

Public Involvement and Engagement Advisory Committee 26 June 2024

Urgent and Emergency Care Five-year Strategy 2024-2029

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Why we need a long-term strategy

- Year on year short-term funding to support seasonal pressures
- Fit for the future event 26 July 2023
 - Understand the challenges faced by our population and staff accessing and delivering urgent and emergency care services
 - Take a data driven approach to understand the challenges
 - Work together as partners and communities to find solutions to improve patient care, deliver safe, sustainable, high-quality services
 - Define what we need within the community to support people better and prevent the need to access urgent and emergency care
- Case for change
 - Lancashire and South Cumbria has more emergency hospital admissions than in other areas of the country
 - Emergency department attendances in March 2024 were 16% higher than in March 2023
 - 106,576 people remained in hospital beyond being fit for discharge
 - Ageing population
- Root cause analysis – The PSC consultancy have undertaken a data rapid driven analysis which will inform the strategy
- Outcomes
 - Improve patient experience
 - Reduce waiting in emergency departments
 - Maximising services that we already have available e.g. virtual wards
 - Improve access by using alternatives to emergency departments e.g. self-care, pharmacy
 - Ensuring those who require urgent care are able to be seen
 - And so on.....

Urgent and Emergency Care five-year strategy for Lancashire and South Cumbria

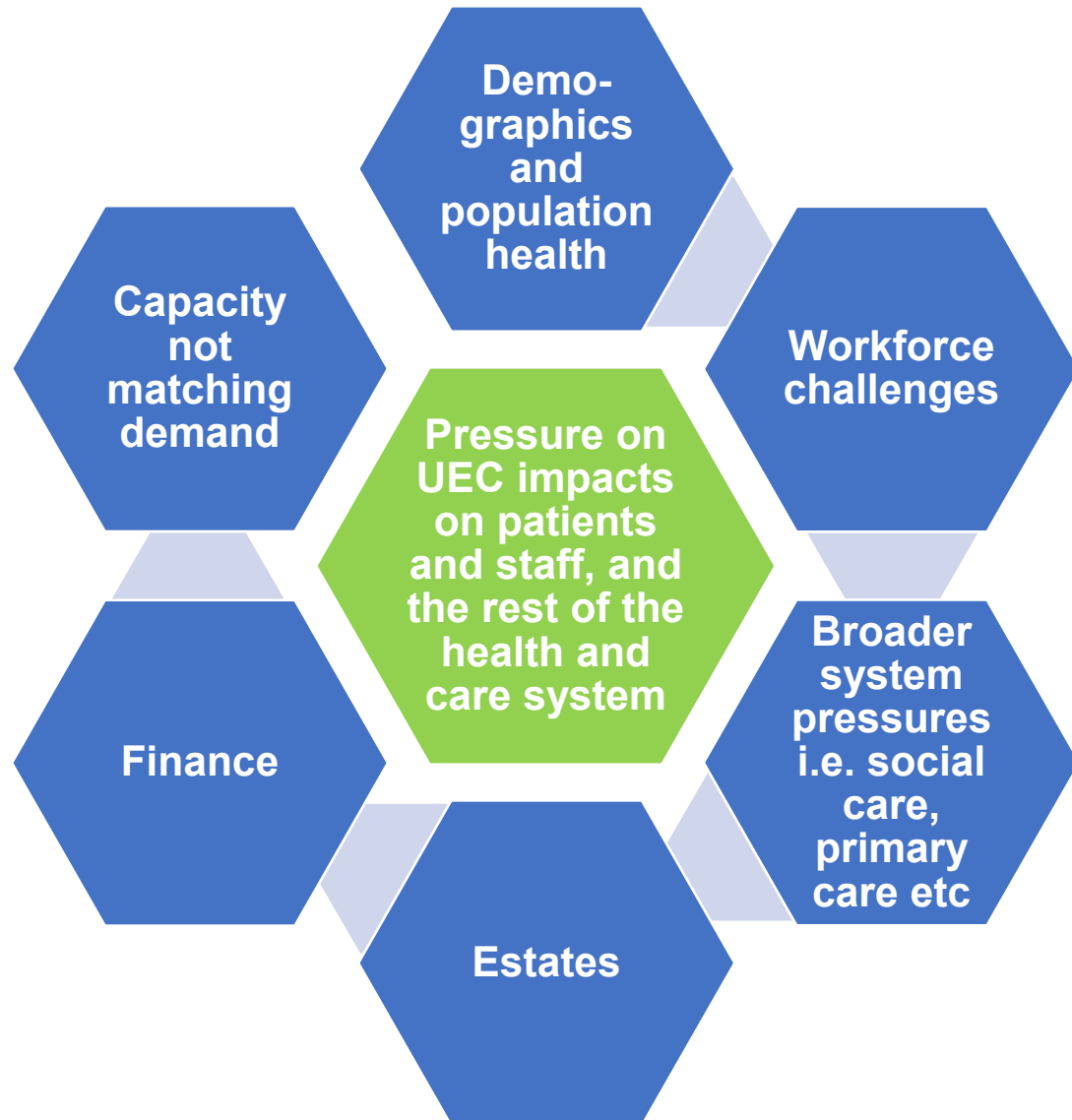
The purpose of this strategy is to **guide how we transform** our urgent and emergency care services **over the next five years** to **enable people to easily access the right care and support which meets their needs**

Contents of the strategy:

- Overview of urgent and emergency care in Lancashire and South Cumbria
- The case for change – our challenges and opportunities for the future
- Our vision, aims and objectives
- Our commitment – our priorities
- What this means for our population
- Role of our partners and places



Given unprecedented pressures in UEC, we need to do things differently



Opportunities to make transformational changes for the future, focusing on:

- Supporting our population to live well
- Ensuring our services are equitable
- Shifting activity away from acute hospitals to settings in the community for patients with urgent care needs
- Developing our place-based partnerships
- Building efficiency and sustainability, including maximising use of digital and technology
- Ensuring services are fit for the future

Vision and aims

Our vision

Create an urgent and emergency care system that enables people to easily access the right care and support, at the lowest level of intervention, that best meet their needs, and delivers better outcomes and affordability

Our five aims are:

Adapt our urgent and emergency care system so that it is fit for the future to meet increasing demand

Ensure people can access high quality, timely, safe and affordable care, in the right place by the right professionals

Support preventative and proactive care to reduce avoidable contact with urgent and emergency care

Address the needs of our places and local communities

Embrace opportunities for innovation

Commitments – priority actions we will deliver to achieve our aims



The result of doing this will deliver benefits for our population and staff who work in health and care services. We will improve our performance, quality of care and experience for patients and staff.

This strategy will need to be taken forward and implemented by our places.

Stakeholders engaged

Email, link to strategy and feedback questionnaire cascaded **3 May 2024**, timeline for responses **22 May 2024 (extended to 24 May 2024)**

- UEC Delivery Boards
- Place leadership
- Trust Chief Operating Officers and Chief Executives
- Integrated Urgent Care Providers
- Hospices
- North West Ambulance Service
- UEC clinical lead
- New Hospitals Programme clinical workstream lead
- Place leads for the clinical and care professional leadership group
- Voluntary, Community and Social Enterprise representatives
- NHS England North West
- ICB Senior Leadership Team
- ICP Chair
- Local Medical Committee
- Adult Social Care
- Children’s Social Care
- Directors of Public Health
- Lancashire and Cumbria Police
- Lancashire and Cumbria Fire and Rescue
- Health and Wellbeing Boards
- Healthwatch
- Directors and heads of communications
- Citizen’s Health Reference Group patient representatives
- Also shared for information with Shaping Care Together strategy leads from Merseyside
- MP briefing
- Health and Scrutiny Committees



How we have engaged

- Email cascaded to system wide partners (144 individuals)
- Representatives from Citizen's Health Reference Group (key themes from discussion)
 - 22 April 2024 (eight representatives)
 - 15 May 2024 (seven representatives)
- Lancashire & South Cumbria Urgent and Emergency Delivery Boards
- Urgent and Emergency Community Provider Board
- Urgent and Emergency Care Collaborative Improvement Board
- Offered opportunities to have 1:1 discussions with urgent and emergency care colleagues

Feedback questions

Do you think these are the right five aims?

Are there any partner organisations missing who need to be included in this work?

Did you understand and recognise the pressures we have described that have informed our case for change?

Are there any pressures across our system that you think are missing from this strategy?

Are there any opportunities for the future which we have missed?

Are there any other key workstreams that should be included within our commitments in this strategy?

Are there any other benefits from our population to be included?

Is the role and responsibility of our system partners clear?

Is there anything else you would like to see included in this strategy?

- Option given to share contact details

Strategy feedback – overall % responses to the questions

Questions	Yes	No	Don't know
Do you think these are the right five aims?	83%	10%	7%
Are there any partner organisations missing who need to be included in this work?	45%	28%	27%
Did you understand and recognise the pressures we have described that have informed our case for change ?	97%	3%	n/a
Are there any pressures across our system that you think are missing from this strategy?	67%	25%	8%
Are there any opportunities for the future which we have missed?	54%	20%	26%
Are there any other key workstreams that should be included within our commitments in the strategy?	52%	31%	17%
Are there any other benefits for our population to be included?	25%	47%	28%
Is the role and responsibility of our system partners clear?	42%	44%	14%
Is there anything else you would like to see included in this strategy?	63%	31%	6%

Citizen's Health Reference Members

CHRG representatives cascaded to:

- Local church's rambling group for wider sharing
- Governors of Blackpool Teaching Hospital NHS Foundation Trust
- Parish Council
- Withnell Health Centre Steering Group
- Practice business manager at Parcliffe Practice and Patient Participation Group
- Thornton Practice Patient Participation Group

Offered to meet again to share the outcomes of feedback (or email)

Citizens' feedback

Feedback via email/survey/discussions	
Case for change should be an appendix	Case for change will continue to be included
Language/jargon e.g. system/place/ED	Glossary is being developed
Aims and objectives (what is the difference)	
Map	Map updated with key code
Living well/carers/impact	Narrative being expanded to encompass carers
Self-care/prevention – what is the difference	Narrative will be included in the glossary
Monitoring delivery and impact	Narrative will be included with regard to the expectation around metrics/measurements
Single point of access	Discussed how developing a single point of access will help providers e.g. NWAS, GPs etc to ensure patients are directed to the most appropriate setting and care professional. Longer term plan will include self-referral for patients to specific services.
Delivery at place	Discussed why the strategy is not descriptive in terms of delivery as we know that each place has different demographics and local priorities therefore, improvement plans will be developed and delivered on this basis.
Financial position	Discussed the limited financial resource available but many opportunities to do something different to transform the way services are developed and delivered.
Review impacts for patients	Opportunity to include some key headlines
Complex system	Recognition that the health and care system is complex hence the need for a longer-term strategy instead of putting sticking plasters over the cracks.

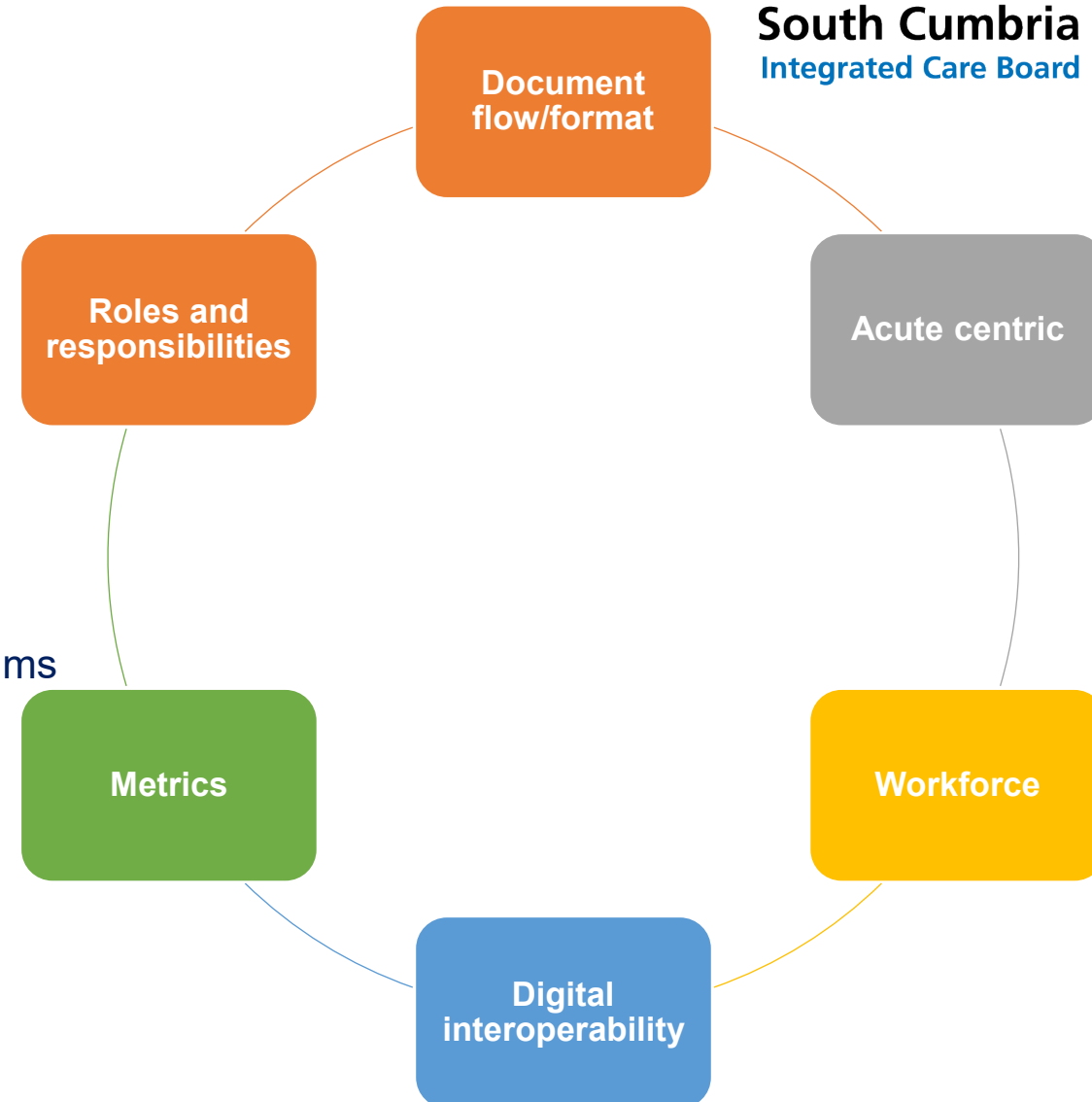
Healthwatch (patient
experience of
emergency
departments,
urgent/walk-in centres)

Themes/comments specific to emergency departments

- Being prepared when going to an emergency departments (refreshments, money, books)
- Promote self-care, pharmacy for advice
- Create alternative places for diagnostics e.g. blood tests/x-rays
- Promote alternatives to emergency departments for minor injuries
- Increase mental health support in the community
- Improve access and navigation
- Managing expectations and being aware of other services e.g. extended access
- Education (social prescribing link workers)
- Languages/terminology can be confusing

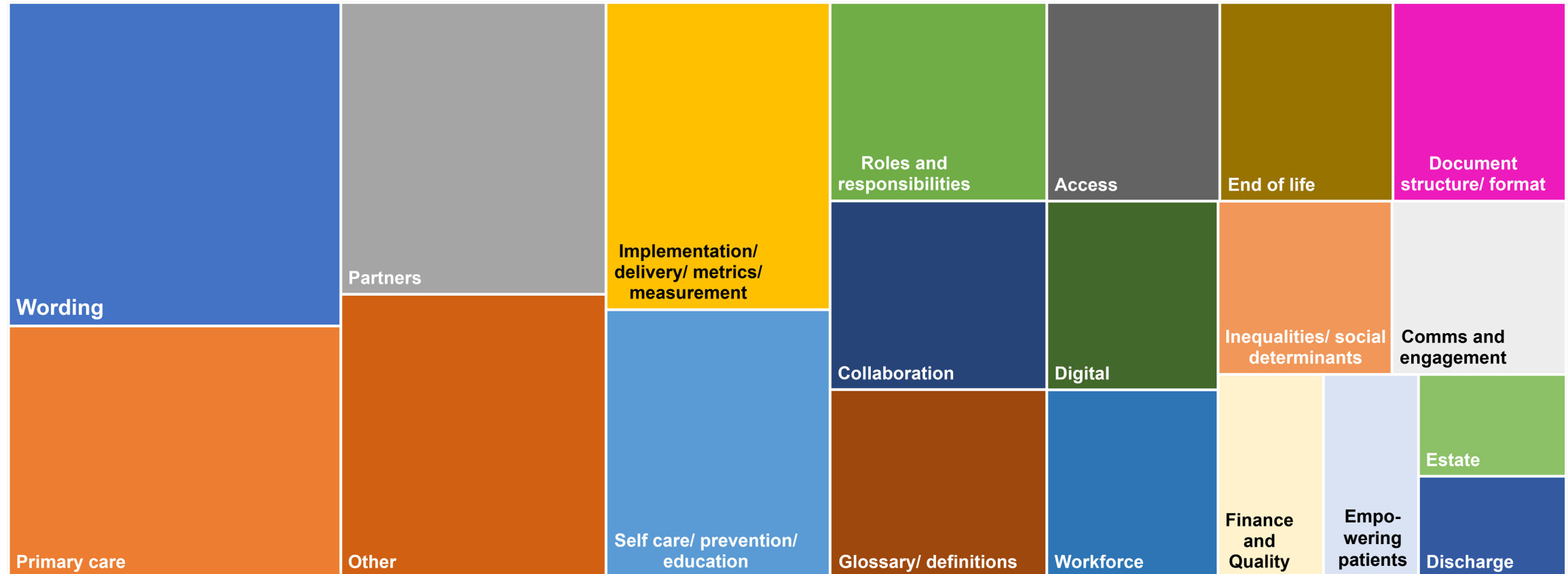
Strategy feedback

- 77 individuals responded to the survey
- 4 responses on behalf of organisations
- Circa 500 comments received in total
 - Acute centric
 - Health inequalities focus
 - Aim 4 (develop improvement plans) is an enabler
 - Integrated urgent care providers
 - Equal reference to wider system partner pressures
 - Practice, tangible and measurable points linked to the aims
 - Explicitly outline the expectation of system wide
 - Education
 - Self-care/predict/prevent
 - Language/definitions
 - Consistency



Themes from the comments received

Comments received by theme. The size of the coloured box relates to the percentage of comments received by theme to indicate the frequency with which topics were raised.



Other: Data/information, community care, wider system pressures, population health, diagnostics, carers, children, learning disability, rurality, interdependencies

What we are doing

- Developed a glossary
- Linking other strategies to the urgent and emergency care five-year strategy e.g. digital, workforce
- Amended wording ensuring consistency and inclusion
- Reviewing the aims and objectives e.g. enablers
- Expanding/including sections:
 - Roles and responsibilities
 - Expectation to deliver at place
 - Metrics and measurements for delivery
- Reviewing and updating some graphics
- Equality and Health Inequalities and Impact and Risk Assessment
- Quality Impact Assessment
- We will share the feedback comments with CHRG reps and system partners e.g. primary care, community, as a number of comments were operational
- Place improvement plans for Year 1 will be included within the strategy



Next steps

- Attending Public Involvement Engagement Advisory Committee – today
- Presenting to the members of the Integrated Care Board – 17 July 2024 (part 2 for review and discussion) with final approval in September 2024
- Development of place improvement plans will continue overseen via place Urgent and Emergency Care Delivery Boards
- Place will engage with local communities
- Reporting via Urgent and Emergency Care Collaborative Improvement Board
- Public roadshows commencing in August of which urgent and emergency care will play a part, to talk to our population about their role in achieving the strategies and their experiences.

