

Item: 8.2

Report to:	Hull CCG Board
Date of Meeting:	28 May 2021
Title of Report:	Humber Acute Services Review: Programme Update
Presented by:	Ivan McConnell Programme Director
Author:	Ivan McConnell Programme Director

STATUS OF THE REPORT:			
To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

<p>PURPOSE OF REPORT:</p> <p>This report provides the NHS Hull CCG Board with an update on the Progress of the Humber Acute Services Programme. This includes:</p> <ul style="list-style-type: none"> • Programme overview • Programme Governance • Programme Status • Initial Feedback: What Matters to You • Next Steps <p>RECOMMENDATIONS:</p> <p>The Board is asked to note progress as the Programme moves from Review to a phase of Design and Implementation</p> <p>The Board is asked to consider the report and presentation attached</p>

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No

Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

This paper links to the delivery of a number of CCG Strategic Objectives:

- 1 - Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change.
- 2 - Advance at system-level the delivery of the commissioning priorities set out in the NHS Long Term Plan.
- 3 - Support the delivery of financial strategies and actions as enablers to system-wide transformation.
- 4 - Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.
- 6 - Develop an agreed out of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision.
- 8 - Delivery of Statutory Duties

Short summary as to how the report links to the CCG's strategic objectives

The report provides a summary of the proposals that are in place to support the design and implementation of three major areas of work on Humber Acute Services:

- Programme 1: Interim Clinical Plan
- Programme 2: Core Service Change
- Programme 3: Capital

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*Finance **At present none**HR **At present none**Quality **At present none**Safety **At present none****ENGAGEMENT:** *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

Significant engagement has taken place across multiple stakeholders including:

- NHSE/I
- ICS
- CCG
- HUTH/NLAG

- Local authority – OSCs
- Stakeholder survey – 3883 responses within a four week period

LEGAL ISSUES: (*Summarise key legal issues / legislation relevant to the report*)

None at this stage

EQUALITY AND DIVERSITY ISSUES: (*summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report*)

	Tick relevant box
<i>Changes proposed will be subject to EIA as the proposals for change emerge</i>	
An Equality Impact Analysis/Assessment is not required for this report.	x
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (*How the report supports the NHS Constitution*)

The Programme supports delivery of NHS Constitutional Standards

Definition

<i>To approve</i>	<i>An item of business that requires the Committee to take a formal decision.</i>
<i>To endorse</i>	<i>An item of business that requires the Committee to endorse the actions taken by the CCG.</i>
<i>To ratify</i>	<i>An item of business where the Committee is required to ratify the action(s) taken on behalf of the Committee, for example, by a formal group established by the Committee.</i>
<i>To discuss</i>	<i>An item of business that requires discussion by the Committee prior to agreement of a formal resolution or a general policy steer to the executive officers.</i>
<i>To consider</i>	<i>A report containing a positional statement relating to the delivery of the CCG's functions for which the Committee has a corporate responsibility but is not explicitly required to make a decision.</i>
<i>To note</i>	<i>An item of business for which the Committee is required to give due regard to but for which there is not expected to be discussion.</i>
<i>For information</i>	<i>An item of information that is of general interest but is not of significance to</i>

the Committee's corporate or operational activities. These items will be included on a specific section on the agenda but will not be for discussion unless exceptionally Members have not been able to obtain assurance from the author outside of the meeting and the Chair has been notified of the request at least 1 hour in advance of the start of the meeting.

CCG Strategic Objectives

Objective No	CCG Strategic Objective
1	Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change.
2	Advance at system-level the delivery of the commissioning priorities set out in the NHS Long Term Plan.
3	Support the delivery of financial strategies and actions as enablers to system-wide transformation.
4	Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.
5	Work in partnership with Hull City Council and others to implement a population driven approach to improving health outcomes and reduce health inequalities, targeting in particular the most disadvantaged in local communities
6	Develop an agreed out of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision.
7	Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.
8	Delivery of Statutory Duties
9	Maintain support for the effective local planning and response to the Coronavirus Pandemic, ensuring that positive innovations are retained, improved and generalised.

Humber Acute Services Review: Programme Update

1. INTRODUCTION

1.1. The purpose of this report is to provide the Board with an update on the progress of the Humber Acute Services Review and the approach proposed for going forward.

2. BACKGROUND

2.1 The Humber Acute Services (HAS) Programme is designing hospital services for the future across the Humber region in order to deliver better and more accessible health and care services 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 Humber Clinical Commissioning Groups (CCGs). The Programme has multiple dependencies including the development of primary and community care pathways, out of hospital services, and the development of the emerging ICS and ICPs.

2.2 Our vision is to ensure that as healthcare providers we collaborate to deliver the highest quality services to our patients. Through our collaboration we will ensure:

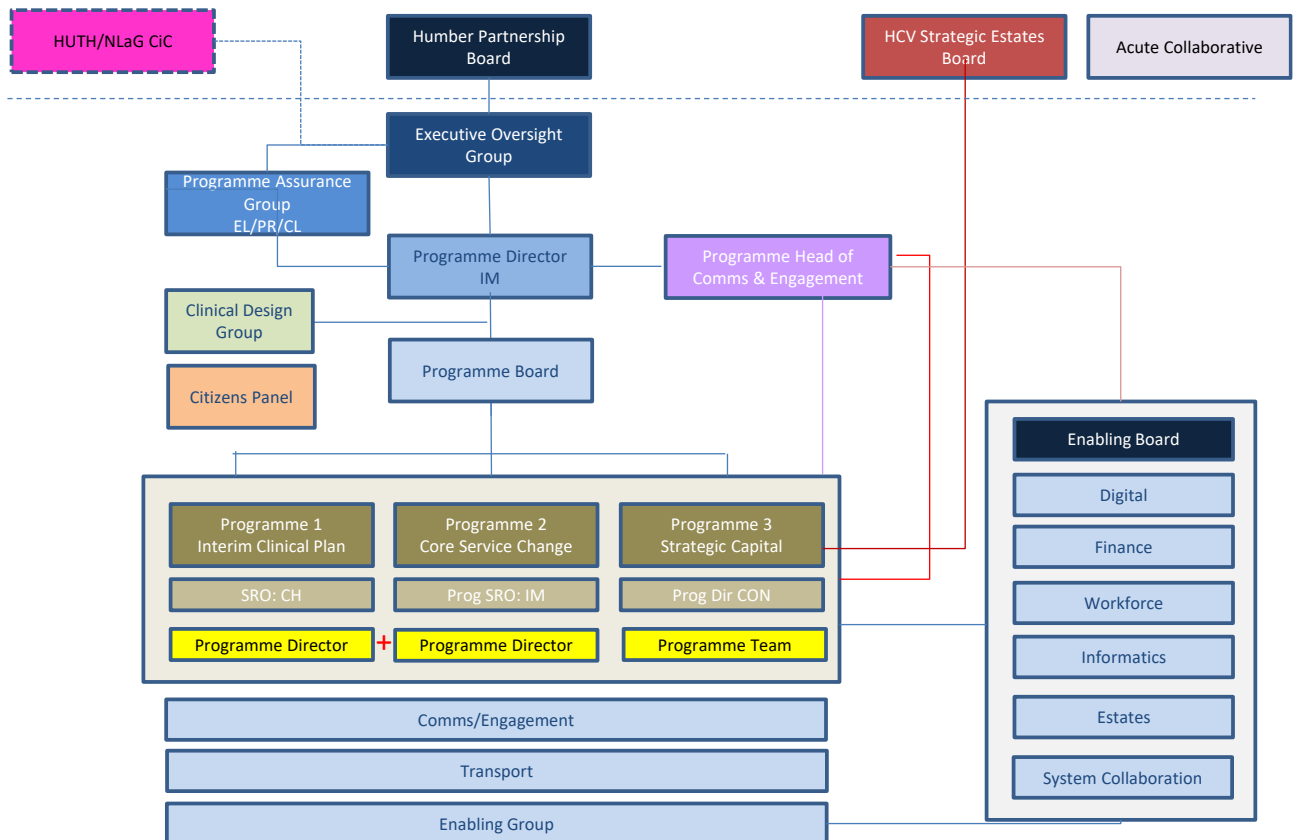
- That we are “Anchor Institutions” within our localities maximising our role in delivering improved health and well and being, economic regeneration, local and regional innovation and increased levels of local employment
- We deliver a World Class Service Offering – providing high quality, safe accessible services for our patients

2.3 That we partner with public, private and academic bodies to maximise the potential of partnerships for Research and Innovation

- That we maximise the skills and strength of our workforce:
 - Sharing resources
 - Developing local where possible
 - Improving training and development opportunities for all staff
- We implement Integrated pathways of care across community and primary care reducing reliance on hospital services and providing services closer to or at home for our patients
- That we reduce inequalities of provision and access across our local communities
- Make increased use of technology to support self help, prevention, early intervention, remote diagnosis and treatment where appropriate
- That our hospital infrastructure maximises the use of technology in service delivery including use of robotics and AI
- That our in hospital and out of hospital infrastructure –day case/planned/urgent care – is sustainable, reflect infection prevention and control standards and allows us to continuously deliver services irrespective of the challenges we face.

3. Humber Acute Services Programme – progress and next steps

- 3.1 Richard Barker and Stephen Eames undertook a Stocktake Review of the HASR Programme in September 2020 and made a number of recommendations to strengthen programme governance and assurance as it moved from a Review phase to one of Design and Implementation.
- 3.2 Following the review the Executive Oversight Group agreed to appoint to the role of overarching HASR Director. This role was offered to Ivan McConnell (Director Strategic Development NLaG) on a 12 month secondment 4 days per week. Ivan has an extensive background in the design and delivery of large scale reconfiguration and change programmes both nationally and internationally.
- 3.3 In December, the Director launched a review of Programme Governance and delivery processes. The changes proposed from the review were agreed at the December Executive Oversight Group. The revised governance structure is set out in the diagram below.



- 3.4 The review highlighted the major dependencies of three major pieces of work to support the delivery of sustainable acute services in the future. The programme is now actively designing solutions to support the implementation of new models of care and infrastructure across three distinct but inter-related programmes of work:
- 3.5 Interim Clinical Plan (Programme One) – stabilising services within priority areas over the next couple of years to ensure they remain safe and effective, seeking to improve access and outcomes for patients.

3.6 Core Hospital Services (Programme Two) – 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.

3.7 Building Better Places (Programme Three) – working with a wide range of partners in support of a major capital investment bid to government to develop our hospital estate and deliver significant benefits to the local economy and population.

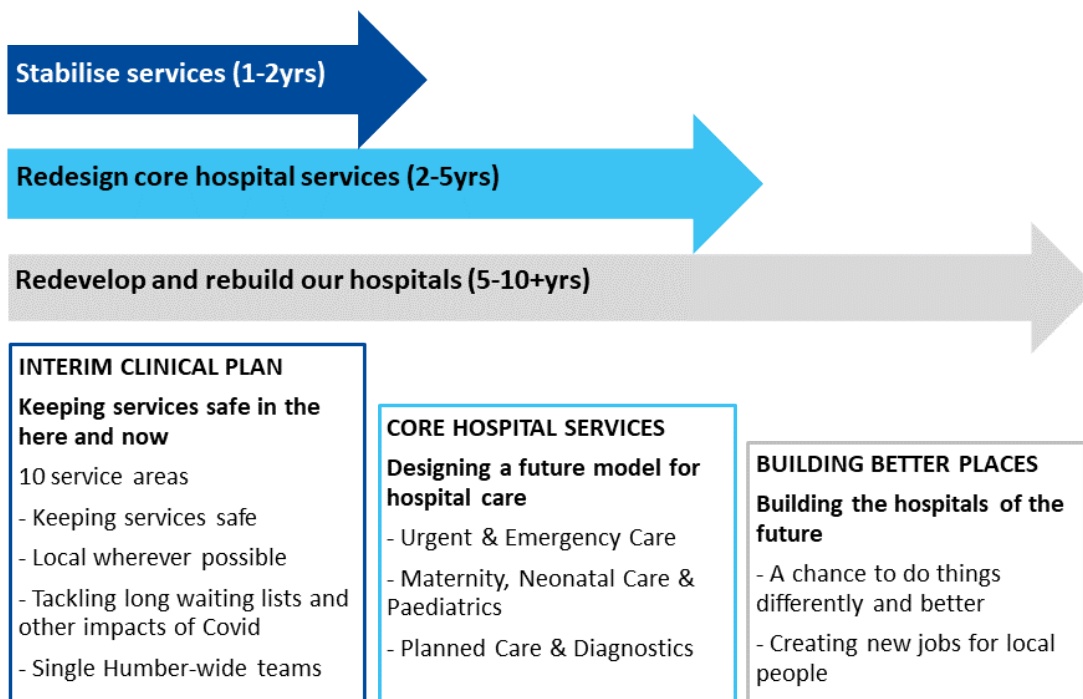
3.8 This work is now moving at pace despite the pandemic and has made significant progress since December. This includes:

- Development of a comprehensive Programme Plan setting out tasks and key milestones for a rolling 12 month period
- Allocated dedicated resources to support programme delivery including – Programme Director, Transformation Leads, Communications and Engagement leads, Organisational Development Lead, and Clinical leads
- Undertaking wide ranging external engagement including – OSCs, CCGs, Local authorities, NHS partners
- Undertaking a number of clinical workshops for the design of urgent and emergency care, maternity and paediatrics and planned care pathways with approximately 450 staff form across secondary, primary and community services
- Undertaking a stocktake of pathway alignment with out of hospital and primary care transformation programmes – identifying areas where we can collaborate on the development of more horizontally integrated pathways of care
- Launching a survey of “What matters to you” to identify key issues – 3,833 responses received after three weeks by 12/4/21
- Regular NHSE/I assurance reviews of work undertaken and proposed workplans
- Team attending NHSE/I national training pilot training programme on Reconfiguration

3.9 This activity has created a significant momentum which will support the delivery of key programme milestones during 2021/2022. This includes the implementation of change across 10 fragile and vulnerable specialties along with the production of a pre consultation business case for core service change. A high level delivery plan is attached at Annex A.

4 Individual Programme Overview and Key Issues

4.1 The three elements of the Programme whilst being individually governed have a significant interdependencies and will deliver over both the short and long term. The diagram below provides an overview of each element of the HAS Programme.



5 Programme one (Interim Clinical Plan)

5.1 The following priority services were identified from a “heatmap” exercise during September 2020 as the most vulnerable services and remain priority service areas:

- Cardiology
- Dermatology
- Ear Nose and Throat (ENT)
- Gastroenterology
- Haematology
- Neurology
- Oncology
- Ophthalmology
- Respiratory
- Urology

5.2 The purpose of the Interim Clinical Plan is to stabilise these fragile or vulnerable services to ensure services remain safe and effective in the here and now. Some of the ‘must do’s’ identified in the Interim Clinical Plan include:

- Establishing a single Medical Lead, Nurse/ Allied Health Professional (AHP) Lead and Managerial Lead for each identified service area.
- Completing the work once - pooling clinical and managerial teams where it makes sense to do so.
- Ensuring equity of access and timeliness of treatment for *all patients* across the Humber.
- Oversight of a single patient treatment list (PTL) for patients across the region.
- Ensuring we make full use of all our estates for Beds, Theatres and Outpatients across all five hospitals sites and community venues.
- Ensuring any proposals are clinically driven and supported.
- Ensuring any changes are financially sustainable for all partners.
- Ensuring any proposals are consistent with our Out Of Hospital (OOH) programme – including primary care and community services.

- Making sure any proposals are consistent with and support our longer-term developments.
- Ensuring appropriate communications and engagement with all stakeholders is undertaken throughout.

6 Establishing single clinical and managerial arrangements

- 6.1 A significant priority set out within the Interim Clinical Plan is to create and embed single clinical and managerial teams for each of the identified specialities across the Humber.
- 6.2 While such clinical / managerial changes in themselves do not constitute significant or substantial service changes in terms of where and how patients receive their treatment and care; indirect patient benefits will arise from having singular clinical and managerial teams, including:
- Improved consistency in care, treatment and administration.
 - Consistent approach to clinical prioritisation and management of waiting lists across the Humber geography – ensuring equity of service for patients in all localities.
 - More efficient use of clinical and non-clinical workforce capacity.
- 6.3 The changes relate primarily to the administration, clinical governance and back-office arrangements within the Trusts and their relationship with external bodies, such as commissioners, regulators and Royal Colleges, rather than changing locations of services.
- 6.4 Work is progressing to establish single clinical and managerial team arrangements to achieve a Humber-wide networked service model, led by a Clinical Lead, Operations Director and Lead Nurse (or AHP). These networked arrangements will help to ensure services are better positioned to attract and retain staff and in a strengthened position to ensure equity of service across the region. For the specialties within Phase One of the Interim Clinical Plan – neurology, ENT, dermatology, oncology and haematology – it is anticipated that Hull University Teaching Hospitals NHS Trust (HUTH) will host the networked services and that hosting arrangements will be put in place in Summer 2021.
- 6.5 As the single clinical and managerial teams become embedded, opportunities to develop and improve services and the experience of patients and their families will be explored. Any future proposals relating to how and where patients access services will be assessed for their significance and appropriate patient and stakeholder engagement will be undertaken.
- 6.6 We believe that these changes will not only support the delivery of enhanced and more efficient patient care but also provide improved service access, improved waiting list management and support the delivery of our wider Covid Recovery Plans.
- 6.7 Collaboration will be essential to our success in delivering the key milestones we have set out for 2021. We will ensure this is not only assured through the HAS Executive Oversight Group but also through a joint HUTH/NLaG Committee in Common.

7 **Programme two (Core Hospital Services)**

- 7.1 Programme two is moving at pace as it moves from a review phase underpinned by both a Case for Change and a Clinical Senate Review. Programme two is working towards the publication of a Pre Consultation Business Case by early 2022 followed by a statutory public consultation in early 2022 subject to completion of a successful Gateway 2 Review.

7.2 The programme is underpinned by a comprehensive governance structure and detailed work plan covering a number of areas including:

- Options development and evaluation
- Options testing and impact analysis
- Strategic workforce planning
- Capital and revenue investment planning
- Impact analysis
- Engagement and coproduction

7.3 This work remains clinically led and involves detailed options development and appraisal activities to help identify clinically viable options for core hospital service areas:

- Urgent and Emergency Care,
- Maternity, Neonates and Paediatrics
- Planned Care and diagnostics

7.4 To inform the options development and appraisal work, a wide range of engagement activities are either underway or are in development. This has included a number of clinical engagement events, system wide events and partner events.

8 Weighted decision-making criteria

8.1 A fundamental part of developing future models for core hospital services includes assessing the potential impact of workable models against a range of identified and agreed decision-making criteria. Previous engagement work has helped identify the decision-making criteria; however, in order to refine the application of the criteria, further engagement is required to help weight the decision-making criteria. The agreed weighted decision-making criteria will support the assessment of identified clinical models.

8.2 In order to gather a broad range of views on the weighting of decision-making criteria, some targeted engagement is being undertaken through February to the end of April 2021, with specific stakeholders/ groups across the Humber.

8.3 The following stakeholders/ groups have been identified and engaged:

- Staff (Hospital Trusts; CCGs; GPs)
- Governors & Members (NLaG)
- The public
- Citizen's Panel
- Healthwatch
- Members of Parliament
- Local Elected Members (including Leaders, Cabinet / Portfolio Holders, Health and Wellbeing Board Members, Health Overview and Scrutiny Committee Members)

8.4 The objectives of this engagement activity are to:

- Continue to raise general awareness of the Humber Acute Services Programme, specifically among the identified stakeholders/ groups.
- Engage the identified stakeholders/ groups and provide the opportunity to provide feedback on matters to consider when weighting future decision-making criteria.

- Demonstrate wide engagement on the weighting of future decision-making criteria for the purposes of the Humber Acute Services Programme.

8.5 An initial survey of “What Matters to You” has been undertaken during April with a focus on a set of key criteria proposed for options evaluation.

8.6 The Criteria tested were:

- Constitutional Standards: I am seen and treated as quickly as possible
- Clinical Standards: I am kept safe and looked after
- Clinical Outcomes: Things go well for me and I am satisfied with the care I receive
- Travel and Accessibility: I am able to get there
- Health (In) Equalities: Everyone can access care, especially those most in need
- Workforce: There are enough staff with the right skills and experience
- Sustainability: I know services will be there when I need them
- Estates/infrastructure: I am looked after in good quality buildings that have the latest equipment
- Impact: Health Economy: services are good value for money

8.7 The survey ran for 4 weeks and received 3,883 responses from a mix of patients, staff and public. Of those responding more than 80% had used services in the past two years and over 75% of respondents were either satisfied or very satisfied with their care. The responses are currently going through a formal evaluation and review. The results will be published in June 2021.

9 Clinical and staff engagement

9.1 This includes a comprehensive staff and clinical engagement process to ensure staff teams across both acute Trusts, as well as other health and care partners, have opportunities to help shape the solutions being developed.

9.2 From November 2020 to February 2021, a number of clinical workshops were hosted virtually to help inform the options development work across the different service areas. These workshops involved approximately 450 members of clinical and managerial teams across the two hospital Trusts, primary care (GPs), community services providers and Clinical Commissioning Groups. The workshops have provided valuable clinical input into the development of potential models of care and identified a number of dependencies, such as ensuring “out of hospital” care is effectively integrated into future models for all services.

9.3 Engagement with clinical and wider staff teams will continue throughout the spring and summer as potential future models of care are developed and further refined based on feedback from across our engagement activities.

10 Public and patient engagement

10.1 In addition, a comprehensive patient, public and stakeholder engagement plan is in place to support the options development and appraisal phase. This includes a number of key activities, which are set out briefly below:

10.2 Activity 1 - Addressing Health Inequalities (Spring/Summer 2021)

- A programme of targeted engagement will be undertaken over the coming months to help understand current barriers to accessing care and the impact any proposed changes might have on our most deprived communities and those with protected

characteristics. We will work with advocates and community-based organisations to support the delivery of effective engagement with identified communities and individuals who are most at risk of experiencing poorer health outcomes and/or experience barriers to accessing healthcare, within the constraints posed by Covid restrictions. Understanding this will help us develop proposals that take these important issues into account.

- In addition, the HAS communications and engagement team is working with colleagues across the Humber, Coast and Vale Health and Care Partnership to undertake targeted engagement to support our understanding of digital exclusion/inclusion as it relates to health and care services both now and in the future. This work will help to inform how we develop services to ensure health inequalities are not exacerbated. This work is being undertaken through the HCV Partnership's Elective Care Programme and its focus on transforming outpatient appointments. Work is underway to:
 - Identify, consolidate and document any previous patient engagement work that identifies the development of digital/virtual appointments as a specific outcome.
 - Coordinate future patient engagement across specialities where future service proposals include more digital/virtual appointments.
 - Ensure future patient engagement focuses on the 'how' digital/virtual appointments can be successfully implemented as part of the overall service offer, without having an adverse impact on health inequalities.

10.3 Activity 2 – Birthing Choices (Spring 2021)

- Working with the network of Maternity Voices Partnerships (MVPs) in place across Humber, Coast and Vale we have planned a programme of engagement to help understand how new and expectant mothers, women trying to conceive and surrogates feel about the different birthing choices available to them. These choices range from home births, standalone midwifery led units, maternity led units within a hospital setting to obstetrician led maternity units. In particular, this work will help us understand:
 - Any concerns and preferences on the range of birthing choices, especially around standalone midwifery-led care and home births.
 - What services (e.g. access to pain relief or a birthing pool) are a priority when deciding where to give birth, and
 - What is important when choosing the birthing environment (e.g. Home-from-home feel, or a private room).
- We will also use this exercise to gather insights into what women feel is important should their baby require neonatal care when first born. This feedback will help to further refine the clinical models for maternity care.

10.4 Activity 3 - Raising Awareness and General Feedback (Spring/ Summer 2021)

- Recognising that it has been some time since we spoke to patients and the public about the HAS Programme, and that much of the public's attention has understandably been focused on the COVID-19 pandemic, there is a need to undertake an awareness raising exercise. This activity will seek to provide clear and consistent information about the Humber Acute Services programme and wider changes to health and care across the region. A general experience survey will run

in parallel to the awareness raising exercise; and will provide an opportunity for more people to have their say and share their views to help inform the development and refinement of clinical models. It will allow individuals who have not been involved to date an opportunity to provide feedback and identify if they want to be involved further.

10.5 Activity 4 - Options Appraisal Workshop(s) (Summer 2021)

- Following development of potential solutions to the challenges identified in our Case for Change, an inclusive and transparent approach to evaluating those models will be undertaken. This will include recruiting and inviting a representative sample of our local population to take part in an options appraisal workshop, taking into consideration all the patient and clinical engagement feedback as well as clinical data. This method will provide an opportunity for citizens to influence which options to take forward to formal consultation if necessary. This will be part of a balanced approach to options appraisal which will seek to involve a range of stakeholders including clinical staff and partners across the health and care system.
- We have continued to engage and involve our Citizen's Panel. The Citizen's Panel acts as a critical friend to the programme and helps to ensure the voices of local populations are heard by providing input into and critique of our plans for engagement. They also support the development of effective communications by reviewing and commenting on public-facing information to ensure readability. Since the last update provided, the Citizen's Panel has undertaken a review and refresh of the Terms of Reference and membership, which has served to strengthen representation on the Panel; specifically, in terms of geographical and Black, Asian and Minority Ethnic (BAME) representation.
- The progress of Programme 2 has been impacted by the continuing and ongoing pressures caused by COVID-19. However, the same impacts and pressures have reinforced the need for the HAS Programme to consider and develop new and sustainable service models for core hospital services. As such, we have set some ambitious timescales for the completion of the options development and appraisal activities, incorporating opportunities for scrutiny and challenge of our plans and proposals by the Clinical Senate, NHS England and Improvement and relevant Local Authorities. We would welcome the opportunity to present further updates and discuss progress at future meetings in the new municipal year and welcome views on the most effective ways to engage.
- We are now moving at pace and will continue our engagement process to ensure that we develop innovative clinical models of care which improve patient access, quality of care and reduce inequalities.

11 **Programme three (Building Better Places)**

- 11.1 In addition, we are working with a wide range of partners including local authorities, universities, Local Enterprise Partnerships and development partners on proposals to develop our hospital estate and deliver significant, wide ranging benefits in each of the four areas across the Humber.
- 11.2 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.

11.3 Preliminary engagement with partners, including the University of Hull, University of Lincoln, both Local Enterprise Partnerships (LEPs) and economic development teams within our Local Authorities, has been incredibly productive to date. There is widespread enthusiasm and support for our collective plans to develop an approach to investment that will maximise the impact and benefit to local residents in the form of new and rewarding careers, improved local infrastructure, investment in innovation and improved environment.

11.4 This work will be driven by not only the capital infrastructure issues faced across both HUTH and NLaG but by the clinical models and options that emerge during Programme two. This will ensure that we can present sustainable clinical models in the PCBC and importantly long term sustainable models of care in an estate which is fit for the future.

11.5 Our initial work has highlighted that if we are to be “Anchor Organisations” we need to look at how our investment not only improves health and care facilities but reflects a number of innovations in care including:

- Building sustainable infrastructure
- Potentially splitting our acute care infrastructure into separate unplanned and planned care facilities in line with national good practice guidance
- Harnessing the opportunities provided through Community Diagnostic pathways to potentially provide increased community based diagnostics and endoscopy capacity
- Linking the investment in health and care to that of our partner local authorities and combine funding to ensure the redevelopment of our town centres and communities
- Ensuring that our investment can support increased partnering with public, private and academic bodies to increase our levels of research and innovation.

11.6 If we are to successfully deliver our vision for both Programme 1 and 2 we will require access to capital investment. Our existing hospital infrastructure has significant backlog maintenance issues for example NLAG has a £97.7m BLM issue accompanied with a risk of significant critical infrastructure failure in the next 6/8 years.

11.7 Our infrastructure will require significant investment of we are to succeed. It is therefore important that in the coming months we develop:

- The potential options for capital investment and its associated timeline
- The potential sources of capital funding and bidding processes and timelines

12 Stocktake Review: April 2021

12.1 A follow up Stocktake Review was undertaken in April by Richard Barker and Stephen Eames with Regional and ICS Colleagues. The review was focussed on:

- Governance
- Proposed Workplans and Milestones
- Review of each Programme
- Identification of potential areas of support

12.2 The review feedback has set out:

- A clear recognition of progress in six months with high levels of engagement
- An alignment of the programme to the aims and objective of the NHS Long Term

Plan

- A need to ensure that Programme 1 does not pre determine Programme 2
 - A recognition of the early work with key stakeholders and in particular with local Councillors and OSCs
 - A recognition of a sense of collective endeavour
- 12.3 The Programme team are reviewing the feedback and will ensure that they harness the offers of support received.

13 Conclusion

- 13.1 This report provides an update on the progress of the Humber Acute Services Programme, alongside the future plans and next steps. The report is set within a period in time and will develop as the Programme moves at pace in early 2021.