

## Integrated Care Board

<b>Date of meeting</b>	13 November 2024
<b>Title of paper</b>	Urgent and Emergency Care (UEC) - winter planning 2024/25
<b>Presented by</b>	Professor Craig Harris, Chief Operating Officer
<b>Author</b>	Jayne Mellor, Director of Urgent, Emergency and Planned Care
<b>Agenda item</b>	10
<b>Confidential</b>	No

### Executive summary

This paper provides an overview and update on the various programmes of work to support UEC recovery and winter planning during 2024/2025, including:

- UEC recovery plan 2024/25 national ambitions and performance
- Winter planning arrangements for 2024/25
- Development of place UEC improvement plans to support system de-escalation, recovery and transformation
- Current status of UEC capacity investment funding for 2024/25
- Future funding for UEC capacity investment 2025/26
- The ten high impact interventions to support UEC recovery 2024/25
- Key risks for UEC

### Recommendations

The Integrated Care Board is requested to:

1. Note the content of the report, including the intention to bring a paper to the January 2025 Board meeting with recommendations about the UEC Capacity Investment Funding 2025/26, aligned to Commissioning Intentions 2025/26, as requested by the Finance and Performance Committee
2. Note the report as assurance that oversight of progress and all associated requirements continue via place UEC Delivery Boards and the Lancashire and South Cumbria UEC Collaborative Improvement Board

<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	✓			As set out in the paper.
Are associated risks detailed on the Integrated Care Board Risk Register?	✓			The management of the associated risks held is detailed within the Board Assurance Framework (BAF-005, BAF-008, BAF-010)
Financial Implications	✓			As set out in the paper.
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	Date		Outcomes	
Finance and Performance Committee	28 October 2024		<ul style="list-style-type: none"> <li>Report to be prepared for November 2024 Board meeting as per the content of this paper</li> <li>Include a recommendation at January 2025 Board meeting about the UEC Capacity Investment Funding 2025/26, aligned to Commissioning Intentions 2025/26</li> </ul>	
Conflicts of interest associated with this report				
Not applicable.				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

<b>Report authorised by:</b>	Professor Craig Harris, Chief Operating Officer
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# Integrated Care Board – 13 November 2024

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## Urgent and Emergency Care – winter planning 2024/25

### 1. Introduction

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

- UEC recovery plan 2024/25 national ambitions and performance
- Winter planning arrangements for 2024/25
- Development of place UEC improvement plans to support system de-escalation, recovery and transformation
- Current status of UEC capacity investment funding for 2024/25
- Future funding for UEC capacity investment 2025/26
- The ten high impact interventions to support UEC recovery 2024/25
- Key risks for UEC

### 2. UEC Recovery Plan 2024/25 national ambitions and performance

2.1 The delivery plan for recovering UEC services sets out two key national ambitions, and as outlined in the NHS Priorities and Operational Guidance, the targets for 2024/2025 are:

- Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025 (2023/24 target was 76%).
- Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25 (this target remains the same as in 2023/24).

2.2 On average system wide performance from April to September is 77.95% and Lancashire and South Cumbria is currently ranked six out of 42 Integrated Care Boards nationally for four-hour performance in September.

2.3 For Category 2 ambulance response times, Lancashire and South Cumbria has achieved 24 minutes and 3 seconds for the period 1 April to 27 October 2024.

### 3. Winter planning arrangements for 2024/25

3.1 The national approach for winter planning was published by NHS England on the 16 September 2024 and outlines the requirements to support the delivery of safe, dignified, and high-quality care for patients this winter.

3.2 Systems are requested to continue work to return to agreed 2024/2025 plans, and NHS England has confirmed that delivery priorities for this winter remain unchanged from those agreed in system plans.

3.3 Systems are requested to re-confirm that demand and capacity plans are appropriate and that all possible steps are being taken to maintain and improve patient safety and experience as an overriding priority.

### 3.4 Integrated Care Boards are asked to:

- ensure the proactive identification and management of people with complex needs and long term conditions so that care is optimised ahead of winter
- provide alternatives to hospital attendance and admission
- work with community partners, local government colleagues and social care services to ensure patients can be discharged in a timely manner to support UEC flow
- assure at board level that a robust winter plan is in place
- make arrangements through system coordination centres to ensure senior clinical leadership is available to support risk mitigation across the system
- review the ten high impact interventions for UEC published last year to ensure progress has been made.

3.5 Following the winter letter, we expect that NHS England will shortly issue a winter assurance template for completion, along with a series of reporting actions for local UEC Delivery Boards. This will require coordination and contributions from across our system and places.

3.6 The place-based UEC improvement plans and the UEC capacity investment funding schemes outline how our system will respond to winter pressures to provide additional capacity and resilience, as detailed in Section 4 and Section 5 respectively. This is addition to providers' own internal winter plans.

3.7 NHS England North West has established fortnightly meetings with ICBs in the region. The fortnightly meetings over winter will focus on two key areas:

- Review of current operational pressures, quality and patient safety (areas of risk, mitigations in place, performance against plan)
- Deep dive into specific topic area (with ICB colleagues welcome to invite relevant SMEs to join the deep dive discussion).

## **4. Development of place-based UEC improvement plans to support system de-escalation, recovery, and transformation.**

4.1 The UEC five-year strategy was approved by Integrated Care Board on 11 September and the year 1 improvement plans are appended to the approved strategy.

4.2 The UEC Delivery Boards have provided an update on the status of their improvement plans, as set out in appendix A. The plans are at different levels of maturity in terms of delivery and impact. All plans have yet to be fully mobilised.

4.3 Better understanding of what support, capacity and capability is required locally to accelerate delivery of UEC improvement plans.

4.4 Further work is underway to standardise the reporting of the delivery, impact, exceptions and de-escalation cost reductions of the place-based improvement plans. Systems remain under considerable pressure and therefore there is a

risk that they will not be able to de-escalate as intended and/or UEC performance will deteriorate.

4.5 The Integrated Care Board is applying greater focus and rigour on the delivery and impact of the UEC improvement and de-escalation plans. Therefore, an extraordinary Collaborative Improvement Board meeting was held on the 10 October 2024. The meeting frequency will change from bi-monthly to monthly with the Integrated Care Board's Chief Operating Officer, operating as co-chair, to provide greater oversight and scrutiny of progress over the coming months.

## **5. Current status of UEC capacity investment funding for 2024/25**

5.1 In 2023, Lancashire and South Cumbria Integrated Care Board received £40.147 million recurrent funding from NHS England to increase capacity, improve flow, and to support delivery of the national Urgent and Emergency Care recovery plan, of which £11.792m, supported the financial recovery plan for 2023/2024.

5.2 As previously reported the Integrated Care Board has retained £11.792m of the UEC capacity investment funding to support delivery of QIPP savings in 2024/2025.

5.3 For 2024/2025, the Integrated Care Board released £28.355m of revenue funding to:

- create additional capacity (e.g., alternatives to emergency departments support timely discharge)
- improve UEC performance
- improve patient experience and quality of care
- deliver financial benefits

5.4 A robust and collaborative engagement process was adopted to support the allocation of the funding, identifying high priority and high impact schemes both at place and system wide.

5.5 Nineteen schemes were supported via the Commissioning Resource Group on 25 April 2024 and the total funding allocated, which equates to £21.231m, was ratified by the Integrated Care Board Executives on 14 May 2024. The value of these schemes ranges from £19,134 (lowest) to £4,140,000 (highest).

5.6 The balance of £7.124m (£28.355m less £21.231m) was originally held as a contingency fund, however this is now being used to contribute to the Integrated Care Board's QIPP savings for 2024/25.

5.7 Of the nineteen schemes, nine are fully mobilised, three have partially mobilised, five are in the process of being mobilised, one has not mobilised, and one scheme has ended. Further information on the status of each scheme is set out at Appendix B.

5.8 Key performance indicators and spend is monitored monthly. Providers are reimbursed based on actual spend up to the maximum allocation.

5.9 In recognition that some of the schemes are still in the process of being mobilised, the UEC team has completed a review with providers to understand full year cost projections for all schemes. The indicative total underspend is circa £3,417,135 and further detail, for each scheme, is set out in Appendix C. However, caution over the underspend is required at this time, pending further validation with providers, including full year cost projections from providers, which is currently in progress.

5.10 It should be noted that there are limitations in demonstrating the impact of the schemes to date. This is because several schemes still need to be mobilised or fully mobilised, and providers also need to get better at evidencing the impact benefits at a scheme level. Therefore, there is recognition that further work is required.

## **6. UEC capacity investment funding 2025/26**

6.1 A report will be presented to the Board in January 2025, which will outline an end of Quarter 3 review of the UEC capacity investment funding for 2024/25 and make recommendations about the use of UEC capacity investment funding 2025/26, align to the Commissioning Intentions 2025/26, as requested by the Finance and Performance Committee at its meeting on 28 October 2024.

## **7. The ten high impact interventions to support UEC recovery**

7.1 The 2024/2025 operational guidance and the NHS England winter publication asks systems to continue to make progress on the ten high impact interventions to support the delivery of the national objectives.

7.2 Monitoring continues, in line with the updated UEC high impact interventions maturity assessment guidance published in August 2024. Oversight of progress continues via local UEC Delivery Boards and the system wide UEC Collaborative Improvement Board.

7.3 NHS England requested an updated position as of August 2024 and this was submitted on 16 September 2024. We have yet to receive any feedback or 'check and challenge' from NHS England. The summary table at Appendix D outlines the ten high impact interventions at place in terms of the overall maturity status, as at October 2024.

## **8. Key risks for UEC**

8.1 The Integrated Care Board has endeavoured to strike the right balance in terms of maintaining or improving UEC performance and managing the financial challenges faced by our system. In doing so, the Integrated Care Board has retained a proportion of the UEC capacity investment funding to support delivery of QIPP savings in 2024/25, which may have an adverse impact on performance across our system, particularly at the NHS trusts as they work on de-escalating the in-hospital UEC pathway.

8.2 To mitigate the above, there is a need to focus on accelerating delivery of the place-based improvement and de-escalation plans, to ensure the plans have the intended impact going into winter. As outlined in this paper, robust governance arrangements are in place to monitor delivery and impact of the

plans and to oversee UEC performance. Should pressures lead to a material deterioration in performance, the ICB could consider releasing further UEC capacity investment funding, that had previously been held in a contingency fund for such an eventuality, which would result in the need for the ICB to find additional or replacement QIPP savings to offset any further expenditure.

## **9. Recommendations**

The Integrated Care Board is requested to:

1. Note the content of the report, including the intention to bring a paper to the January 2025 Board meeting with recommendations about the UEC Capacity Investment Funding 2025/26, aligned to Commissioning Intentions 2025/26, as requested by the Finance and Performance Committee
2. Note the report as assurance that oversight of progress and all associated requirements continue via place UEC Delivery Boards and the Lancashire and South Cumbria UEC Collaborative Improvement Board

**Jayne Mellor**  
**Director of Urgent, Emergency and Planned Care**  
**30 October 2024**

## Appendix A

### UEC Improvement Plans – Update

#### Pennine Lancashire

Delivery against improvement plans	Which schemes are mobilised and their impacts	Which schemes are yet to come on stream and timeframes for implementation	Refreshed capacity closure timetable
Detailed response provided. Positive progress noted against zero growth in attendances, NMCTR, 4 hour A&E waits, Cat 2 ambulance response times.	24 schemes included in delivery plan. 10 in <b>delivery</b> phase. INTs ARI hubs (UEC CIF) Albion Mill Ambulance handover improvement plan Streaming and referring out Acute bed base rightsizing Reduction in bed days (processes) Review of dx guidance Digital trusted assessment Hospital aftercare service	8 schemes to <b>come on stream</b> in October / November Advance care planning (UEC CIF) Enablement hub (UEC CIF) Care sector improvement NWAS deflection pilot AMU pull model from ED Optimised ED processes Right size acute bed base – mobilisation of business case Frailty internal flow and pathway  6 schemes in the <b>scoping</b> phase Step up pathways / crisis response ELMs pilot Direct access and streaming to SDEC IHSS at front door (UEC CIF) Albion Mill phase 2 Home first and rehab	Estimated cost reduction in 24/25 from partial corridor care closures = £3.9m 25/26 FYE from full corridor care closures = £6m  Main hospital and AMU corridors – partial closure in Q3 24/25 AMU and ED corridors – partial closure in Q4 24/25 Main hospital corridor – fully closed from Q4 24/25 Full closure of main hospital and AMU corridors Q1 25/26 ED corridor care partially closed in Q1 25/26 with full closure from Q2 25/26 Additional beds on wards, NMCTR 5% and escalation wards – yet to be costed in terms of impact – however forecast is that these areas will remain open until at least Q2 of 25/26

#### Central Lancashire

Delivery against improvement plans	Which schemes are mobilised and their impacts	Which schemes are yet to come on stream and timeframes for implementation	Refreshed capacity closure timetable
Detailed response provided. Highlight reports and key milestones / timeframes provided for the 5 priority workstreams. Some delivery against plans demonstrated, there are some areas behind schedule or not started.	43 milestones associated with 5 priority workstreams:  <b>Delivery on track</b> = 11: POCT testing in the community Pathways in primary care for rapid frailty assessments Care homes – ‘See and Treat’ Admission avoidance at Chorley ED and MAU – Therapy (UEC CIF) Hospice at home (UEC CIF) IRS Compliance in urgent response times Locality bed model implementation Top 5 delayed ‘bronze’ patients for pre noon discharge Reduction in number of patients in boarded and escalated beds 24/7 patient flow management SOP and roles agreed <b>Complete</b> = 1: Reduction in care home ED presentations – improvement trajectory identified	<b>Behind schedule</b> = 7: Single point of access – care connexions Care connexions staffing model (UEC CIF) Step up pathways for community services and virtual wards Increase VW utilisation occupancy to 80% (UEC CIF) Awareness of IRS as front door to MH services Complete marketing of IRS in Central and West Lancs Opportunities to co-locate MH liaison team with ED <b>Unlikely to deliver</b> = 1: Improved time to ED first assessment to ensure patients are assessed within one hour with a plan <b>Not started</b> = 18: All time limited home and bed based support milestones (6 in total) Improvement of ward round and dx planning processes Early support dx through vws and enhanced front door therapy services Reduce average LoS to 8.7 days Reduce all inpatient stays to the next best quartile Elimination of over 60min ambulance handover times Increase admission avoidance flow 7 day workforce cover across specialities and front door Improve access pathways to enable patients to be seen in right place right time New AMU model Optimisation of pharmacy first Expansion of single point of access / care navigation / transfer of care hub INT MDTs to identify and monitor high risk patients to reduce ED presentations	De-escalation plan submitted.  The full value of savings is to be validated by finance but there is c.£3.0m of savings already in the plan around closure of capacity.  Patient boarding cleared – closed from June 24 onwards ED overcrowding cleared – closed from July onwards Unfunded escalation beds – closed from July (19 beds) Reduction in medical outliers – closed between Aug 24 – Dec 24 (21 beds) Formal escalation (ward 5 – 28 beds) – closed between Oct 24 and Dec 24 Formal escalation (ward 20 – 11 beds) – closed between Oct 24 and Nov 24



## Fylde Coast

Delivery against improvement plans	Which schemes are mobilised and their impacts	Which schemes are yet to come on stream and timeframes for implementation	Refreshed capacity closure timetable
Detailed response provided.	<p>15 schemes in total</p> <p><b>On track = 7:</b></p> <p>Scoping work (community)</p> <p>ARIs – F&amp;W live, Blackpool from Oct 24 (UEC CIF)</p> <p>VCSFE alliance scheme (link workers) – on track and to commence in Oct 24 for Blackpool only (UEC CIF)</p> <p>Virtual wards – established service in place – work to come on stream by end of Dec 24 to expand / improve the model</p> <p>Community alignment programme (UEC CIF)</p> <p>Transfer of care hub – noticeable improvement in referral to triage times – ongoing work to improve process in Oct 24</p> <p>Home firsts and care home select – reduction in dx delays – service in place (UEC CIF)</p>	<p><b>Early stages of mobilisation / to come on stream = 8</b></p> <ul style="list-style-type: none"> <li>Virtual wards – high level medical model to be agreed by Dec 24, with test of change opportunities to be explored before full implementation</li> <li>ED process and action plan – first formal project board took place last week. National support team aligning support to this work</li> <li>Internal professional standards (IPS) re targeted pathways – IPS document to be published 4 Dec</li> <li>AMU model – review GiRFT, NHSE recommendations, management of medical patients in ED, GP pathway – first project board met w/c 23 Sept.</li> <li>SDEC pathways and operating hours – first formal project board took place last week.</li> <li>Mental health liaison enhancement and co-location – SOP to be agreed for co-location of teams by End of Nov</li> <li>Inpatient flow – reduce LoS by 2 days by December 24.</li> <li>EOL – reducing deaths in hospital – not mobilised and requires additional funding / investment – internal discussions underway</li> </ul>	<p>De-escalation plan submitted.</p> <p>Actual savings in 24/25 £3,179,961</p> <p>Savings in 25/26 £7,299,131</p> <p>Reduction in corridor care – closed from Q2 24/25 (£0 financial impact in 24/25 or 25/26)</p> <p>De-escalation of corridor within ED footprint – closed from Q3 24/25 (£0 financial impact in 24/25 or 25/26)</p> <p>Winter cabin – closed from Q2 24/25 (£0 financial impact in 24/25 or 25/26)</p> <p>Adolescent unit (bed capacity returned to FICC for IMEC) – closed from Q2 24/25</p> <p>AMU Corridor, Medical Outlier Team x 1 - closed from Q2 24/25</p> <p>Medical Outlier Team x 2 – closed from Q3 24/25</p> <p>Overnight surge beds – closed from Q2 24/25 (£0 financial impact in 24/25 or 25/26)</p> <p>De-escalation of surgical day case beds - closed from Q2 24/25</p> <p>De-escalation of cardiac day case beds - closed from Q2 24/25</p> <p>Closure of one acute ward to negate the introduction of ward 4 modular (enables de-cant programme) – closed from Q3 24/25</p> <p>NMC2R - 1 ward – closed from Q4 24/25</p> <p>NMC2R – Clifton – closed from Q1 25/26</p> <p>Closure of one additional Clifton ward – Closed from Q2 25/26</p> <p>Ward 24 – closed from Q3 24/25 (£0 financial impact in 24/25 or 25/26)</p>

## North Lancashire and South Cumbria

Delivery against improvement plans	Which schemes are mobilised and their impacts	Which schemes are yet to come on stream and timeframes for implementation	Refreshed capacity closure timetable
<p>High level slide set submitted. No timeframes or capacity closure timetable / modelling.</p> <p>RAG rated schemes no key to explain rating.</p>	<p>16 schemes in total.</p> <p><b>On track = 10</b></p> <p>IWC - targeted MDT (to support identified cohort of patients who have experienced multiple re-admissions or extended periods of LOS in an acute setting in the past 12 months.</p> <p>Intermediate care / respite – step up capacity</p> <p>MTC/UTC/SDEC - Implement Winter Investment Scheme proposals for MTC/SDEC.</p> <p>ED process and flow - Consistent/ Improved Processes</p> <p>Deflection - Consistent/ Improved Processes streaming</p> <p>Inpatient flow – D2A investment and operating model, transfer of care hub</p> <p>Improved integration / efficient processes – assessing dx processes and care requirements</p> <p>LCC –reg care management – brokerage</p> <p>Transfer of care hub – service in place and weekly meetings in place</p> <p>Intermediate care / therapy – case for change to meet gap in therapy provision in Furness (UEC CIF)</p>	<p><b>2 schemes rated red</b> (no key to decipher what this RAG means)</p> <p>Respiratory network (UEC CIF) – lack of confidence to recruit in primary care. Need to assess impact of ARI hubs (UEC CIF)</p> <p>Take home and settle – unable to contract service – why? (UEC CIF)</p> <p><b>4 schemes rated amber</b> (no key to decipher what this RAG means)</p> <p>Unable to recruit to VWa – nurse / consultant – job panel returned 8a position, BTH and ELHT recruited on 8c – resulting in delay of developing a generalist model</p> <p>Inpatient flow – consistent improved processes – senior decision maker and take home and settle model</p> <p>Deflection – demand analysis and opportunities – metrics still being built (CSU)</p> <p>Care co-ordination/single point of access – currently agreement SRO leadership arrangements and establishing programme group</p>	<p>No detail provided as part of 27 Sept submission</p>

## Appendix B

### UEC Capacity Investment Fund 2024/25 - mobilisation

Green – mobilised  
 Amber – partially mobilised  
 Blue – due to mobilise  
 Red – not mobilised  
 Purple – scheme ended

Scheme	Lead provider	Mobilisation 2024/25	Scheme Impact
Virtual ward central budget	ICB	April	<ul style="list-style-type: none"> <li>7820 patients supported</li> <li>73% stepped up from community (admission avoided)</li> <li>27% stepped down (supported early discharge)</li> <li>90% have been discharged without further care</li> <li>LSC has bed capacity which is higher than the national average, utilisation of the available beds ranges between 46.8% to 58.4%, this range is much higher over winter months.</li> </ul>
Virtual ward place-based delivery	Various	April	
Stranded, super stranded	LSCFT	April	<ul style="list-style-type: none"> <li>Discussions underway with the lead provider re mitigating actions against KPIs.</li> </ul>
ARI hubs	PCNs/Federations	September/October	<ul style="list-style-type: none"> <li>Circa 90k additional appointments</li> </ul>
Social worker trailblazer	LSCFT	April	<ul style="list-style-type: none"> <li>52 patients have been supported via the additional bed capacity</li> <li>An additional 21 patients have been discharged</li> </ul>
Social prescribing link workers	VCFSE	October	<ul style="list-style-type: none"> <li>3 pilot sites identified (1 Blackpool, 2 BwD)</li> </ul>
Home First and Care Home Select	BTH	April	<ul style="list-style-type: none"> <li>Referral to triage has reduced from 2 days to 1.4 days</li> <li>Triage to discharge has reduced from 2.2 days to 1.2 days</li> <li>Increase in 42 patients referred and admitted into placements/care homes</li> <li>Improvement in NMC2R from 13.30% to 10%</li> </ul>
Morecambe Bay Respiratory Network	UHMB/Primary Care	August	<ul style="list-style-type: none"> <li>Community and PCN equipment is being purchased to mobilise</li> </ul>
South Cumbria Intermediate Care Beds	UHMB	End of July	<ul style="list-style-type: none"> <li>Full bed capacity opened in August</li> </ul>
Take Home and Settle	TBC		<ul style="list-style-type: none"> <li>ICB Support being made available to progress procurement</li> </ul>
Therapy (CDH)	LTH	July	<ul style="list-style-type: none"> <li>39 patients have avoided admission</li> </ul>
Hospice at home	St Catherines Hospice	May	<ul style="list-style-type: none"> <li>On average from May – August 92.6% of people have been supported with rapid access to home care where the person is in their last week of life.</li> </ul>
Care Connexion	LTH/LSCFT	October	<ul style="list-style-type: none"> <li>Staff appointed</li> </ul>
Finney House	LTH	April	<ul style="list-style-type: none"> <li>Funding for quarter 1 only, scheme now ended</li> </ul>
Intermediate Care (BwD) enablement hub	ELHT/BwD Council	September/October	<ul style="list-style-type: none"> <li>Too early to demonstrate impact</li> </ul>
Admission avoidance	ELHT	July	<ul style="list-style-type: none"> <li>Staff appointed, too early to demonstrate impact</li> </ul>
End of Life – admission avoidance	3 hospices	April	<ul style="list-style-type: none"> <li>93% of patients die in their preferred place</li> <li>19 patients avoided an admission</li> </ul>
Advanced care planning practitioners	Various	September	<ul style="list-style-type: none"> <li>Too early to demonstrate impact</li> </ul>
Urgent Treatment Centre	HCRG	October	<ul style="list-style-type: none"> <li>Equipment purchased in September – too early to demonstrate impact.</li> </ul>

## Appendix C

### UEC Capacity Investment Funding 2024/25 – indicative slippage

Green – indicative figure confirmed by lead provider

Amber – still being validated

Red – awaiting confirmation

Scheme	Lead provider	Indicative slippage 2024/25
Virtual ward expansion	ICB	£1,300,000
Virtual ward – LSC	Various	£600,000 (BTH/UHMB)
Stranded, super stranded	LSCFT	£0
ARI hubs	PCNs/Practices/ Federation	£0
Social worker trailblazer	LSCFT	£0
Social prescribing link workers	VCFSE	£0
Home First and Care Home Select	BTH	£540,000
Morecambe Bay Respiratory Network	UHMB/Primary Care	£550,000
South Cumbria Intermediate Care Beds	UHMB	£0
Take Home and Settle	TBC	£75,000
Therapy (CDH)	LTH	£7,289
Hospice at home	St Catherines Hospice	£0
Care Connexion	LTH/LSCFT	£846.02
Intermediate Care (BwD) enablement hub	ELHT/BwD Local Authority	TBC
Admission avoidance	ELHT	£344,000
End of Life – admission avoidance	3 hospices	£0
Advanced care planning practitioners	Various	£0
Urgent Treatment Centre	HCRG	£0
<b>TOTAL INDICATIVE SLIPPAGE 2024/25</b>		<b>£3,417,135.02</b>

N.B. Caution over the underspend is required at this time, pending further validation with providers, including full year cost projections from providers, which is currently in progress.

## Appendix D

### Implementation status of the ten high impact interventions

Key: 0-2 early maturity, 3-5 progressing maturity, 6-7 mature, 8 benchmarkable maturity (these are NHS England definitions). Each of the ten high impact interventions has eight requirements to achieve which indicates the level of maturity.

Green highlighted boxes are the priority areas for each place.

Ten High Impact Interventions	Blackpool/North - F&W/BTH						East Lancs/ BwD/ELHT						Central/LTH						South Cumbria / North - Lancaster /UHMB					
	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24
Same day emergency care	8	7	7	7	7	7	7	7	7	6	7	5	7	7	7	7	7	7	7	7	8	8	8	8
Acute Frailty Services – ward processes	6	6	6	5	5	5	7	6	6	6	6	6	6	6	7	7	7	7	6	6	6	6	6	6
Acute Hospital Flow	4	4	4	6	6	6	7	7	7	7	7	7	6	6	7	7	8	8	4	4	5	5	5	5
Community bed productivity and flow – ward processes	7	7	7	7	7	7	6	6	6	6	6	6	7	7	8	8	8	8	2	2	2	2	2	2
Care transfer hubs	4	4	3	3	3	8	6	6	6	6	7	0	4	4	4	4	4	6	4	4	4	4	6	6
Intermediate care	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
Virtual wards	6	6	7	7	6	6	7	7	7	7	7	6	6	6	6	6	7	7	5	5	5	7	7	7
Urgent community response	7	7	7	7	6	6	7	7	7	7	7	8	8	8	8	8	8	4	5	5	5	5	7	7
Single point of access	1	1	1	1	2	2	1	1	1	1	2	8	1	1	1	1	3	2	1	1	1	1	2	2
Acute respiratory infection hubs	0	0	0	0	7	7	0	0	0	0	7	7	0	0	0	0	7	7	0	0	0	0	7	7

Key points:

**Blackpool Teaching Hospitals NHS Foundation Trust (Virtual Wards & Urgent Community Response)** - Point of care testing - There is no funding identified within the Trust to set up or provide funding of the consumables to make it sustainable in the long term. Digital integration is also noted as barrier which would need to be explored.

**Single point of access** – A Lancashire and South Cumbria programme group has been established. A baseline stocktake has been completed and submitted to NHS England North West Regional colleagues. National guidance was published on 28 August 2024 which outlines the core requirements. Engagement has commenced with system wide partners to agree the model of delivery.

**Acute respiratory infection hubs** – The hubs have commenced a phased roll out from week commencing 23 September with full mobilisation planned by the end of October 2024.