing two training programmes:

- Support Staff at scale
- Advanced Practice at scale.

**Transformed Workforce**

We will use the buildings we have to support delivery of our priorities.

We will make best use of **all** public estate in our areas to enable the provision of joined-up care.

**Estate Strategy**

We will make that all of our plans are shaped through engagement with our stakeholders including:

- Public
- Patients
- Staff
- Other stakeholders

**Communication and Engagement**

We will utilise technology to:

- Give patients access to more information to help manage their own health;
- Create a single electronic care record so patients should only be asked things once.

**IT Strategy**

