

## Integrated Care Board

<b>Date of meeting</b>	11 September 2024
<b>Title of paper</b>	Urgent and Emergency Care 5-Year Strategy 2024-2029
<b>Presented by</b>	Professor Craig Harris, Chief Operating Officer
<b>Author</b>	Barbara McKeowen, Senior Strategy Manager, UEC Stephanie Gregory, Strategy Manager, UEC
<b>Agenda item</b>	11
<b>Confidential</b>	No

### Executive summary

This paper presents the Lancashire and South Cumbria Integrated Care System's Urgent and Emergency Care 5-year strategy, as set out at Appendix A.

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. It describes our challenges and the opportunities for the future, and it sets out our vision and priorities.

The strategy also provides a summary of the place-based improvement plans for Year 1 - 2024/25.

The development of the strategy and place-based improvement plans is a culmination of substantial collaborative effort and commitment across our system that has brought partners even closer together to align priorities.

### Recommendations

The Integrated Care Board is requested to:

1. Note the robust engagement process undertaken;
2. Note the inclusion of additional narrative following feedback received from the Board Seminar of the Integrated Care Board meeting on 17 July 2024;
3. Note the inclusion of place-based improvement plans which underpin the delivery of the strategy for year 1 – 2024/25;
4. Approve the Urgent and Emergency Care 5-Year Strategy 2024-2029.

<b>Which Strategic Objective/s does the report relate to:</b>		<b>Tick</b>
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓

SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

### Implications

	Yes	No	N/A	Comments
Associated risks			✓	
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

### Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Public Involvement and Engagement Advisory Committee	26 June 2024	The process for engaging the development of the strategy was supported.
Board Seminar of the LSC Integrated Care Board	17 July 2024	Feedback received as outlined in the report and additional narrative included.

### Conflicts of interest associated with this report

Not applicable

### Impact assessments

	Yes	No	N/A	Comments
Quality impact assessment completed	✓			Pending approval
Equality impact assessment completed	✓			Approved 24 July 2024. Endorsement planned on 27 September 2024 at Urgent and Emergency Care, Collaborative Improvement Board.
Data privacy impact assessment completed			✓	The Information Governance team have confirmed there is no requirement to complete an assessment for the strategy.

### Report authorised by:

Professor Craig Harris, chief operating officer

# Integrated Care Board – 11 September 2024

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## Urgent and Emergency Care 5-Year Strategy 2024-2029

### 1. Introduction

1.1 The purpose of the paper is to provide an update to the Board on the status and progress of the:

- Urgent and Emergency Care 5-year Strategy;
- Engagement undertaken to inform the strategy;
- Rapid data-driven urgent and emergency care diagnostic undertaken to inform place-based improvement plans.

### 2. Purpose of the strategy

2.1 In urgent and emergency care there are successes to celebrate across our system, including:

- the dedication of frontline health and care professionals;
- services that have been developed to meet people's urgent care needs, for example urgent community response, same day emergency care and home first;
- the commitment from all system partners to integrate and personalise care; and
- our system achieved the two key national ambitions (4-hour A&E target and Category 2 ambulance response times) for urgent and emergency care in 2023/24.

2.2 However, all system partners recognise that we need to go further faster, as our urgent and emergency pathway is too reliant on our hospitals; we know that people prefer to be supported, where possible, at home or closer to home; we need to improve our performance, patient experience and the quality of care; and we need a sustainable system to help respond to our growing demographic, health inequality and demand challenges.

2.3 For example, Emergency Department attendances have increased significantly faster between 2018/19 to 2023/24 by 19%, against 6% growth for England as a whole, and our population is due to increase by about 250,000 people by 2033. The case for change is set out in the strategy.

2.4 Therefore, we need to transform the way urgent and emergency care services are provided and so Lancashire and South Cumbria Integrated Care Board's Urgent and Emergency Care team established a strategic redesign and improvement programme in 2023, due to the ever-increasing pressures on our urgent and emergency care services.

- 2.5 The purpose of the programme was to agree three key areas of focus:
- Develop an Urgent and Emergency Care 5-Year Strategy;
  - Develop rolling improvement programmes;
  - Improve governance arrangements including strengthening our Urgent and Emergency Care Delivery Boards and establishing a system wide Urgent and Emergency Care Collaborative Improvement Board.
- 2.6 On 26 July 2023, Lancashire and South Cumbria Integrated Care Board held a “Fit for the Future” event. The event had an attendance of circa 100 system partners, for example, primary care, trusts, NWAS, voluntary, community, faith and social enterprise, social care and NHS England North West colleagues. The work and event were supported by NHS England’s Emergency Care Improvement Support Team. This was a successful event that brought partners together as part of a joined-up approach to begin our journey to collectively improve and transform urgent and emergency care services across our system.
- 2.7 Members attending the event agreed with the three priority areas of focus noted in 2.5, agreed the vision statement as set out in the strategy, and committed to working collaboratively to support the development of a strategy and urgent and emergency care pathways across the system and our places.
- 2.8 During the development of the strategy, The Public Service Consultants were commissioned by the Integrated Care Board to undertake a rapid data-driven urgent and emergency care diagnostic across Lancashire and South Cumbria for the reasons set out in section 4 below and which would also support and inform the development of the strategy.
- 2.9 In addition, The Public Service Consultants supported each place with the development of place-based improvement plans which underpin the delivery of the strategy in 2024/25.
- 2.10 The draft strategy at Appendix A articulates the vision, aims and objectives and sets out the steps that will be undertaken to 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 meets their needs, and delivers better outcomes and affordability.
- 2.11 The draft strategy was presented at Board Seminar of the Integrated Care Board meeting on 17 July. Following the positive and constructive feedback, the strategy has been updated to reflect the key points raised:
- Increase and strengthen focus around clinical leadership to ensure delivery of the strategy;
  - Include quality standards and measurable performance outcomes;
  - Include a connection with acute and community care transformation programmes of work.

- 2.12 In addition to the updates noted in 2.11, the key themes and findings from the data-driven diagnostic are included in the UEC place-based improvement plans, priority initiatives, timelines for delivery, and associated impact. The plans are appended within the strategy.
- 2.13 The strategy and place-based improvement plans will be reviewed annually to reflect national and local priorities.

### **3. Urgent and Emergency Care 5-Year Strategy Engagement**

- 3.1 System wide engagement on a draft strategy document was undertaken in May 2024 to give partners and people the opportunity to provide feedback via an online questionnaire.
- 3.2 The draft strategy was shared with 144 individuals across our system, for example representatives from the ICB, place-based partnerships, local authorities, NHS trusts, voluntary, community, faith and social enterprise sector, police, primary care, and representatives from the Citizens Health Reference Group.
- 3.3 A total of 77 individuals responded to the survey, and four organisational collective responses were received.
- 3.4 Around 500 feedback comments were received and themed - an overview is included in Appendix B of this report.
- 3.5 The engagement process was presented to members of the Public Involvement and Engagement Advisory Committee on 26 June 2024 who were supportive that the engagement undertaken was sufficient for the development of the strategy.
- 3.6 The committee requested a further update prior to the strategy being presented to the Board to seek approval on 11 September 2024. A written briefing will be shared with members of the Committee before the Board meeting to outline the progress of the strategy.

### **4. Urgent and Emergency Care Place-based Improvement Plans**

- 4.1 As previously noted in paragraph 2.8, through May and June 2024, The Public Service Consultants undertook a rapid data-driven urgent and emergency care diagnostic to:
- Build a shared understanding of the facts and root causes relating to the increase in expenditure on the end-to-end Urgent and Emergency Care pathway, in each of the four acute trust catchments, since pre-COVID.
  - Identify reasons for the variation in cost, cost increase and performance seen across the four acute trust catchments.

- Identify opportunities for financial savings along urgent and emergency care pathways, consistent with delivery of appropriate safety and quality, that can be considered as part of the system's 2024/2025 plan.

4.2 The diagnostic work involved a mix of data analysis, hypothesis testing and on-site observation in each of the four areas. The key headlines from the diagnostic are:

- The Lancashire & South Cumbria system has seen a substantially faster increase in A&E attendances and emergency/non-elective admissions, than the national average, since pre-COVID.
- Coupled with an increase in length of stay (LOS) for patients whose LOS spell is greater than one day, which has led to a substantial rise in occupied beds.
- This has driven an increase in requirement for workforce in acute providers, which in turn has driven an increase in cost.
- As a result, the Lancashire & South Cumbria system benchmarks high on expenditure on its end-to-end UEC pathway, and high on acute service expenditure per weighted capita, and on the number of occupied beds per weighted capita.
- Alongside the development of the headline findings, we have been exploring root causes. In some areas, the evidence for root causes is very strong. In others, evidence demonstrates correlation but there is insufficient data to prove causality.

4.3 Using the intelligence gathered during the diagnostic, The Public Service Consultants worked closely with partners through the Urgent and Emergency Care Delivery Boards to develop place-based improvement plans with the aim of addressing quality, performance and cost challenges for each place and provider. The common themes within the improvement plans include priority areas such as acute respiratory infection hubs, single point of access, virtual wards and care transfer hubs. There are, of course, initiatives that are unique to each place to respond to local needs and priorities, for example:

- Care Connexion in Central Lancashire
- Collaborative quality improvement programme on the Fylde Coast
- Respiratory network in North Lancashire and South Cumbria
- Intensive Home Support Service supporting front door demand management in Pennine Lancashire.

4.4 Interim place-based improvement plans were submitted by the Urgent and Emergency Care Delivery Boards for review by The Public Service Consultants and the Integrated Care Board. Executive directors across our system reviewed the improvement plans on 12 July 2024 and final plans were submitted to the Integrated Care Board on 2 August 2024.

## **5. Recommendations**

The Integrated Care Board is requested to:

1. Note the robust engagement process undertaken;
2. Note the inclusion of additional narrative based on the feedback received from the Board Seminar of the Integrated Care Board meeting on 17 July 2024;
3. Note the inclusion of place-based improvement plans which underpin the delivery of the strategy for year 1 – 2024/25;
4. Approve the Urgent and Emergency Care 5-Year Strategy 2024-2029.

**Jayne Mellor, director of urgent, emergency and planned care**  
**28 August 2024**