

Humber, Coast and Vale Health and Care Partnership

Strategic Objectives – 2020/21

On 17th March 2020, the Partnership Long Term Plan was published, setting out the strategic aims and ambitions for the Humber, Coast and Vale Health and Care Partnership over the next five years. The following week, significant restrictions to travel and social contact were put in place across the UK to help reduce the spread of the Coronavirus (Covid-19). The introduction of these measures and other actions taken in response to Covid-19, have had a significant impact on day to day life for almost everyone across the UK and have also resulted in a wide range of changes to the ways in which health and care services are delivered across the country.

This new reality will inevitably impact upon delivery against the Partnership's key priorities – some planned changes have been delivered more quickly than anticipated, other aspects of delivery have had to be put on hold or significantly scaled back.

Within this context, the Partnership (ICS) has agreed a set of strategic objectives that will guide the work of the Partnership's collective leadership, supported by the Partnership Office.

This summary document sets out the core strategic objectives for the Humber, Coast and Vale Health and Care Partnership for the current financial year (2020/21). It highlights the main actions that support delivery of these objectives and also indicates how progress will be monitored.

The four high level objectives for the Partnership are to:

- **Develop the role and function of the Humber, Coast and Vale Health and Care Partnership (ICS)**
- **Support working together at 'place'**
- **Strengthen partnership and mutual accountability**
- **Develop leadership and governance**



Objectives	Actions	Monitoring progress
<p>Develop the role and function of the HCV ICS</p>	<ul style="list-style-type: none"> • Support local systems and organisations in their response to COVID 19 and the associated resetting and redesign of services and functions. • Ensure local government strategies and plans, and those of wider partners working through the Local Resilience Forums, guide the NHS response, especially in relation to their lead role in responding to the wider societal and economic impact of COVID 19. • Play a part in at scale action across the region on key public health priorities such as screening/smoking/alcohol/climate change and economic development. • Under the collective banner of <i>start well, live well, age well</i>, promote and support health improvement, public health and health and wellbeing strategies to address inequalities and improve the health of the population across the ICS. • Support the North Yorkshire & York and Humber system partnerships in strengthening integration at ‘place’ and create opportunities for devolution of resources and responsibilities wherever possible. • Support the development of strategic commissioning and clarify the interface between the ICS, NHSE/I and local systems. • Work together to deliver transformation in the seven agreed ICS priority areas: <ul style="list-style-type: none"> ○ Population Health ○ Quality and Safety ○ Mental Health ○ Cancer ○ Digital ○ Estates and Capital Investment ○ Workforce • Oversight and assurance of system quality and performance including major programmes i.e. Humber and Scarborough acute reviews, SEND, Learning Disabilities and Autism. 	<p>Quarterly review of progress by the Partnership Executive and other stakeholders to March 2021</p>



Objective	Actions	Monitoring progress
<p>Support working together at place</p>	<ul style="list-style-type: none"> • Support the ongoing development of strong local systems in accordance with the ‘80:20 principle’ established by the HCV Partnership Executive. • Ensure the ICS focuses only on those things where there is added value through working together at scale in order to maximise opportunities for local autonomy. • Support primary care networks to transform ‘out of hospital care’ and integrate community based care. • Encourage and enable integrated models of service delivery including integration with relevant local authority services where there is clear benefit to patients and communities, as determined within each local place. • Developing commissioning and taking opportunities for aligning CCG and local government commissioning – learning from the nationally-recognised model in place in North East Lincolnshire. • Support the delegation of commissioning functions to providers where partners agree this has clear benefit to patients and communities. • Support the continued development of provider partnerships; including, for example, through the Humber Acute Review and the Mental Health provider collaborative. • Support the voluntary and community sector to further engage with and contribute to the design and delivery of health and care services. • Work in partnership with local economies across HCV to maximise the positive impact partner organisations can make to our local economy and communities, for example, maximising their role as anchor institutions, as major employers, purchasers and property holders. 	<p>Quarterly review of progress by the Partnership Executive to March 2021</p>



Objective	Actions	Monitoring progress
<p>Strengthen partnership and mutual accountability</p>	<ul style="list-style-type: none"> • Continue to operate as a guiding coalition in an open and transparent way. • Focus on delivery of the ICS system operating plan 20/21 and implementing key aspects of the Partnership Long Term Plan - subject to the impact of COVID 19 and associated reset plans. • Deliver the 2020/21 financial plan. • Apply the key principles of 'system by default': <ul style="list-style-type: none"> – <i>subsidiarity</i> – <i>collective responsibility and leadership</i> – <i>focus on transformation and delivery</i> – <i>alignment of purpose</i> • Act on the feedback from the ICS Accelerator programme to: <ul style="list-style-type: none"> – <i>Design engagement arrangements that share the ICS vision and objectives more widely;</i> – <i>Ensure effective engagement of clinicians and the wider professions;</i> – <i>Strengthen engagement of non-executive directors, chairs, lay members and elected members;</i> – <i>Strengthen partnerships with local government and other stakeholders;</i> – <i>Maximise leadership capacity and capability across the Partnership.</i> • Act on the learning about ways of leading and operating arising from the COVID 19 crisis. • Ensure the continuation of joint learning, sharing best practice and innovation across all HCV partners. 	<p>Quarterly review of progress by the Partnership Executive and stakeholders to March 2021</p>



Objective	Actions	Monitoring progress
<p>Develop leadership and governance</p>	<ul style="list-style-type: none"> • Continue to ensure that the ICS and its members have a significant and influential role nationally and regionally. • Continue to develop joint governance and working arrangements across the Partnership with an emphasis on delegation of accountability, responsibility and local decision making. • Foster further development of <ul style="list-style-type: none"> – <i>system-wide NHS financial strategies, governance and control totals;</i> – <i>quality and service improvement methods;</i> – <i>innovation – by maximising connections and inputs from partners and networks such as Local Universities, the Yorkshire & Humber Academic Health Sciences Network, ADASS;</i> – <i>a framework for organisational intervention.</i> • Further development of the newly formed clinical and professional leaders’ group as a strong component of the ICS architecture. • Continuing to support the local leaders and organisations in our places and systems with longstanding systemic challenges. • Strengthening the voice of a range of stakeholders through the HCV Partnership Assembly. • Strengthening the role of non-executive leadership in the Partnership. • In partnership with the North East Leadership Academy, develop a leadership development, succession planning and talent management framework. 	<p>Quarterly review of progress by the Partnership Executive and stakeholders to March 2021</p>

