

ICB – Board

Annual Operating Plan - Performance Report

[Date: 14 August 2024]

Introduction

The monthly ICB operating plan performance report is specifically concerned with the short term annual objectives related to the HNY ICBs Annual Operating Plan 2024/25. The report is a single part of a wider performance management framework across the ICB.

The overall framework has width and covers a wide range of aspects of performance relating to themes such as quality of care, patient experience, operating plan access metrics, public health statistics, and health prevention data. It also has depth in that any of these themes are being considered at provider, place, in some cases condition level. The framework also considers time frames in that some performance expectations are measured daily, weekly, monthly whereas others are to be reviewed annually.

These different aspects of performance do not sit in isolation; improving access to cancer services this year, goes hand in hand with ICB mid term ambitions to increase engagement of vulnerable populations with cancer screening programmes, and reduce harm from cancer. Both support the long term aim of increasing healthy life expectancy.

The report will demonstrate how these short term annual operating plan indicators support long term aims and ambitions of the ICB. It will describe the full list of indicators in the 2024/25 planning guidance but will focus on areas that have been identified as priorities by NHSE.

A small number of indicators are better performance managed through other reporting mechanisms and these are identified in the report also.

The report is supported each month with a deep dive into a theme along with Executive Director updates that will describe any escalations from sub committees.

HNY ICB Strategy, Planning and Reporting Framework

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------------------------------------|---|-----------------------|-------------------------|---------------------------|--------------------------------|-------------------------|-----------------------------|-----------------|---|---------------------------------|------------------------------|-------------------------|---------------------------------------|-----------------------|-------------------------|------------------------------|--|---------------------|-------------------------|------------|-----------------------|-------------------------|
| Long term 10-15 years Strategy & Outcomes Framework | Our Aims | Narrowing the gap in healthy life expectancy by 2030 Increasing healthy life expectancy by five years by 2035 | | | | | | | | | | | | | | | | | | | | | |
| | Outcomes | Start Well, Live Well, Age Well, Die Well | | | | | | | | | | | | | | | | | | | | | |
| | Ambitions | Radically improving the health and wellbeing of children and young people Transforming people's health and care experiences and outcomes Enabling wellbeing, health and care equity | | | | | | | | | | | | | | | | | | | | | |
| | Big 4 health outcomes | Reducing harm from cancer | | | | Cutting cardiovascular disease | | | | Living with frailty | | | | Enabling mental health and resilience | | | | | | | | | |
| Medium term 2-5 years Joint Forward Plan & Deliverables Big 4 in the outcomes framework | Design for the future | Blueprint | | | | | | | | | | | | | | | | | | | | | |
| | Leading for... | Excellence | | | | | | Prevention | | | | | | Sustainability | | | | | | | | | |
| | Drivers | Delivery Improvement | | Digital & Data | | Empowering Collaboratives | | Enabling Population Health | | Relationship with Place | | System workforce | | Sustainable Estate | | Outcomes led resourcing | | | | | | | |
| | Voice at the heart | Putting the views and experiences of the diverse communities at the forefront of our transformation agenda Ensuring an influential system voice to policy makers | | | | | | | | | | | | | | | | | | | | | |
| | Programmes of change & transformation | Innovation, research & improvement system | No Criteria To Reside | Yorkshire & Humber Care | Electronic Patient Record | Decision Support | Artificial Intelligence | Sustainable Services – HAS, | Cancer Alliance | Mental Health | Pathways – Long Term Conditions | CoE – Tobacco / risk factors | Cardio Vascular Disease | Integrated Community Care | Urgent Emergency Care | CoE – Frailty | CoE – Palliative End of Life | Breakthrough including Paybill & Agency Management | Infrastructure Plan | Estates Rationalisation | Green Plan | Clinical Productivity | Single System Formulary |
| Short term 1-2 years Operational Plan & Deliverables | Operational Plan Targets | <ol style="list-style-type: none"> 1. Improve 6 week diagnostic wait to below 5% 2. Deliver 70% performance on cancer 62 day and 77% on FDS 3. Increase the proportion of cancer diagnosis at stage 1 and 2 4. Increase proportion of outpatient first attendances to 46% 5. Reduce over 65 week waits to 0 and improve overall waiting list size 6. UEC 78% of patients seen within 4 hours in March 2025 7. Improve Category 2 ambulance response times 8. Improve access to GP services – (Increased appointments 1% and 85% 14 day booking) 9. Improve patients experience of choice at referral 10. Improve community services waiting times 11. Reduce NCTR numbers 12. Reduce inappropriate out of area placements 13. Increase dementia diagnosis rate to 66.7% 14. Implement the patient safety incident response framework | | | | | | | | <ol style="list-style-type: none"> 15. Implement 3yr plan for maternity and neonates 16. Increase dental activity to pre-pandemic levels 17. Improve vaccination uptake for CYP 18. Reduce inpatient care for children with LD and Autism 19. Develop at least one women's Health Hub 20. 75% of all SMI patients having annual health check 21. Improve access to Talking Therapies 22. Increase access to community, perinatal, CYP MH services 23. Annual Health check for 75% of people on LD register 24. Reduce inpatient care for adults with LD and Autism 25. Increase % of hypertension patients treated with NICE guidelines 26. Increase % of CVD patients on Lipid lowering therapies 27. Deliver on the Core20Plus5 approach for adults, CYP | | | | | | | | <ol style="list-style-type: none"> 28. Deliver net system balanced position 29. Reduce agency spend 30. Deliver VWA activity total – Income Target 31. Increase workforce retention, reduce staff sickness and deliver WTE reduction 32. Improve working lives of doctors 33. Provide sufficient clinical placements and apprenticeships | | | | | |

HNY ICB Strategy, Planning and Reporting Framework – Priority Indicators

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| | Design for the future | Blueprint | | | | | | | | | | | | | | | | | | | | | |
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| | Drivers | Delivery Improvement | | Digital & Data | | Empowering Collaboratives | | Enabling Population Health | | Relationship with Place | | System workforce | | Sustainable Estate | | Outcomes led resourcing | | | | | | | |
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Urgent and Emergency Care

A&E 4 hour waiting times - HNY
Provider Total

Jun 2024
Plan: 67.6%
Actual: 67.2%



Diagnostics

Diagnostics Test Waiting Times:
Proportion of Patients Waiting 6+
Weeks for the 9 Targeted Tests - HNY
Provider Total

May 2024
Plan: 25.0%
Actual: 25.1%



Primary Care

Proportion of Appointments in General
Practice Booked and Seen Within 14
Days - HNY ICB

May 2024
Plan: 85.0%
Actual: 87.5%



Community

Total Number on Community Services
waiting list over 52+ weeks - HNY
Provider Total

May 2024
Plan: 1138
Actual: 1096



Mental Health

Inappropriate adult acute mental health
Out of Area Placement (OAP) Patients
- HNY ICB

Jun 2024
Plan: 16
Actual: 19



Elective care

18 Week Referral to Treatment Waiting
Times - 65+ Week Waits - HNY
Provider Total

May 2024
Plan: 244
Actual: 242



Cancer

Cancer 62 Day Waits - All referral
routes - HNY Provider Total

May 2024
Plan: 61.5%
Actual: 64.1%



Prevention & Health Inequalities

Percentage of patients with
hypertension treated to NICE guidance
- HNY ICB

Jun 2024
Plan: 77.0%
Actual: 78.0%



Mental Health

Estimated diagnosis rate for people
with dementia - HNY ICB

Jun 2024
Plan: 60.2%
Actual: 59.2%



Mental Health

Access to Children and Young People's
Mental Health Services - HNY ICB

May 2024
Plan: 21690
Actual: 21445

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

































| Area | Metric | National Objective | Detail | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | VAR. | ASS. |
|----------------------------------|---|--------------------|-------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|---|
| Urgent and Emergency Care | A&E 4 hour waiting times - HNY Provider Total | 78% by March 2025 | Plan Actual | 68.6% 66.0% | 70.7% 64.9% | 72.3% 62.6% | 73.9% 61.6% | 63.3% 62.5% | 65.7% 60.7% | 67.8% 61.0% | 69.5% 64.3% | 76.6% 66.7% | 65.3% 67.8% | 66.8% 67.4% | 67.6% 67.2% |   |  |
| Elective care | 18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total | 0 by Sept 2024 | Plan Actual | 3189 2123 | 2964 2273 | 2646 2242 | 2238 2017 | 2253 1456 | 2017 1415 | 1502 1234 | 944 908 | 350 336 | 312 242 | 244 242 | |   |  |
| Diagnostics | Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total | | Plan Actual | 35.1% 36.3% | 33.7% 38.3% | 32.0% 36.7% | 30.8% 33.1% | 29.7% 31.6% | 28.0% 34.3% | 27.8% 31.8% | 27.9% 26.0% | 27.9% 26.5% | 25.6% 26.4% | 25.0% 25.1% | |   |  |
| Cancer | Cancer 62 Day Waits - All referral routes - HNY Provider Total | 70% by March 2025 | Plan Actual | 62.3% | 59.1% | 55.5% | 59.7% | 62.4% | 62.1% | 57.7% | 62.1% | 67.1% | 61.1% 61.2% | 61.5% 64.1% | |   |  |
| Primary Care | Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB | | Plan Actual | 85.0% 85.6% | 85.0% 85.4% | 85.0% 84.7% | 85.0% 85.9% | 85.0% 86.7% | 85.0% 86.8% | 85.0% 87.2% | 85.0% 86.9% | 85.0% 87.4% | 85.0% 86.9% | 85.0% 87.5% | |   |  |
| Prevention & Health Inequalities | Percentage of patients with hypertension treated to NICE guidance - HNY ICB | | Plan Actual | 77.0% 76.4% | 77.0% 73.8% | 77.0% 74.5% | 77.0% 75.4% | 77.0% 75.8% | 77.0% 76.1% | 77.0% 76.9% | 77.0% 78.0% | 77.0% 78.1% | 77.0% 76.1% | 77.0% 77.1% | 77.0% 78.0% |   |  |
| Community | Total Number on Community Services waiting list over 52+ weeks - HNY Provider Total | | Plan Actual | 255 | 234 | 281 | 445 | 456 | 230 | 169 | 1045 | 1101 | 1138 1103 | 1138 1096 | |   |  |
| Mental Health | Estimated diagnosis rate for people with dementia - HNY ICB | | Plan Actual | 57.9% 58.2% | 57.9% 58.4% | 59.6% 58.6% | 59.6% 58.9% | 59.6% 59.2% | 61.4% 59.0% | 61.4% 58.7% | 61.4% 58.6% | 64.4% 58.6% | 60.3% 58.4% | 60.0% 58.6% | 60.2% 59.2% |   |  |
| Mental Health | Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB | | Plan Actual | 14 | 8 | 9 | 10 | 13 | 13 | 11 | 13 | 18 | 20 22 | 19 28 | 16 19 |   |  |
| Mental Health | Access to Children and Young People's Mental Health Services - HNY ICB | | Plan Actual | 21171 19035 | 21171 19150 | 21171 19545 | 21171 19675 | 21171 20435 | 21171 20720 | 21171 21215 | 21171 21635 | 21171 21595 | 21690 21300 | 21690 21445 | |   |  |

Image Key

-  Plan Met
-  Plan Not Met

Rolling twelve month period



Key Indicator: Waiting time in ED

| | Line | Apr-24 | May-24 | Jun-24 |
|--------------------|--------|--------|--------|--------|
| HDFT | Plan | 73.0% | 78.0% | 78.0% |
| | Actual | 72.7% | 71.7% | 72.9% |
| HUTH | Plan | 60.0% | 60.3% | 60.7% |
| | Actual | 59.6% | 61.1% | 61.0% |
| NLAG | Plan | 67.0% | 68.0% | 69.0% |
| | Actual | 74.6% | 70.4% | 69.9% |
| YSFT | Plan | 65.4% | 66.9% | 68.1% |
| | Actual | 66.8% | 68.0% | 67.3% |
| HNY Provider Total | Plan | 65.3% | 66.8% | 67.6% |
| | Actual | 67.8% | 67.4% | 67.2% |

How does indicator link to long term priorities:

Patients across HNY use ED services as a way of accessing healthcare, we also know that patients from areas of high deprivation are high users of ED. Improving access to ED will therefore support all of the ICB strategic ambitions including the golden ambition of improving services for CYP.

Evidence suggests the longer patients wait in ED the worse the clinical outcome will be, and congestion in ED can lead to delays to ambulance handovers, meaning ambulances are not freed up to pick up other emergency cases, leading to further clinical risk.

Urgent Care Escalation Points

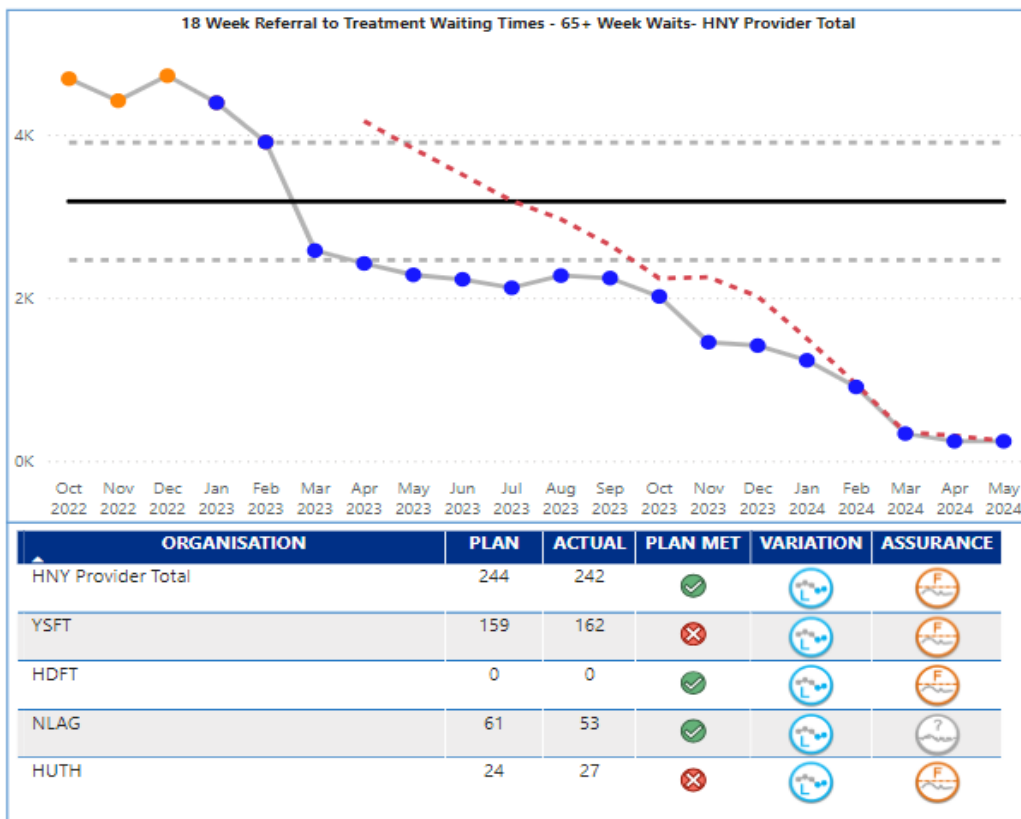
UEC 4-hour performance in June for the overall ICB system was 70.2%. **The UEC plan being monitored by NHSE is for the acute providers only and was set at 67.6%, and delivery was 67.2%.** HUTH (61%) and Y&SFT (67.3%) were lowest performing Trusts. **UEC performance at HNY has been challenged by NHSE and the ICB is in national UEC Tier 2. The year end target for the acute providers is 73.2% - ICB overall 78%.**

- 4-hour UEC June – **HUTH and NLAG achieved their monthly plan, Y&SFT and HDFT did not**, though in the case of HDFT this was partly due to setting a 78% target. Other none Type 1 facilities were also below plan in June.
- Ambulance response time cat 2 – Overall wait times for cat 2 ambulances was 39:51 minutes against a target of 30:00 minutes. Although the target was not achieved the trend is showing special cause variation of an improving nature. **HNY hospital handover performance has been singled out by YAS, EMAS and NHSE as of concern; improvement is required.**

Key Actions

- Each sub-system has created an immediate recovery plan to turn the dial on UEC performance in the next 6-8 weeks. These are currently being reviewed by ICB colleagues with some constructive feedback provided. Final plans due back 24th July.
- Two UEC summits being held – Operational summit on 31st July with a focus on process improvement and delivery of immediate actions, and a Clinical summit on 15th August with a focus on clinical engagement, internal professional standards and a hospital-wide ownership of UEC flow
- Tier 2 meetings with region stepped up to a more formal approach, which will monitor the delivery of actions produced in the immediate recovery plan. Focus on 4 hours and ambulance handovers
- YAS have received ambulance monies, £500k of which has been allocated to the development of 2 x Integrated Care Coordination hubs in HNY to increase non-conveyance and reduce dispatch where an alternative care pathway can be followed. Due to go live October
- A-ted (Alternative To ED) Audits being undertaken across the ICS to identify gaps in alternative care pathways, and ensure those that are available are easily accessible and profiled on DOS

Key Indicator: RTT 65+ Week Waits



How does indicator link to long term priorities:

Access to planned care elective services supports primary care and urgent care as delays can lead to patients seeking alternative routes to treatment or return to primary care to raise concerns. If not managed for risk, delays to elective care can also affect patient outcomes and certainly affect patient experience, if the condition is one that worsens over time. There are also social impacts to delays that may affect patient's ability to work. Access to elective services affects all of the ICB strategic ambitions and long term aims. The ICB has made significant investment in elective care through ERF and £80m on IS capacity.

Elective Services Escalation Points

Elective waiting times **over 65 weeks remained at 242** in May against a target of 244. The ICB continues to **benchmark well in NEY** on all long wait metrics. Performance is outside expected control limits and demonstrates **real cause variation of an improving nature. All providers have demonstrated significant progress**, Y&SFT in particular though they still have the majority of breaches (162 of the 242).

Specialties with highest numbers of long wait patients are; for admitted waits, Oral Surgery, Gynae, T&O and ENT; and for non-admitted waits, ENT, Neurology, Oral Surgery and Gynae.

62 of the 65 week breaches are CYP (0-17 year olds) with 43 of them at NLAG. NHSE plan is for backlog to be cleared by Sept. 24.

The growing concern is in long term delivery of the Total Waiting List position for HNY. The **growth in the overall waiting list has seen an increase of 5,012** since March 24.

Key Actions

Clinical networks focussed on maximising core capacity by addressing unwarranted variation in areas such as RPRP, daycase rates, clinic templates, N:R ratios alongside standardising HVLC pathways.

Peri-op clinical network reviewing local policies to standardise pre-op assessments.

Waiting list tool now being introduced systemwide, improving theatre booking efficiencies and supporting identification of lost capacity to improve overall productivity.

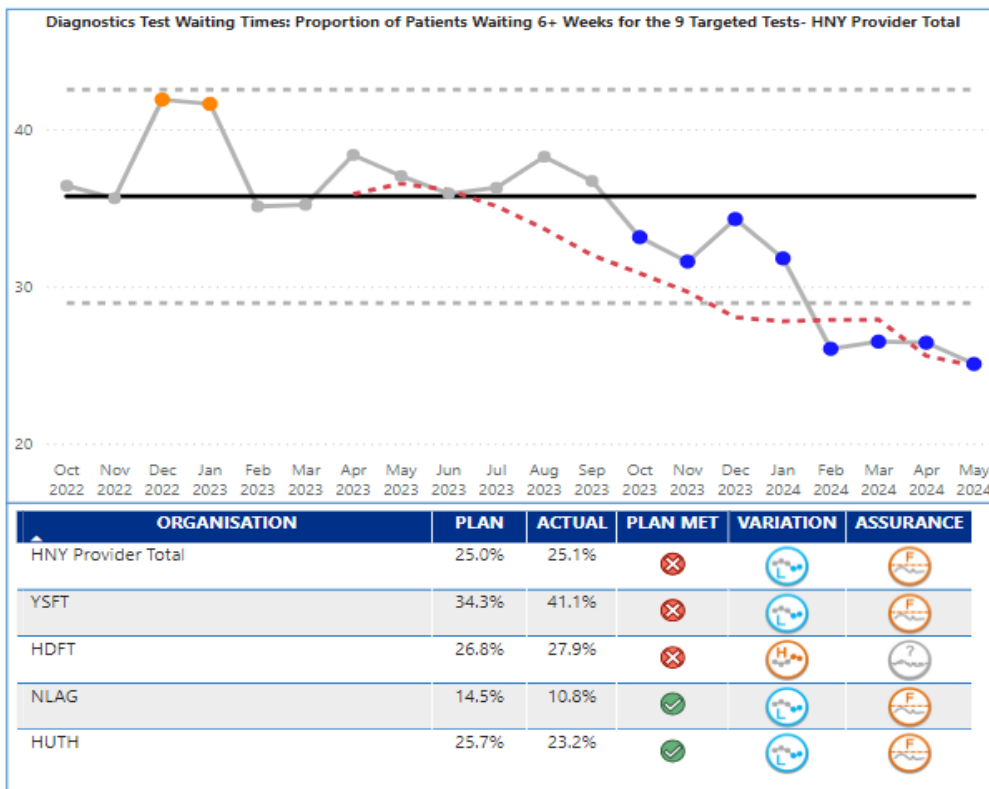
ENT Deep Dive event 24 September. Colleagues at Tactical Ops Group have also identified Urology as another specialty that would benefit from a Deep Dive.

GIRFT Tim Briggs system virtual visit 9 July, key points to note

- Increase NHS provision of cataract and hips and knees
- Reduce variation, specifically in T&O and Gynae, N:R ratios and daycase rates
- Increase cataracts on a list
- Optimise Hubs
- Standardise clinic templates

Eyecare system wide support to implement Cataract SPoA, business case pending.

Key Indicator: Waiting time for tests



How does indicator link to long term priorities:

Quick access to diagnostic services supports primary care, urgent care, elective care and cancer service delivery targets. Early supported diagnosis therefore supports all of the ICB strategic ambitions.

longer waits for diagnosis can affect cancer outcomes, as well as added delay to planned care pathways. Patient experience of care can be affected by delays to diagnosis.

Diagnosics Services Escalation Points

Diagnostic **6 week performance was 25.1%** in May against a reducing plan of 25.0%; statistically performance is demonstrating special cause variation of an **improving nature**.

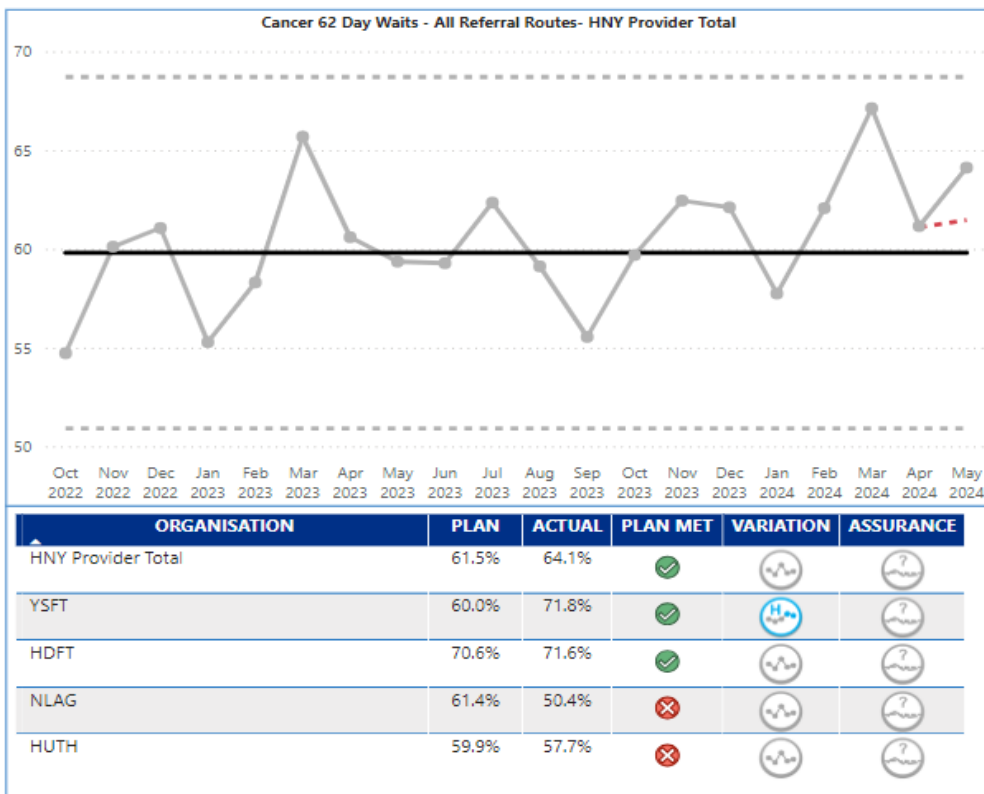
At May 24 there were 10,649 patients waiting over 6 weeks for diagnostic tests in total, but the **NHSE plan was based on 9 key tests**. The number of patients **waiting over 6 weeks** for the 9 tests was **9,868 in May**, an **improvement** from 10,302 in April (434). 8,482, of the breaches were in the following modalities – **CT (1,794), DEXA (1,529), Audiology (1,322), NOUS (1,301), Echo (1,296), MRI (1,240)**.

DEXA, Audiology and Echo are of particular concern, as their high volumes of breaches are from smaller waiting list sizes, and their performance is 55.6%, 42.5%, 40.4% respectively against a national target of 5%. From a provider perspective, of the 9,868 breaches, **4,460 of the breaches are at Y&SFT**, and this is reflected in their performance of 41.1% being over 6 weeks. **The ICB remains an outlier in NEY and Nationally**.

Key Actions

- CDC programme continues to support activity across HNY and at month 3 has delivered a total of 35,387 tests across all the modalities. Four spoke sites are live (Ripon, Selby, Askham Bar and East Riding Community Hospital (ERCH)) Four more sites (3 hubs in Scunthorpe, Scarborough and Hull and 1 spoke in Grimsby) are under development.
- The HNY CDC mobiles (CT and MRI) rotate between Askham Bar and Selby for Y&STH, Castle Hill Hospital and ERCH for HUTH and soon to come online at the end of July, St Hughes in Grimsby for NLaG, all of which are providing additional activity.
- In addition to a new modality of Ophthalmology at Askham Bar which is due to start later in the year, NHSE have approved for Y&STH to bring on line a non-recurrent CT and MRI mobile service at Bridlington (linked to the Scarborough CDC), using the independent sector.
- Endoscopy clinical network established; Key priorities agreed. Strategic Lead Appointed to commence 02 Sept. 5 year workforce plan ongoing, Staff Collaborative Bank to be explored across trusts.
- Imaging Network Key Priorities agreed; Network Ownership - collaborative model determined. Clinical governance group commenced reviewing by modalities opportunities for standardisation; revised AI bid Fracture detection in ED at Y&SFT to support winter pressures approved and to go live winter 2024/25. Submission of network maturity assessment to NHSE. First productivity outputs for reporting turnaround times shared identifying significant improvement opportunities. Sharing best practice continues as a result. Led national webinar to all Imaging networks across England in relation to CT
- Audiology review commenced to ascertain workforce, demand and productivity modelling across HNY.

Key Indicator: 62 day waits



How does indicator link to long term priorities:

Quick access to cancer diagnostic and treatment supports all of the ICB strategic ambitions, in particular reducing harm from cancer, and long-term improvement in Healthy Life Expectancy.

longer waits for treatment can affect cancer outcomes, and overall patient experience of care. NHSE will be scrutinising performance in this indicator, and it forms part of the NHSE Oversight Framework and Tiering process. Delivery is supported by the Cancer Alliance.

Cancer Services Escalation Points

Cancer services focussed on reducing the 63+ day wait patients in 2023/24. In 2024/25, the priority is to deliver a 70% performance on the **62-day cancer wait time target**. **May** performance was **64.1%** against a plan of **61.5%** and **therefore the target was achieved in the month**.

In regard to, 62-day performance, the trends on the chart opposite are showing common cause variation no significant change; which reflects a fluctuating position over the mid-point. **Y&SFT (71.8%) and HDFT (71.6%) both achieved the end of year national target (70+%), with Y&SFT demonstrating special cause variation of an improving nature.**

NLAG and HUTH at 50.4% and 57.7% are below plan. The ICB overall, and HUTH, and NLAG as individual providers, are in NHSE Tier 1 category for Cancer.

Key Cancer Alliance Actions in June 24:

Awareness & Early Diagnosis: Cancer Awareness Measures proposals shortlisting, FIT@80 pilots reviewed

Cancer Diagnostics and Innovation: Cancer Innovation Grants approved, MCBT lessons learned started, Skin Cancer Open Call 3 bid submitted

Comms & Engagement: Stakeholder newsletter issued, HNY CA Annual Conference 19/09/24 planning continues

Health Inequalities: Place cancer HI plan with East Riding multi-agency team developed, engagement with York PRIDE and CNS / social prescribing teams, Cancer LGBT educational session developed

Lung Health Check: Planning East Riding Villages roll out 01/08; Planning Y&S launch in 24/25 (*tbc*)

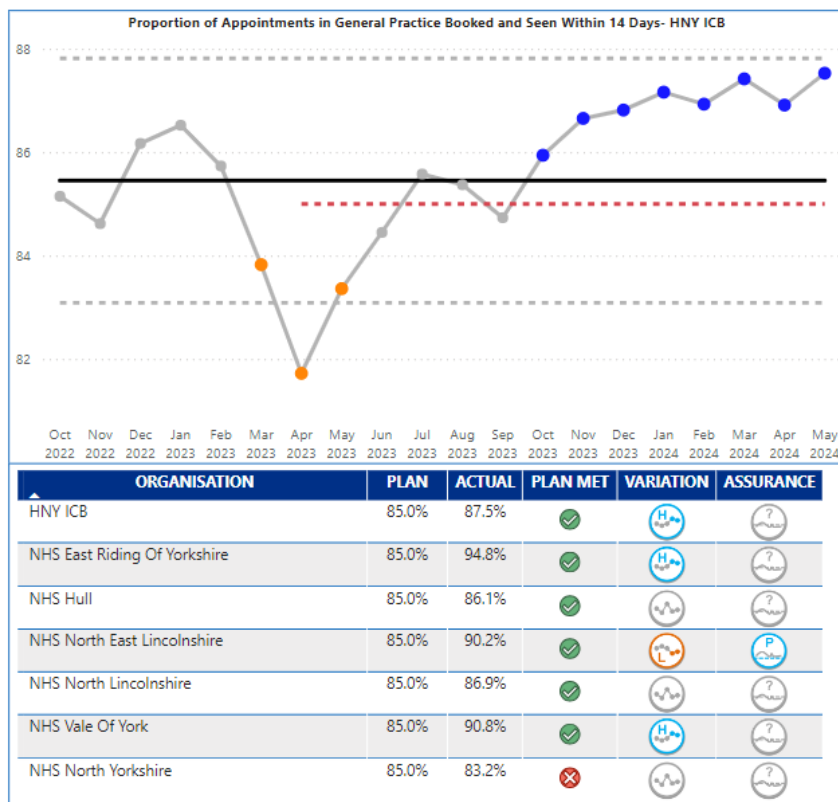
Treatment, Pathways and Personalised Care: Breast Educational Event; Prostate GIRFT audit commenced

Non-Surgical Oncology: SACT Pre assessment survey finalised and go live being planned, SACT C&D audit at YSTHFT commenced

NEY Rare Tumours Network: Delivery Manager commenced in post to Roll out Programme of work across NEY.



Key Indicator: Booked within 14 days



Primary Care Escalation Points

HNY May performance has delivered 87.5% against the 85% target for 14-day booking. Performance has been closer to the upper control limit and demonstrating special cause variation of an improving nature.

Performance differs by place; **East Riding 94.8**, Vale of York 90.8%, NE Lincs 90.2%, North Lincs 86.9%, Hull 86.1%, **North Yorks 83.2%**. All places are delivering to plan except North Yorks.

Primary care met the May target for appointments delivered. Performance over the last 6-months has been consistently at or above the upper control limit and is showing a special cause variation of an improving nature.

Expectations in the operating plan are to recover **dental levels of provision** to pre pandemic levels. April saw a slight reduction from March but statistically numbers have fluctuated between 70-98% over the last 18 months with **no consistent trend**.

Key Actions

Practices have the ability to exception report excluding patients who choose to book an appointment outside the 2 week period. Planning assumptions for 24/25 have been updated to reflect the appropriate data source for this indicator and confine the reporting to certain types of appointment rather than the full list which has impacted on the improved performance.

Investment has been initiated to increase access to Dental Services through increased urgent access sessions, orthodontic appointments and waiting list initiatives. Flexible Commissioning initiatives are under review in order to develop robust and consistent methods for reporting on delivered activity. Procurements concluded with 3 new contracts due to mobilise imminently in 2024 which will lead to improved access and use of commissioned UDAs. Alternative approaches for Bridlington are being planned. These new services will account for up to 84,777 UDAs.

In an effort to stabilise practices who may be struggling, the ICB is committed to working with providers to offer temporary reductions in their UDA delivery and to review their tariffs.

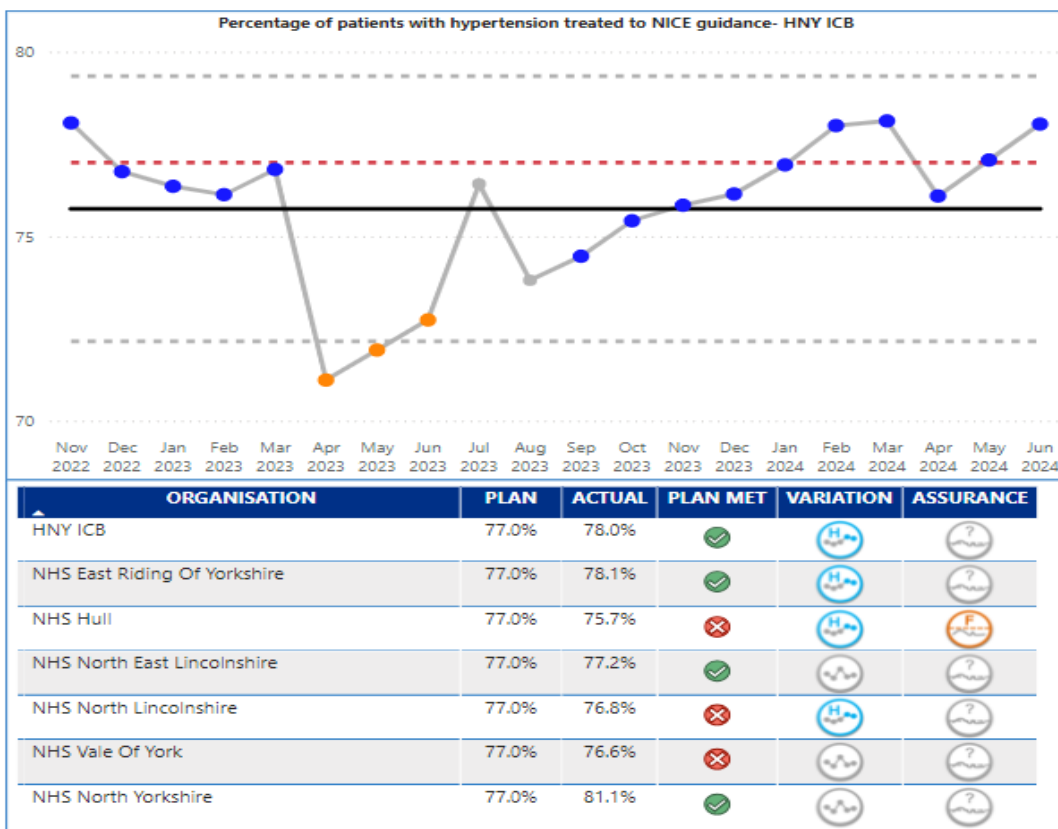
How does indicator link to long term priorities:

Primary care is singularly, the most used service in healthcare and is the entry point for many other services. It is therefore key to all of the ICB strategic ambitions, and long term aims.

Actual Inability or perceived inability to access primary care (and dental services) can lead to patients either incorrectly using emergency services, adding pressure there, or reluctance to engage with healthcare at early stages of symptoms. Patient experience and outcome can be affected by these delays which is why improved access to primary care is vital.



Key Indicator: % Hypertension NICE Guidelines



How does indicator link to long term priorities:

Improved the % of patients with hypertension being treated following NICE Guidelines supports several strategic ambitions and outcomes such as cutting CVD; and enabling wellbeing health and care equity. It also has a direct link to the long-term ambition of improving healthy life expectancy.

1 in 3 adults has hypertension, which in turn can lead to heart disease, stroke and kidney disease, it is also linked to deprivation, and socioeconomic factors can be markers. This suggests that improving the care and treatment and prevention of hypertension could reduce the gap in healthy life as well..

Prevention Escalation Points

March 2024 performance was 78.1% against a target of 77%. The performance was showing a statistically **improving position** over the last year. **All Places achieved** their plan in March **except Hull which delivered 73.4%** against the same 77% target.

However, **Hull also demonstrated** special cause variation of an **improving** nature having dipped to 65% in April 2023 and improving to 73.4% by the year end – **but remain away from the other places.**

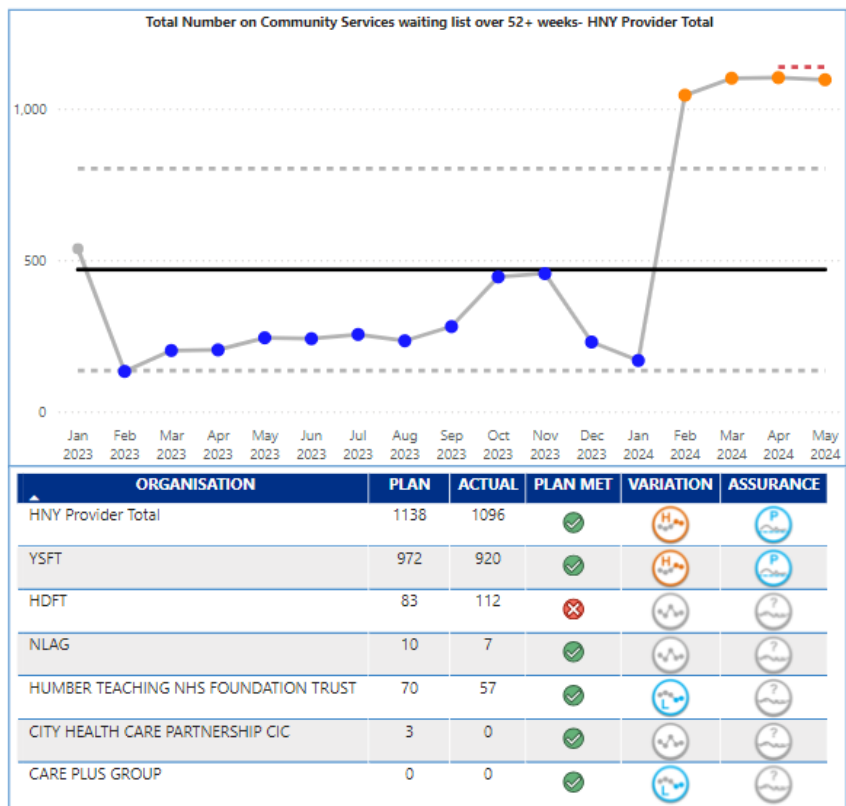
Key Actions

Whilst successfully achieving the target for 23/24 ICB recognises that an inequalities gap remains between treated to target results between most and least deprived communities. The ICB continues to work with place teams and system partners to deliver several initiatives that seek to improve the detection and management of hypertension across our population with a particular focus of delivery within our most deprived at risk communities. This includes:

- Utilising data to inform local improvement conversations regarding hypertension detection and management with practices, PCN's, LCP's and INT's, to help inform local priorities and projects
- Ensuring opportunities within primary care workforce are maximised to improve detection of hypertension through collaborative working between GP practices, community pharmacies and through pilot projects delivering opportunistic testing in optometry and dental sites in the most deprived populations.
- Scoping and testing hypertension treatment pathways through National pharmacy Independent Prescriber pathfinder pilot.
- Delivering opportunistic blood pressure testing in community sites, with a focus on increasing access within our most deprived and at-risk populations and developing train the trainer education packages.
- Evaluate incentivised scheme to improve treatment to target of diagnosed hypertensive patients in more deprived populations.
- Continued delivery of NHS Health check programme with exploration of opportunities to take a population health management approach.
- Improving public awareness of importance of 'knowing your numbers' through delivery of a series of national campaigns targeting BP monitoring.



Key Indicator: Waiting List over 52+ Weeks



How does indicator link to long term priorities:

Community services play a key role in delivering several of the ICBs long term ambitions and outcomes; in particular the golden ambition to radically improve the health and wellbeing of children and young people, and outcome measure of living with frailty.

Community services are a key support to patients with long term conditions in particular, they support primary and secondary care by being an alternative provision, but also are key to future innovations in pathway redesign, of which virtual ward is an example. The structure of community services forms part of the ten priorities for 2024/25

Community Care Escalation Points

The priority indicator for community waiting times in the operating plan is patients over 52 week waits. The latest validated data available is May 2024, which saw **1,096 patients wait over 52 weeks** for community services against a plan of **1,138**. **The data is showing Special Cause variance of a concerning nature.** There is variation across providers and services. All areas achieved plan except HDFT, however, **Y&SFT (920)**, **HDFT (112)** and **Humber Teaching FT (57)** all had material breaches. At a service level **920 of 1,096 are in CYP Speech & Language** service, 842 of which are at Y&SFT.

Overall waiting list size stands at 20,722, a growth of 244 since April, although statistically performance **has shown no significant change** (no improvement or deterioration in the last twelve months). At a provider level; **Y&SFT has shown an increase in the last 12 months** with significant cause for concern. This is actually a result of improved reporting from the start of the year, since which their performance has been static. Humber Teaching is also showing statistical growth. HDFT, NLAG, CHCP and Care Plus are showing no significant change.

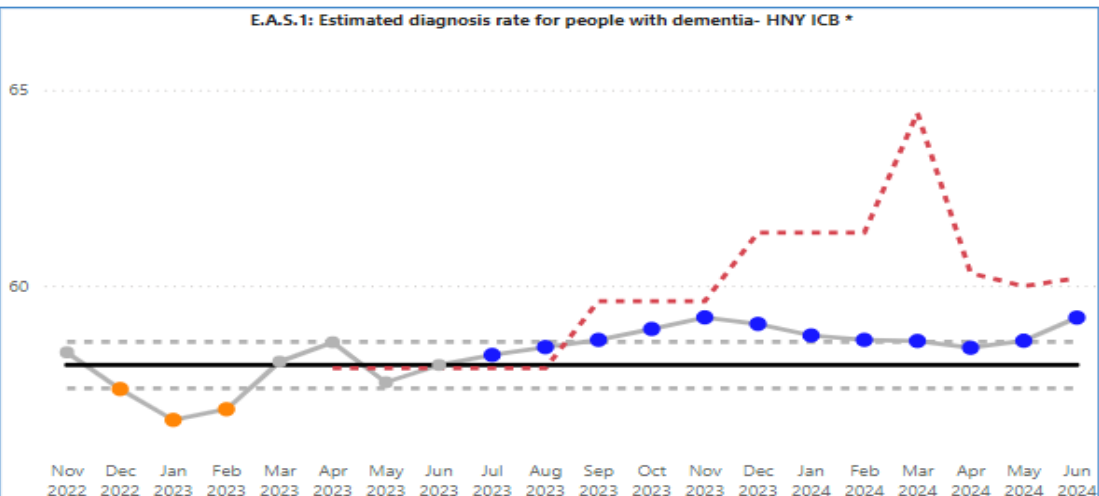
Key Actions

- HDFT and NLaG have shown reporting inaccuracies in podiatry (HDFT), dietetics and SLT (NLaG) which have been escalated to ops and BI teams to validate accuracy.
- As a result of ongoing pressures within SaLT services across HNY (particularly in CYP), the Community Collaborative have linked in with the ICB's Children's services teams who are undertaking a stock take of all SaLT services across the patch to identify similarities and workforce models. The next step will be to review transformation opportunity once initial stock take is completed (expected mid August).
- The Community Collaborative are progressing the development of an ICB wide community access policy to help improve coherence in reporting and standardisation in waiting list management processes across the ICB. The first meeting is scheduled 24th with timescales for first draft and next steps to be agreed.
- Terms of reference for this group include how providers are identifying and addressing health inequalities, particularly associated with vulnerable people and deprivation, on their community waiting lists with the intention of integrating any relevant national best practice that can be adopted into the policy.



Key Indicator: Dementia Diagnosis Rate

E.A.5.1: Estimated diagnosis rate for people with dementia- HNY ICB *



| ORGANISATION | PLAN | ACTUAL | PLAN MET | VARIATION | ASSURANCE |
|------------------------------|-------|--------|----------|-----------|-----------|
| HNY ICB | 60.2% | 59.2% | ✗ | 📉 | 🟡 |
| NHS East Riding Of Yorkshire | 59.2% | 59.3% | ✓ | 📈 | 🟡 |
| NHS Hull | 73.8% | 65.7% | ✗ | 📉 | 🟡 |
| NHS North East Lincolnshire | 66.0% | 66.0% | ✓ | 📈 | 🟡 |
| NHS North Lincolnshire | 57.6% | 56.1% | ✗ | 📉 | 🟡 |
| NHS Vale Of York | 52.3% | 53.0% | ✓ | 📈 | 🟢 |
| NHS North Yorkshire | 58.5% | 58.4% | ✗ | 📉 | 🟡 |

How does indicator link to long term priorities:

Improving Dementia Diagnosis Rate directly supports the ICB long term ambition of Transforming people's health and care experiences and outcomes.

Earlier diagnosis of often vulnerable patient's empowers patients and their families and carers to take control of their situation, leading to better management of the disease, better time to plan and therefore an enhanced quality of life.

Dementia Escalation Points

The dementia diagnosis rate for the ICB in May was **58.6%**, which is below the ICB plan target of **60%**. Performance since September 2023 has been above or at the upper control limit and therefore demonstrating special cause **variation of an improving nature**. However, even with the improved performance, the **ICB remains adrift from the national target and planning expectation of 66.7%**, and the ICB target for 2024/25 of 62.5% by March 2025.

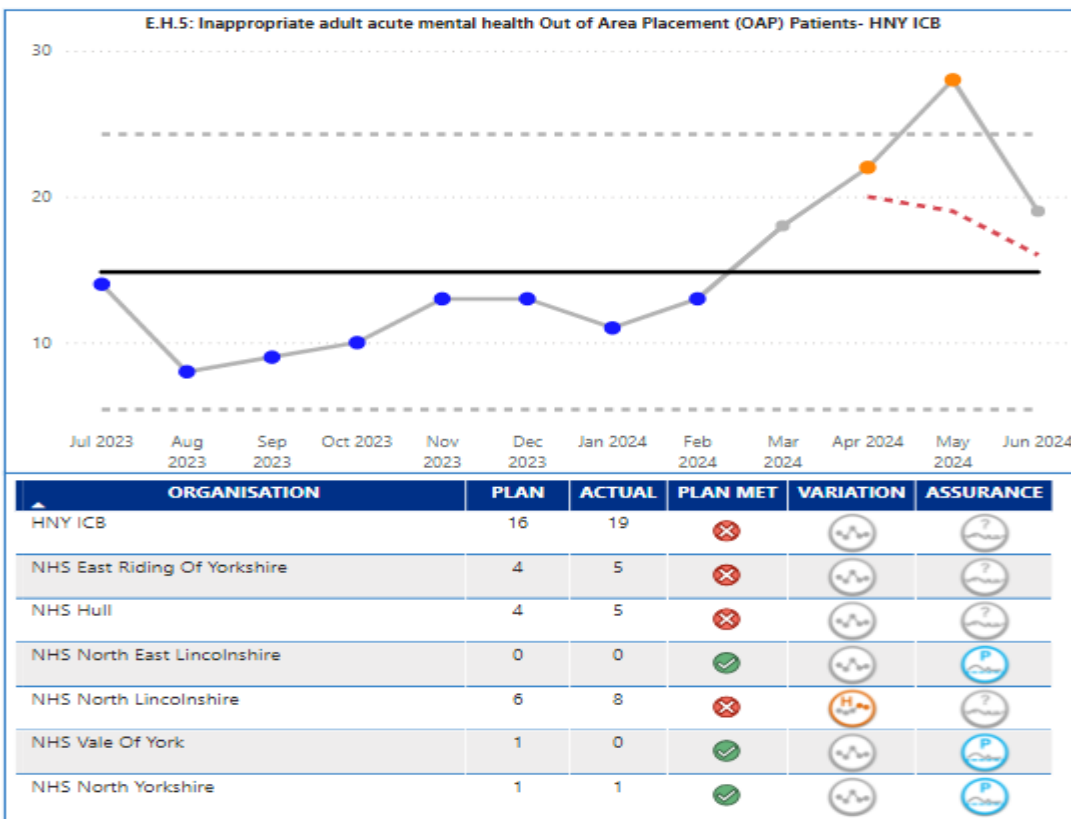
Performance is variable across the Places within the ICB; Hull 66.2% , NE Lincs 62.6%, East Riding 58.7%, North Yorks 58.2%, North Lincs 55.6%, and Vale of York 52.5%. Hull, NE Lincs, North Lincs and East Riding are all showing special cause variation of an improving nature. **York did achieve plan, but they are showing special cause variation of a concerning nature and are a national outlier**. North Yorkshire have also seen performance reduce in April and May.

Key Actions

- Confirmation for the allocation of Sustainable Development Funding (SDF) has now been received and a business case in place for proposed schemes to reduce waiting list, improve case finding, and improve DDR. We would expect to see increased growth in activity as a result of this additional investment.
- Currently Quality Improvement project is in place to cleanse the GP registers to resolve coding issues and identify additional possible diagnoses. Early indications are showing that diagnosis is being underreported due to not using correct coding. Actions for specific services are being implemented alongside the QI project.
- Memory service core offer being developed to reduce variation and aid future proofing.
- HNY DDR dashboard in place to identify target areas with lower DDR against estimated prevalence.
- Focus on MCI as this is over-reported and likely impacting on DDR.
- Focus on YOD – high rates of young onset dementia in Northern Lincolnshire but not reported in the DDR performance figures.
- Deep dive into York to aid improvements in access to timely diagnosis.



Key Indicator: Inappropriate OOA placements



How does indicator link to long term priorities:

Reducing inappropriate out of area placements directly supports the ICB long term ambition of Transforming people’s health and care experiences and outcomes.

Transporting often vulnerable patient’s long distances out of area can often be poor experience and demonstrates a lack of local capacity and available services. It has also been identified as one of the ten key priorities due to financial impact of having to fund inpatient stays over and above existing contracted provision.

Mental Health OOA Escalation Points

The target for 2023/24 related to out of area bed days is being changed in 2024/25 to number of placements. For 2023/24, **the actual performance in March was 1,375 bed days against a plan of 125**. The performance has shown no significant change in the last twelve months.

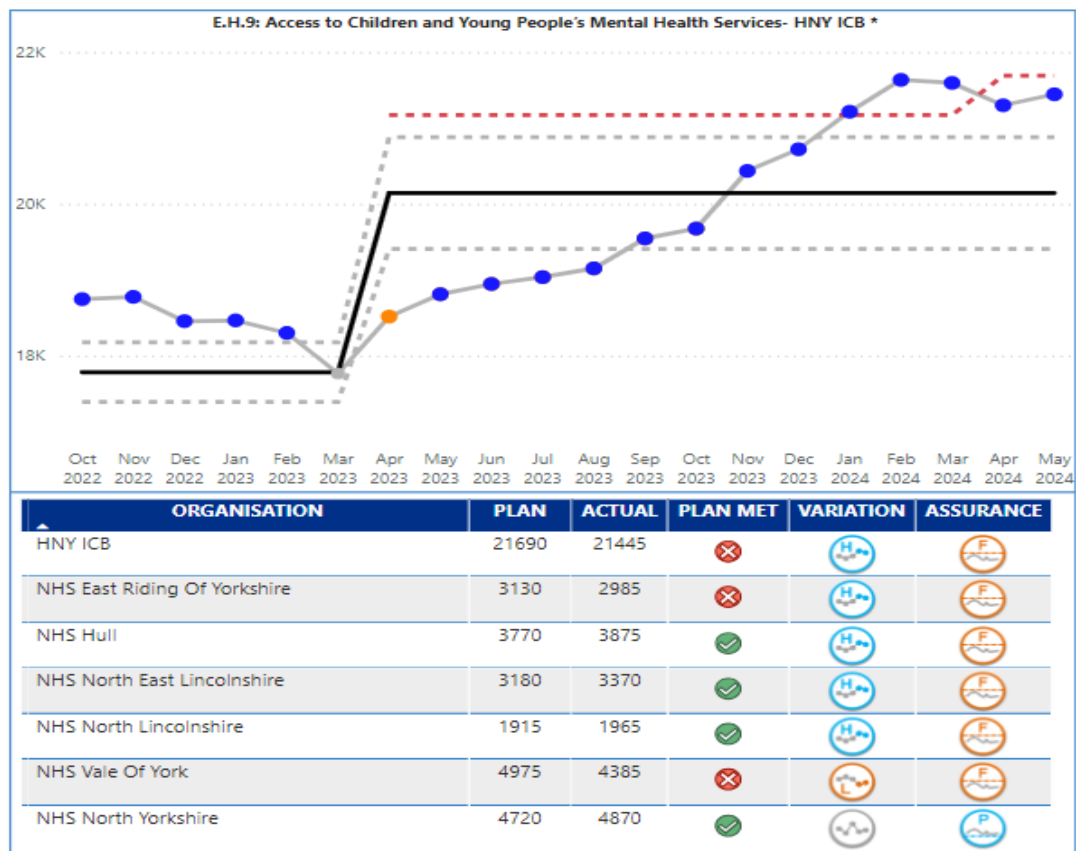
There is variation at Place with **NE Lincs at 0 bed days**, and Vale of York with 15, compared to **North Lincs at 745**, and Hull at 350 - although Hull are showing a statistically improving position whereas, North Lincs is showing a deterioration.

Key Actions

- Confirmation for the allocation of Sustainable Development Funding (SDF) has now been received and further work is being undertaken to confirm plans to repatriate out of area patients and improve flow through local services.
- The Inpatient Quality Transformation three-year plan was submitted to NHS England in June 24 and is being led through the programme Assurance and Oversight Steering group. Next meeting 9th September 2024.
- The HNY OOA dashboard has now been updated with data from all providers and shows the monthly updated position for our OOA placements of all types including acute, adult acute, PICU, and rehabilitation.
- Benchmarking has been undertaken where data is available nationally which shows that Hull/ER are below the required number of beds for adult and older adult. Humber FT have developed a proposal to develop an additional 4 functional older adults bed which is currently progressing through the required governance. Bed modelling is also underway for LDA beds across the patch. Discussions are also underway with LPFT and Humber FT to develop a PICU solution for a wider patch by splitting the units by gender.
- Desktop reviews are under way for the patients with the longest lengths of stay. Mini MADE's are being introduced to areas that don't already have them implemented with scoping underway to potentially develop a system wide MADE for cases that require further escalation.
- A letter is being sent to independent provider where HNY patients are placed to request completion of an adapted 12-point discharge plan to gain assurance round treatment needs, interventions and discharge plans.



Key Indicator: CYP MH Services



How does indicator link to long term priorities:

Improved access to CYP Mental Health Services supports one of the ICB four big outcomes - enabling mental health resilience, as well as the golden ambition of radically improving the health and wellbeing of children and young people, which in turn helps improve healthy life expectancy.

All national data and evidence suggests that mental health and wellbeing is worsening across all age groups and communities; and that poor mental health can impact on physical health. Improved access to MH services at an early age is vital for the ICB to meet its long term strategic ambitions.

Access to Children's & Young People's MH Services

ICB actual performance for available appointments in April was 21,300 against a plan of 21,690, and therefore below target. The provision made available has shown special cause variation of an improving nature, but is below the increased plan for 2024/25.

Place level performance is variable; Hull, North East Lincs, North Lincs, and North Yorkshire achieved target, whereas East Riding, and Vale of York did not. All areas except North Yorkshire and York are showing special cause variation of an improving nature. North Yorkshire is showing no significant change and York is showing special cause variation of a concerning nature.

Key Actions

Finalise the increased investment in SDF for CYP MH to enable increased capacity in the system to return to the upward trend. The increased activity ambition for 2024/25 Operational Planning relates to national increases in CYP MH funding; this indicates a risk that the new 24/25 Operational Planning target may not be achievable without the additional investment as services are at capacity.

Progress the work on the CYP MH dashboard to better understand and address the challenges in improving CYP MH access, outcomes and experience. All currently funded services now flow data and so any increase in access in 24/25 is likely to be limited without additional investment. Access is only one indicator and should not be considered in isolation as improvements in access can mask other challenges in the system e.g. acuity at first presentation, increased waiting times and impact on outcomes. **Other key indicators to be included in reporting to be agreed with ICB lead for planning and performance.**

Refresh the HNY CYP MH strategic plan for November 2024 with improved emphasis on early intervention and waiting well initiatives.

A photograph showing a healthcare professional in purple scrubs with a stethoscope around their neck, sitting and holding the hand of an elderly patient who is lying in a hospital bed. The patient is wearing a grey and black patterned blanket. The background is a blurred hospital room.

Appendices with further information relating to:

- **Non Access Indicators**
- **NEY System Heatmap**
- **Full list of operating Plan metrics**

The Indicators described in the quadrants below form part of the annual operating plan guidance but are picked up through other reporting routes.

Finance

The following indicators are discussed at the Finance and Performance Committee, and escalated to the ICB Board via the Chief Finance Officer paper

- Deliver net system balanced position
- Reduce agency spend
- Deliver VWA activity total – Income Target

Workforce

The following indicators will form part of the update to Finance and Performance Committee along with any necessary escalations to ICB Board from the Director of HR. Performance for staff sickness and retention in March is described below:

- Increase workforce retention – **12.1% against target of 12.2% not achieving**
- Reduce staff sickness – **4.6% against target of 4.8% achieving**
- Deliver WTE reduction (substantive, bank, agency)
- Improve working lives of doctors
- Provide sufficient clinical placements and apprenticeships

Prevention and Health Inequalities

The following indicators are discussed at the Population Health and Prevention Committee along with a wider number of metrics. The Board will be updated via papers agreed at certain times in the year.

- Improve vaccination uptake for CYP (WHO)
- Deliver on the Core20Plus5 approach for adults, CYP

Quality

The following indicators are discussed at the Quality Committee along with a wider number of quality metrics. Updates on the quality agenda and these three operating plan metrics will be escalated to the Board from the Quality Committee.

- Implement 3 year plan for maternity and neonates
- Develop at least one women's Health Hub
- Implement the patient safety incident response framework

The following slide gives a brief headline updates, and these will be updated quarterly for this report. (July Board, October, January, April to describe the previous quarters progress)

Quality Cont.

Implement 3 year plan for maternity and neonates (this will be a quarterly update next one due in October Board relating to Q2 progress)

- Currently at Year 2, Q1; improvements noted for Year 1, Q4. The LMNS have an ongoing oversight process to assess progress at each Trust as well as leading system improvement projects, acknowledging that there are two Trusts working through the Maternity Safety Support Programme and there is a lot of crossover between these and Ockenden requirements.
- Theme 1: Working with women and families; significant improvement in Maternity & Neonatal Voices Partnerships input, baby passport introduced, good progress with Perinatal Pelvic Health.
- Theme 2: Workforce development; first cohort of Midwifery Support Workers through programme, plan for workforce & equity lead progressed, Q1 work with bereavement midwives to establish robust teams
- Theme 3: Safety & learning culture; supporting system wide improvements from CQC/Score surveys, induction of labour project commenced, escalation and mutual aid processes in place
- Theme 4: Underpinning standards & structures; Badgernet now in place in 3/4 Trusts, Maternity Incentive Scheme trajectories agreed and scheduled, MBRRACE data review completed

Implement the patient safety incident response framework (this will be a quarterly update next one due in October Board relating to Q2 progress)

- All of the larger providers have made the transition to PSIRF. Providers continue to work through their legacy serious incidents to expected timescales. TEWV in particular have made extremely positive progress in addressing their backlog.
- The Patient Safety Committee has been established and is considering the system based quality improvement initiatives that will be commissioned to address the main safety themes arising from provider patient safety priorities. The oversight framework is in development and will be presented to the PSIRF Implementation group in August 2024.
- The ICB has submitted an expression of interest to the National Team to be a pilot ICB for the development of PSIRF in GP Practices.

View by Month - Other Operating Plan Indicators

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

| Area | Metric | National Objective | Detail | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | VAR. | ASS. |
|---------------------------|---|--------------------|-------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------|------|------|
| Urgent and Emergency Care | Ambulance Response Times CAT2 - Mean - HNY ICB | | Plan Actual | 00:30:00 00:40:38 | 00:30:00 00:39:09 | 00:30:00 00:50:34 | 00:30:00 01:02:05 | 00:30:00 00:44:02 | 00:30:00 01:06:57 | 00:30:00 00:45:52 | 00:30:00 00:46:34 | 00:30:00 00:41:09 | 00:30:00 00:35:35 | 00:30:00 00:39:51 | | | |
| Urgent and Emergency Care | A&E 4 hour waiting times - HNY Provider Total | 78% by March 2025 | Plan Actual | 68.6% 66.0% | 70.7% 64.9% | 72.3% 62.6% | 73.9% 61.6% | 63.3% 62.5% | 65.7% 60.7% | 67.8% 61.0% | 69.5% 64.3% | 76.6% 66.7% | 65.3% 67.8% | 66.8% 67.4% | 67.6% 67.2% | | |
| Elective care | 18 Week Referral to Treatment Waiting Times - Waiting List - HNY Provider Total | | Plan Actual | 176556 189891 | 175762 192119 | 175076 189127 | 174287 187513 | 173572 185445 | 173171 183752 | 172456 182911 | 171872 183428 | 171193 186592 | 185205 189912 | 185245 191516 | | | |
| Elective care | 18 Week Referral to Treatment Waiting Times - 65+ Week Waits - HNY Provider Total | 0 by Sept 2024 | Plan Actual | 3189 2123 | 2964 2273 | 2646 2242 | 2238 2017 | 2253 1456 | 2017 1415 | 1502 1234 | 944 908 | 350 336 | 312 242 | 244 242 | | | |
| Elective care | 18 Week Referral to Treatment Waiting Times - 52+ Week Waits - HNY Provider Total | | Plan Actual | 10645 9307 | 10518 9402 | 10403 8745 | 10281 8011 | 10165 7179 | 10036 6631 | 9935 5855 | 9794 5396 | 9644 5190 | 5859 4878 | 6341 4717 | | | |
| Diagnostics | Diagnostics Test Waiting Times: Proportion of Patients Waiting 6+ Weeks for the 9 Targeted Tests - HNY Provider Total | | Plan Actual | 35.1% 36.3% | 33.7% 38.3% | 32.0% 36.7% | 30.8% 33.1% | 29.7% 31.6% | 28.0% 34.3% | 27.8% 31.8% | 27.9% 26.0% | 27.9% 26.5% | 25.6% 26.4% | 25.0% 25.1% | | | |
| Cancer | 28 Day Faster Diagnosis Standard - HNY Provider Total | | Plan Actual | 73.6% 72.0% | 73.8% 69.4% | 74.3% 64.4% | 74.9% 65.7% | 63.2% 66.3% | 66.7% 71.0% | 69.6% 67.3% | 67.6% 77.5% | 76.8% 74.6% | 73.6% 71.9% | 74.1% 73.9% | | | |
| Cancer | Cancer 62 Day Waits - All referral routes - HNY Provider Total | 70% by March 2025 | Plan Actual | 62.3% | 59.1% | 55.5% | 59.7% | 62.4% | 62.1% | 57.7% | 62.1% | 67.1% | 61.1% 61.2% | 61.5% 64.1% | | | |
| Cancer | Unadjusted percentage diagnosed at cancer stage 1 & 2 - HNY Provider Total | | Plan Actual | 59.3% | 59.6% | 59.7% | 57.0% | 56.9% | 55.3% | 57.4% | 60.1% | 61.7% | | | | | |

Image Key

- Plan Met
- Plan Not Met

Rolling twelve month period

View by Month - Other Operating Plan Indicators

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.





























| Area | Metric | National Objective | Detail | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | VAR. | ASS. |
|---------------------------------------|--|--------------------|--------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---|---|---|
| Primary Care | Appointments in General Practice - HNY ICB | | Plan | 833947 | 867782 | 943387 | 1094038 | 1007696 | 902841 | 1011082 | 898488 | 905087 | 905580 | 927735 | |  |  |
| | | | Actual | 878480 | 895583 | 1003094 | 1101489 | 993229 | 826041 | 1032661 | 961192 | 934340 | 978677 | 969300 | |  |  |
| Primary Care | Proportion of Appointments in General Practice Booked and Seen the Same Day - HNY ICB | | Plan | 41.3% | 41.6% | 36.7% | 36.9% | 40.6% | 42.8% | 42.3% | 41.2% | 41.2% | 42.0% | 42.7% | |  |  |
| | | | Actual | 41.3% | 41.6% | 36.7% | 36.9% | 40.6% | 42.8% | 42.3% | 41.2% | 41.2% | 42.0% | 42.7% | |  |  |
| Primary Care | Proportion of Appointments in General Practice Booked and Seen Within 14 Days - HNY ICB | | Plan | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | 85.0% | |  |  |
| | | | Actual | 85.6% | 85.4% | 84.7% | 85.9% | 86.7% | 86.8% | 87.2% | 86.9% | 87.4% | 86.9% | 87.5% | |  |  |
| Primary Care | Recover dental activity, improving units of dental activity towards pre-pandemic levels - HNY ICB | | Plan | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |  |  | |
| | | | Actual | 82.0% | 88.0% | 72.0% | 81.0% | 92.0% | 68.0% | 84.0% | 82.0% | 90.0% | 86.0% | |  |  | |
| Learning disability & autistic people | S029a: Inpatients with a learning disability and/or autism per million head of population - HNY ICB | | Plan | 40.4 | 40.4 | 40.4 | 33.8 | 33.8 | 33.8 | 28.7 | 28.7 | 28.7 | 33.1 | 33.1 | 33.1 |  |  |
| | | | Actual | 47.1 | 46.3 | 47.1 | 46.3 | 44.1 | 50.0 | 42.6 | 43.4 | 44.1 | 44.9 | 37.5 | 36.0 | |  |
| Learning disability & autistic people | Learning disability registers and annual health checks delivered by GPs - HNY ICB | | Plan | 5.7% | 6.0% | 5.7% | 6.9% | 6.9% | 6.0% | 8.8% | 8.0% | 8.0% | 3.7% | 3.7% | |  |  |
| | | | Actual | 5.6% | 5.4% | 5.3% | 7.0% | 7.8% | 6.2% | 9.6% | 9.2% | 9.3% | 3.5% | 5.3% | |  |  |
| Learning disability & autistic people | Reliance on inpatient care for people with a learning disability and/or autism - Care for children - HNY ICB | | Plan | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 15.0 | 9.0 | 9.0 | 9.0 | 9.0 | 9.0 | 9.0 |  |  |
| | | | Actual | 24.0 | 24.0 | 21.0 | 24.0 | 27.0 | 24.0 | 21.0 | 24.0 | 21.0 | 30.0 | 30.0 | 27.0 | |  |

Image Key

-  Plan Met
-  Plan Not Met

Rolling twelve month period

View by Month - Other Operating Plan Indicators

In line with Making Data Count recommendations, blue equals achieving, orange equals failing to achieve.

















| Area | Metric | National Objective | Detail | Jul 2023 | Aug 2023 | Sep 2023 | Oct 2023 | Nov 2023 | Dec 2023 | Jan 2024 | Feb 2024 | Mar 2024 | Apr 2024 | May 2024 | Jun 2024 | VAR. | ASS. |
|---------------|--|--------------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|---|---|
| Mental Health | Estimated diagnosis rate for people with dementia - HNY ICB | | Plan Actual | 57.9% 58.2% | 57.9% 58.4% | 59.6% 58.6% | 59.6% 58.9% | 59.6% 59.2% | 61.4% 59.0% | 61.4% 58.7% | 61.4% 58.6% | 64.4% 58.6% | 60.3% 58.4% | 60.0% 58.6% | 60.2% 59.2% |  |  |
| Mental Health | Inappropriate adult acute mental health Out of Area Placement (OAP) Patients - HNY ICB | | Plan Actual | 14 | 8 | 9 | 10 | 13 | 13 | 11 | 13 | 18 | 20 22 | 19 28 | 16 19 |  |  |
| Mental Health | People with severe mental illness receiving a full annual physical health check and follow up interventions - HNY ICB | | Plan Actual | | | 7360 6567 | | | 8539 7006 | | | 9715 8822 | | | |  |  |
| Mental Health | Overall Access to Core Community Mental Health Services for Adults and Older Adults with Severe Mental Illnesses - HNY ICB | | Plan Actual | 17190 | 17155 | 17010 | 17040 | 16860 | 16810 | 16800 | 16850 | 16995 | 14765 17480 | 14765 17480 | |  |  |
| Mental Health | Women Accessing Specialist Community Perinatal Mental Health Services - HNY ICB | | Plan Actual | 546 505 | 546 515 | 824 510 | 824 510 | 824 720 | 1102 745 | 1102 710 | 1102 505 | 1389 745 | 1284 810 | 1284 850 | |  |  |
| Mental Health | Access to Children and Young People's Mental Health Services - HNY ICB | | Plan Actual | 21171 19035 | 21171 19150 | 21171 19545 | 21171 19675 | 21171 20435 | 21171 20720 | 21171 21215 | 21171 21635 | 21171 21595 | 21690 21300 | 21690 21445 | |  |  |
| Mental Health | Access to NHS Talking Therapies - HNY ICB | | Plan Actual | 3012 2790 | 3156 2855 | 3012 2680 | 3270 3155 | 3270 3060 | 2824 2380 | 3386 3165 | 3078 2825 | 3078 2625 | 2698 3205 | 2998 2770 | |  |  |

Image Key

-  Plan Met
-  Plan Not Met

Rolling twelve month period



Humber and North Yorkshire
Business Intelligence



Humber & North Yorkshire
Planning & Performance Team