Lancashire and South Cumbria Integrated Care Board

Integrated Care Board

Date of meeting	19 March 2025
Title of paper	Winter Response and Urgent and Emergency Care (UEC) Update
Presented by	Professor Craig Harris, Chief Operating Officer
Author	Wendy Lewis, Director of system coordination and flow Craig Frost, Associate director of urgent and emergency care
Agenda item	13
Confidential	No

Executive summary

This paper provides an overview and update on the various programmes of work to support UEC recovery including:

- Operational update on winter pressures 2024/2025
- UEC recovery plan 2024/2025 national ambitions and performance
- 2025/2026 priorities and operational planning guidance
- UEC 5-year strategy 2024-2029 update
- UEC capacity investment funding 2024/2025 and 2025/2026
- The ten high impact interventions
- Not meeting criteria to reside
- Key risks for UEC

Recommendations

The Integrated Care Board is requested to:

1. Note the content of the report.
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 Strategic System Oversight Board for UEC and Flow.
3. Note the current position of the UEC capacity investment funding schemes for 2024/2025.
4. Approve that the UEC capacity investment funding allocations for 2025/2026 will not exceed actual expenditure during 2024/25.

Which Strategic Objective/s does the report relate to:		Tick
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 outlined in section 10 of this paper.
Are associated risks detailed on the Integrated Care Board Risk Register?		✓		
Financial Implications	✓			As outlined in section 7 of this paper.
Where paper has been discussed (list other committees/forums that have discussed this paper)				
Meeting	**Date**		**Outcomes**	
Not applicable.				
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			✓	

Report authorised by:	Professor Craig Harris, Chief Operating Officer

Integrated Care Board – 19 March 2025

Winter Response and Urgent and Emergency Care (UEC) Update

1. Introduction

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

- Operational update on winter pressures 2024/2025
- UEC recovery plan 2024/2025 national ambitions and performance
- 2025/2026 priorities and operational planning guidance
- UEC 5-year strategy 2024-2029 update
- UEC capacity investment funding 2024/2025 and 2025/2026
- The ten high impact interventions
- Not meeting criteria to reside
- Key risks for UEC

2. Operational update on winter pressures 2024/2025

2.1 From the beginning of January to mid-February, our hospitals have experienced significant pressures, resulting in two trusts declaring level 4 of Operational Pressures Escalations Levels (OPEL) framework, with critical incident declarations at Blackpool Teaching Hospitals on 9 January and 28 January. Since the start of winter, this period saw the highest volume of ambulance arrivals on 11 February, 60-minute ambulance handover delays on 4 January, type 1 A&E attendances on 3 January, and emergency admissions on 2 January.

2.2 A number of factors are impacting on the emergency departments and hospitals:

- Infection Prevention and Control Pressures: 2024/25 has seen the worst Flu season since the post-Covid Flu surge of 2022/23. This peaked at 189 inpatients on 4 January, whilst the numbers subsequently declined, on Monday, 24 February, there was an increase to 68, which was double from the previous week. There have also been Norovirus outbreaks affecting sites, in particular at Royal Preston Hospital which has seen four weeks of disruption due to Norovirus in different wards, with sporadic incidences elsewhere.

- This impacted on the availability of side rooms, and the creation of cohorting capacity resulting in longer waiting times in emergency departments, as well as patient flow challenges due to bays and/or wards closed to admissions and discharges.

- Increase in ambulance handover delays with peaks immediately after New Year and again at the end of January, increasing demand at the front door and reports of higher patient acuity.

- The Mental Health system was under pressure declaring OPEL level 4 on 3 February due to high clinical risk in the community, compounded by high Section 136 suite demand and high numbers of patients in emergency departments.

- UEC related performance is being impacted negatively for some acute providers while they mobilise specific improvement plans for financial recovery relating to UEC overspend.

2.3 In response to this the following actions have and continue to be undertaken:

- Additional oversight has been put in place by NHS England, with additional evening operational meetings and daytime calls, including Integrated Care Board and trust executives. There is a significant focus on ambulance handover delays.

- Local escalation calls convened with partners to initiate key actions and tactical response to reduce operational pressures e.g. expediting discharges, focus on alternatives to ambulance conveyance and emergency departments, in reach from community and integrated urgent care providers.

- Implementation of local UEC improvement plans and the acute trusts, mental health trust and ambulance service enacting their surge plans and doing their utmost to dynamically balance risk and increase capacity and resilience during demand peaks.

2.4 It is expected that the pressures should now decline as we come out of the peak winter period, though with the potential for spikes of pressure around Easter. This will require system partners to continue collaborating effectively to maximise alternatives to ambulance conveyance and emergency departments, where appropriate, and to enable adequate hospital flow and discharge.

2.5 A winter debrief will be arranged to review arrangements put in place through this winter and identify learning for future years.

3. UEC recovery plan 2024/2025 national ambitions and performance

3.1 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).

3.2 On average, our system-wide 4-hour A&E performance from April to January was 77% and in January Lancashire and South Cumbria was ranked 14 out of 42 Integrated Care Boards at 74.5%.

3.3 For Category 2 ambulance response times, Lancashire and South Cumbria has achieved 26 minutes and 32 seconds for the period 1 April 2024 to 23 February 2025. However, from 1 January to 31January 2025 the average Category 2 response time was 32 minutes and 21 seconds and in the same period the average ambulance handover time was 52 minutes, which is a slight improvement from the previous month.

3.4 As detailed in the table below, NHS England North West team has reached an agreement with hospital sites in Lancashire and South Cumbria to establish a new target for average handover times for the remainder of Quarter 4 2024/2025. Actual monthly average handover times are also listed.

Acute hospital site	Q4 2024/25 ambition	Average handover (Jan 25)	Average handover (1-17 Feb 25)
Blackpool Victoria Hospital	00:47:58	00:49:00	00:28:19
Chorley & South Ribble Hospital	00:21:51	00:22:41	00:20:37
Furness General Hospital	00:21:33	00:22:41	00:22:32
Royal Blackburn Hospital	00:25:06	00:32:43	00:24:33
Royal Lancaster Infirmary	00:29:18	00:33:18	00:19:39
Royal Preston Hospital	00:25:44	00:40:24	00:32:58

4. Operational planning guidance 2025/2026

4.1 The 2025/26 priorities and operational planning guidance sets out a focused, smaller number of national priorities for 2025/2026 with an emphasis on improving access to timely care for patients, increasing productivity and living within allocated budgets, and driving reform. To support this, systems will have greater control and flexibility over how they use local funding to best meet the needs of their local population.

4.2 The Operational Planning Guidance for 2025/2026 was published on 30 January 2025, NHS England » 2025/26 priorities and operational planning guidance.

4.3 For UEC, the national priorities for 2025/2026 will continue to focus on improving A&E waiting times and ambulance response times as compared to 2024/2025. The target is for at least 78% patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/2026 compared to 2024/2025, and for Category 2 ambulance response times to average no more than 30 minutes throughout 2025/2026.

5. UEC 5-year strategy 2024-2029 update

5.1 The UEC 5-year strategy was approved by the Integrated Care Board on 11 September 2024 subject to some minor amendments. The strategy was subsequently updated and approved by Craig Harris, ICB Chief Operating Officer & Chief Commissioner and Scott McLean, Chief Operating Officer, University Hospitals of Morecambe Bay, as Co-Chairs of the Strategic System oversight Board for UEC and Flow.

5.2 The Strategy was circulated on 31 January 2025 via various key meetings e.g., UEC Delivery Boards, Transforming Community Services and members of the Citizen Health Reference Group who supported the development of the strategy. In addition, the strategy was uploaded on to the ICBs internet. The strategy is accessible at: https://lancashireandsouthcumbria.icb.nhs.uk/UEC-strategy.

UEC improvement plans update 2024/2025

5.3 The UEC improvement plans were developed to implement Year 1 of the UEC 5-year strategy.

5.4 Following a request from the Provider Collaborative Board and subsequent discussions at the Strategic System Oversight Board, the UEC Delivery Boards are required to map the impact of improvement plan schemes against several key metrics to support and inform planning assumptions for 2025/2026.

5.5 PA Consulting conducted a workshop on 5 February 2025 with nominated place-based partners to progress the ask from the Provider Collaborative Board. Further work is required to agree the methodology for mapping of schemes to key metrics.

Future improvement plans for 2025/2026

5.6 UEC Delivery Boards have been requested to review and refresh their improvement, and de-escalation plans for 2025/26 to ensure they deliver improvements and associated financial efficiencies.

5.7 The Provider Collaborative is committed to working with system-wide partners to enhance specific UEC improvements. Additional meetings will be scheduled to determine key focus areas and the support that can be provided.

5.8 The improvement plans will continue to be monitored via UEC Delivery Boards and the Strategic System Oversight Board for UEC and Flow.

6. UEC capacity investment funding 2024/2025

6.1 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

6.2 For 2024/2025, the Integrated Care Board committed £21.231m which supported delivery of nineteen schemes both at local UEC Delivery Board footprints and across Lancashire & South Cumbria.

6.3 The balance of £7.124m 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.

6.4 A summary position statement is set out at Appendix A, which includes the funding allocation, forecast end of year spend and impact for each scheme.

7. UEC capacity investment funding 2025/2026

7.1 As the 2025/26 funding cannot be higher than 2024/25 costs, it is proposed that the UEC capacity investment funding allocations will not exceed actual expenditure during 2024/25 and, therefore, that will be the control total for 2025/26, to comply with the general principle of not exceeding current run rates. Expenditure in 2024/25 is currently forecasted to be £16.5m - £17m.

7.2 The allocation of resources will be determined through the UEC governance framework, with decisions made via the current ICB turnaround governance process. In line with paragraph 7.1, the allocation for each individual scheme in 2025/26 cannot exceed the scheme's cost in 2024/25, which means that any scheme that mobilised during the financial year (i.e. part year effect) will need to operate for part of 2025/26, for example during winter pressures, or scaled back.

7.3 Monitoring of schemes will be undertaken via the UEC team with oversight via UEC Delivery Boards, to ensure schemes demonstrate delivery, impact on performance and return on investment.

8. The ten high impact interventions to support UEC recovery

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

8.2 Monitoring has been ongoing throughout the year. Progress oversight is maintained through local UEC Delivery Boards. The summary table in Appendix B presents the ten high impact interventions and their overall maturity status as of January 2025.

8.3 NHS England launched the 10 High Impact Interventions on 13 July 2023, as part of the UEC Recovery Plan delivery and improvement support which will continue until 31 March 2025. While not outlined in the Operational Planning Guidance, these interventions remain our key priorities aligned to our commissioning intentions to support our UEC recovery.

9. Not Meeting Criteria to Reside (NMC2R)

9.1 At the Board meeting on 15 January 2025, a discussion was held regarding whether it would be beneficial to provide an update in relation to the system pressure and to examine the trends in discharge-ready patients.

9.2 Lancashire & South Cumbria has developed processes at provider, Place and system level to understand the variance in NMC2R and explore opportunities for improvement and scaling best practice. Recent intervention from DHSC's Discharge Support and Oversight Group (DSOG) identified significant issues with data quality relating to NMC2R and discharge pathways and a Discharge Data Quality Working Group has been convened with operational and business intelligence colleagues from each acute provider.

9.3 Included in each UEC Delivery Boards 2024/25 improvement plans are schemes to address current NMC2R figures and barriers to improvement are being worked on locally with local authority and place leaders. Variation in processes for discharge and NMC2R numbers are evident at site levels as well as organisational level. The additional support of the Provider Collaborative in the UEC arena will be welcomed to mobilise improvement with more pace.

9.4 The ICB is reviewing UEC system governance, and this has demonstrated the impact of maturity of relationships as a major contributory factor to successful schemes.

9.5 There was also a discussion at the last Board meeting specifically about the NMC2R improvements in Barrow, the actions that had been taken to enable this and how such improvements can be replicated across our system. It should be noted that NMC2R performance at University Hospitals of Morecambe Bay is the most challenged in our system often due to factors outside of the control of the trust itself, such as social care market pressures. There is variation in NMC2R performance across the trusts in our system and equally the root causes of this varied performance are multifaceted.

9.6 The system-wide Intermediate Care and Discharge Group is analysing the differences and determining the improvements required across our trusts and places.

10. Key risks for UEC

10.1 If the UEC capacity investment funding is not supported, it is likely that the capacity and capability at place will impact on their ability and pace to deliver local UEC improvement and de-escalation plans which will impact on safety, quality, performance and patient experience.

10.2 It should be noted that due to non-recurrent funding, some schemes may cease due to staff being recruited on fixed term contracts and have subsequently found alternative employment.

10.2 Due to the significant operational, demand and seasonal pressures that the trusts are currently under, the position is likely to inhibit the ability of trusts to remove unfunded escalation costs.

10.2 To mitigate the above, local improvement plans will be refreshed/re-set for 2025/26 and will continue to accelerate delivery of the UEC improvement and de-escalation plans.

11. Recommendations

The Integrated Care Board is requested to:

1. Note the content of the report.
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 Strategic System Oversight Board for UEC and Flow.
3. Note the impact of the UEC capacity investment funding schemes for 2024/2025.
4. Approve that the UEC capacity investment funding allocations for 2025/2026 will not exceed actual expenditure during 2024/25.

Wendy Lewis, Director of system coordination and flow
Craig Frost, Associate director of urgent and emergency care
19 March 2025

Lancashire and South Cumbria Integrated Care Board

UEC Capacity Investment Funding 2024/25

Appendix A

Lancashire and South Cumbria	
Fylde Coast	
North Lancashire & South Cumbria	
Central Lancashire	
Pennine Lancashire	
West Lancashire	

Scheme	Funding allocation	Forecast in-year spend 24/25	Mobilisation	Impact
Virtual Ward (Central budget)	£1,413,332	£39,021	April	• Approx 1000 virtual ward patients to be enrolled onto remote monitoring
Virtual Ward (place-based delivery)	£5,942,946	£5,464,102	April	2024 virtual ward statistics: • 17,422 patients admitted to virtual wards across LSC • 73% admissions are step-up, avoiding hospital admission: 27% step down facilitating earlier discharge from acute hospital bed • 93% of virtual ward patients discharged with no further care • 4.3 days average length of stay on a virtual ward • Positive feedback from service users (May '23 to Apr '24) 81-100% of survey respondents felt informed, supported, involved in their care, felt that the service was reliable, and knew how to raise concerns.
Stranded/super stranded	£405,000	£375,386	April	• **Stranded patients** - reduction of Trust wide average LOS by 23.39 days. 92.68 days as of February 25 against a baseline of 116 days as of October 23.

				• **Super Stranded patients** -reduction of Trust wide average LOS by 29.07 days. 264 days as of February 25 against a baseline of 293 days as of October 23.
				• Average LoS has gone down in 3 localities & OAPS since baseline of 17/10/23.
				  ○ Fylde- LoS ↓ by 41.44 days
				  ○ Pennine- LoS ↓ by 14.87 days
				  ○ Bay- LoS ↓ by 24.89 days
				  ○ OAPS- LoS ↓ by 32.26 days
				• Overall reduction of 47% in patients with over 12 months LOS. 16 patients as of February 25 against a baseline of 30 as of October 23.

Social Worker Trailblazer	£500,000	£500,000	April	TBC
ARI Hubs	£4,140,000	£4,140,000	Sept/Oct	• C65,000 appointments delivered up to January 2025. • Plans to deliver 90,000 appointments by the end of March 25. • 77.18% of patients discharged home with 4.05% signposted to ED, remainder referred to various alternative services e.g. GP, smoking cessation, virtual ward. • Position as at end of Dec 24 – 47,372 appointments delivered.
VCFSE	£420,000	£420,000	October	• Provided dedicated support to 739 people in Blackpool (respiratory), 118 in Darwen (risk of falls) and 195 in Blackburn Central (multi-disadvantaged). • Awareness campaigns reached 15,005 people. • 1,141 people identified at risk of attending urgent care • Engaged with 2,465 people.
Home First and Care Home Select	£1,290,000	£808,000	April	• Challenges with recruitment staff therefore BTH have flexed existing staffing to support the improvement. • Improvement of NMC2R – baseline 14%, currently at 11% as at Jan 25 with a target of 10% by March 25. • Improvement in the number of home first patients remaining at home. Target to achieve >95%, since Sep 24 the average has been >98%. • Consistently achieving 10 Home First slots per day over a 7-day period. • Home First triage to discharge has reduced from 2.2 days in April 24 to 1.1 days in January 25.

				• Average Care Home Liaison length of stay is 5.1 days over the period May 24 – Jan 25 against a target of 7 days.
Morecambe Bay Respiratory Network	£1,823,800	£707,718	August	• Acute, primary care equipment and recruitment of 4 of the 6 positions filled. • Early access to pulmonary rehabilitation – improvement to re-admission baseline of 13.2% in January 2024 to 7.6%. • Improved quality of care in the community has resulted a 53% reduction in referrals from Dec 24 – Feb 25 (South Lakes). • Further anticipated impact expected in 2025/26. • Broader discussions being held with ICB and place colleagues regards the funding and continuation of MBRN. • Impact of UEC funding report has been prepared by the provider.
South Cumbria Intermediate Care Beds	£194,537	£131,000	July	• NMC2R Improvement of 21% from July to December 2024. • LOS improvement of 32% from July to December 2024 • Patients returning home independently is showing an improvement of 13%.
Take Home and Settle	£178,000	£0	TBC	• Delay in mobilisation due to procurement process. • Mobilisation commenced in January however, this was paused in February by the provider due to the lack of clarity around funding for 2025/26.
Therapy (CDH)	£87,489	£78,687	July	• On average, avoided 24 hospital admissions per month from CDH ED/AMU (Mon-Fri) between Jul – Jan 24. • Achieved target of increasing percentage of 0-day LOS on Chorley MAU from an average baseline of 14.50% in June 24 to 16% in Jan 25.
Hospice at Home	£367,058	£367,058	May	• Reduction in bed days. • Providing care and support to patients and families in last days of life. • 90% of patients known to services have achieved their preferred place of death.
Care Connexion	£410,000	£407,017	October	• National trajectories not met for 2hr UCR and Virtual Wards. • Remodelling VW to become step up
Finney House	£2,000,000	£2,000,000	April	N/A
Intermediate Care (BwD) Enablement Hub	£900,000	£243,651	Sept/Oct	• Challenges demonstrating impacts due to late mobilisation and recruitment challenges. • Actual patients deflected from ED – 22 patients equate to 24% improvement against the baseline of 93.

				• Reduced hospital admissions – 18 patients equate to 31% improvement against the baseline of 58. • Increased referrals to IHSS – 61 referrals equate to 23% improvement against the baseline of 204. • Elements of the scheme mobilising in Feb 25 due to recruitment challenges.
Admission Avoidance and Discharge	£420,000	£45,000	July	• Service runs at weekends only due to recruitment challenges. • Number of patients planned to be seen between July to Jan 2025 – 738, patients seen equates to 1179 which has resulted in 51% of patients being discharged home.
End of Life Admission Avoidance	£341,702	£341,702	April	• 1830 patients deflected away from ED.
Advanced Care Planning Practitioners	£377,436	£377,436	September	• Increased number of people with advanced care plans – 1958 patients at Jan 2025 against the baseline of 1925. • Increased % of people with a preferred place of death – 15% in Jan 25 against a baseline of 7.70%. • Reduction in number of patients aged 75+ years with 3 or more hospital admissions in last 90 days of life. 89 patients in Q2 24-25 against a baseline of 160.
Urgent Treatment Centre	£19,134	£14,866	October	Equipment purchased • attendances 14,139. • prevented 14 patients being admitted for a 3-month period.
TOTAL	**£21,230,434**	**£16,460,644**		

Appendix B

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	Feb-25	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24	Feb-25	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24	Feb-25	Dec-23	Feb-24	Apr-24	Jun-24	Aug-24	Oct-24	Feb-25
Same day emergency care	8	7	7	7	7	7	8	7	7	7	6	7	5	5	7	7	7	7	7	7	7	7	7	8	8	8	8	8
Acute Frailty Services – ward processes	6	6	6	5	5	5	5	7	6	6	6	6	6	6	6	6	7	7	7	7	7	6	6	6	6	6	6	6
Acute Hospital Flow	4	4	4	6	6	6	7	7	7	7	7	7	7	7	6	6	7	7	8	8	8	4	4	5	5	5	5	5
Community bed productivity and flow – ward processes	7	7	7	7	7	7	7	6	6	6	6	6	6	6	7	7	8	8	8	8	8	2	2	2	2	2	2	2
Care transfer hubs	4	4	3	3	3	8	8	6	6	6	6	7	7	7	4	4	4	4	4	6	6	4	4	4	4	6	6	6
Intermediate care	3	3	3	3	3	3	5	3	3	3	3	3	3	3	3	3	3	3	3	3	6	3	3	3	3	3	3	6
Virtual wards	6	6	7	7	6	6	6	7	7	7	7	7	6	8	6	6	6	6	7	7	7	5	5	5	7	7	7	8
Urgent community response	7	7	7	7	6	6	6	7	7	7	7	7	8	8	8	8	8	8	8	4	5	5	5	5	5	7	7	7
Single point of access	1	1	1	1	2	2	2	1	1	1	1	2	8	8	1	1	1	1	3	2	2	1	1	1	1	2	1	1
Acute respiratory infection hubs	0	0	0	0	7	7	8	0	0	0	0	7	7	8	0	0	0	0	7	7	8	0	0	0	0	7	7	8