NHS
Lancashire and South Cumbria
Integrated Care Board

Integrated Care Board

Date of meeting	12 October 2022
Title of paper	Approach and Oversight for the Urgent and Emergency Care Assurance Framework
Presented by	Maggie Oldham, Chief of Performance Planning and Strategy
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Agenda item	9
Confidential	Not applicable

Purpose of the paper

The purpose of this paper is to provide the Integrated Care Board (ICB) with clarity of the planned Lancashire and South Cumbria (LSC) approach to the Urgent and Emergency Care Assurance Framework with particular reference to the winter planning round.

Although briefly referenced in this paper, further detail will come to board as requested and as per a planned cycle of Board business, to update on particular emerging system wide schemes and opportunities (e.g., The Surge and Resilience Summit).

Executive summary

Urgent and Emergency Care (UEC) is currently under significant pressure. Staff have faced one of their busiest summers ever with record numbers of Emergency Department attendances and high volumes of urgent ambulance call outs. The NHS continues to provide care to over 100,000 Urgent and Emergency Care patients each week. In addition to maintaining progress on 2022/23 operational priorities and building on the significant successes in delivering the Elective Recovery plan. The next challenge we face is to rapidly increase capacity and resilience ahead of winter.

A National publication letter reference PR1929 'Next steps in increasing capacity and operational resilience in Urgent and Emergency Care ahead of winter'[1] was published on the 12 August 2022, to support ICBs. An Urgent and Emergency Care Assurance Framework (UEC AF) has been provided to monitor progress monthly against the combined system capacity plans, actions and good practice basics and improvement priorities. Each Urgent and Emergency Care Assurance Framework will be unique to each ICB to reflect the specific capacity gaps that have been identified.

The first iteration of the assurance framework was submitted on 26 September 2022.

LSC has taken a co-ordinated system approach to the completion of the new national UEC AF, working collectively through two system wide planning and delivery groups (Portfolio 1:

[1] NHS England » Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter

System Bed Optimisation and Winter Transition programme and the Resilience and Surge Planning Group).

The allocation against the issued LSC £12.5m winter demand & capacity budget (a significant part of the UEC AF) was well informed by the risks and pressures articulated from across our four Places which are aligned to our four local authority footprints, triangulated at a system level to further identify key risks and opportunities.

In terms of ongoing urgent and emergency care governance, this is currently being developed and going forward the LSC Resilience and Surge Planning Group (RSPG) will provide the grip and oversight required for the UEC AF plans and the monitoring of demand and capacity funding.

Escalation arrangements are in place as per Emergency Preparedness, Resilience and Response (EPRR) and will link in with the wider piece of work around internal EPRR governance arrangements.

The paper outlines the process and timelines associated with the submission to NHE England.

Recommendations

The Board are asked to note:

The content of this report and to be assured that there is a robust process for ongoing completion of the National monthly urgent and emergency care assurance framework updates and monitoring and key risks relating to it – via the surge and resilience group, accountable to Executive Leadership team.

That there has been robust collaborative planning to take us into this unpredictable winter with our financial allocations targeted towards those issues likely to provide the best return on investment by seeking to respond to the known pressures.

Governance and reporting (list other forums that have discussed this paper)

Meeting	**Date**	**Outcomes**
Portfolio 1 Steering Group	2 weekly	Developed & Allocated Winter Schemes
Resilience & Surge Planning Group	Monthly	Led on UEC AF submission

Conflicts of interest identified

No conflicts of interest identified

Implications

If yes, please provide a brief risk description and reference number	**Yes**	**No**	**N/A**	**Comments**
Quality impact assessment completed				QIAs will be undertaken scheme by scheme
Equality impact assessment completed				As above
Data privacy impact assessment completed				As above
Financial impact assessment completed				In development
Associated risks	x			

Are associated risks detailed on the ICB Risk Register?		x		In development

Report authorised by:	Maggie Oldham, Chief of Performance, Planning and Strategy

1. National Reporting Requirements for the Urgency and Emergency Care Assurance Framework (UEC AF)

1.1 The new national process for the winter planning assurance process was published on 12 August 2022.

1.2 The assurance framework is designed to help ICBs in their responsibilities to both support and hold the system to account on committed deliverables.

1.3 NHS England have outlined eight core objectives for operational resilience and six key metrics to monitor performance (See Appendix A). The UEC AF encompasses five sections as below

	Section	Timeline for submission
1	Dashboard (six metrics): • 111 call abandonment • 999 Mean Call Answer • Cat 2 ambulance response times • Average hours lost to ambulance handover delays per day • Adult General & Acute Bed Occupancy • % of beds occupied by not meeting criteria to reside	Region will share a pre-populated template
2	Demand and capacity	w/c **26 September** monthly thereafter
3	UEC Action Plan 2022-23	w/c **26 September** monthly thereafter
4	Operational Self-Assessment Good Practice checklist	Escalation gaps only w/c **26 September**
5	Good Practice Checklist	Submission not required.

2. Lancashire & South Cumbria: A system approach to the UEC AF

2.1 ICBs are accountable for ensuring that their system providers and other partners deliver their agreed role in their local plans and work together effectively for the benefit of the populations they serve.

2.2 LSC has taken a co-ordinated system approach to both the completion of the first Urgent and Emergency Assurance Framework and the winter planning rounds that form a significant part of it.

2.3 Working collectively through two system wide Planning and Delivery Groups - *Portfolio 1: System Bed Optimisation and Winter Transition* (this is one of our major transformation programmes) and the *Resilience and Surge Planning Group* (RSPG) the mechanisms for planning, actioning, and assuring against the multi-part UEC Framework were met for the first submission (26 September 2022) and are on track for subsequent monthly submissions.

2.3.1 Having convened this representative steering group, Portfolio 1 was well placed to lead the winter planning round and the process for agreeing the

schemes that would be funded through the demand and capacity £12.5m allocation.

2.3.2 *Resilience & Surge Planning Group* – this group continues to work collaboratively with key partners to respond to the national timetable requirements – as part of the UEC returns the UEC action tracker and the operational self-assessment checklist were submitted on 26 September 2022.

2.4 NHSE (NHS England) have shared pre-populate dashboards at ICB and Trust level. Midlands and Lancashire Commissioning Support Unit supported the further analysis of the dashboard for the six key metrics (Section one of the framework) prior to confirming accuracy. The ICB also submitted supporting intelligence where applicable.

2.5 UEC leads, under the leadership of the ICB UEC Director, are responsible for working collaboratively with system partners to complete all relevant sections of the framework. Section 5 of the framework provides a suite of good practice information which will support ICB and places to develop future plans.

2.6 The outputs of the UEC AF will be aggregated at LSC level for sharing with place A&E Delivery Boards, the Urgent & Emergency Care Network, and the Integrated Care Board.

3. Winter Planning Round

3.1 The winter of 2022 is widely acknowledged to be the most challenging to predict, and there is an acknowledgement and acceptance from region and nationally that our responses will need to be more agile and innovative than ever before.

3.2 On 12 August, in line with the B1449 Guidance for Emergency Departments circular (Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter + UEC assurance framework) an uplift equivalent to 7000 extra winter beds capacity was confirmed countrywide.

3.3 The funding allocation for LSC was £12.5m to achieve the equivalent of 282 extra beds capacity.

3.4 Each Place including representatives from Urgent and Emergency Care, Acute, Mental Health, Primary Care Providers, and Local Authorities (LA) developed and proposed surge schemes.

3.5 Plans were collectively discussed by scheme proposers, Place based representatives and the Portfolio 1 Steering Group. Schemes were individually assessed on deliverability and return on investment; Mapped against the Not Meeting Criteria to Reside figures (NMC2R) in their relevant acute provider hospital; Considered alongside other schemes in that same locality and any other identified community service/out of hospital challenges within that Place;

and then themed to understand shared risks and opportunities across our system.

3.6 Twenty-four schemes were supported across LSC and in line with a request from the ICB and in readiness for UEC AF submission and monitoring, have produced individual scheme assurance templates – documenting trajectories for delivery, risks, and opportunities.

3.7 As in most previous yearly planning rounds, the schemes that scored highest for impact were 'point of hospital discharge' heavy. Admission avoidance schemes were considered and had real validity, but the current causes of the high NMC2R numbers were largely a symptom of the inadequate step-down provision within places, and an inability to get people safely home due to lack of community or domiciliary care packages. It is anticipated that the measures we are seeking to put in place this year should put us into a significantly different, healthier place by the commencement of the 23/24 financial year and the following winter period.

3.8 Funding will be released upon demonstrable evidence of delivery for each scheme which will be monitored together with the measurables /outputs of each scheme via the ICB UEC Director, supported by ICB finance colleagues.

3.9 Broader surge planning i.e., currently unfunded schemes, will be closely monitored in line with the impact winter brings. Schemes may need to progress at risk by partner organisation to ensure sufficient capacity to meet the surge in demand.

3.10 Collective Intelligence from this planning round identified four key risks that we are seeking to turn into opportunities as we wrap shared and robust ICB and new *Place* based leadership resources around the issues:

3.10.1 *Fragility of the Domiciliary Care Market causing a risk to winter surge capacity needs and vice versa*: Winter schemes seeking to increase capacity in the domiciliary care market are being drawn together and co-led with LA colleagues. This winter they also and seek to include innovative parallel interventions that widen the support resources we can call upon this winter (e.g., closer working and better commissioning of the Voluntary, Community Faith and Social Enterprise Sector (VCFSE); capitalising on Personal Health Budgets and Digital Discharge). This is with a view to mitigating any further negative impact winter might bring on this already fragile market.

3.10.2 *Clinical and financial risks of a reduced Discharge to Assess (D2A) Allocation*: With no national allocation in year, the ICS (Integrated Care System) confirmed £9.3m although estimates are that this allocation will have been spent by the end of Q2 posing clinical; operational and financial risks. Whilst financial and clinical ICB wide groups have formed to address, these delivery and assurance groups need to be suitably resourced and better held to account. An element of the Winter Demand & Capacity allocation has been ring-fenced to facilitate this.

3.10.3 *Lack of robust Intermediate Care Services in areas of LSC*: Intermediate care Step up/Step down availability is not offered uniformly, with certain areas of LSC particularly challenged in the provision and availability of these core services. In mitigation, Lancashire Teaching Hospitals has received Winter Demand & Capacity monies, supported by ICB executives to repurpose two vacant floors in a local care home. In the first instance, this facility will respond to winter surge pressures by providing 32 beds in November and a further 32 by February 2023. Post-Christmas, an extended project team will seek to outline proposals for the future operating model for this establishment that could see it being offered as a Step up and down intermediate care facility.

3.10.4 *Legacy bed pressures from previous surges*: Entering winter 2022-23, pressures are exacerbated due to the continued use of previous years surge beds. The system has a poor record of accomplishment of exiting interim surge schemes.

3.10.5 *Not Meeting Criteria to Reside (NMC2R)*: Whilst providers have plans to drive down the numbers of patient residing beyond their need to 5% of occupied General and Acute beds, all providers are experiencing a deteriorating position. The main driver for this is patients awaiting packages of care at discharge (See 3.10.1 above). With these pressures come opportunities for providers to look at how they support bed utilisation and flow. Each Trust holds Quality/Performance Improvement Plans seeking to improve access times and wider internal improvements that will allow for greater capacity and ease flow pressures to improve 7 and 21-day length of stay performance.

3.11 ICB should note that given the earlier announcement of Winter allocation and armed with a deeper level of understanding and triangulation of intelligence, there is a higher level of assurance that the allocation has been aligned to the schemes best able to respond to surge need and seek to relieve pressure over this unpredictable winter.

3.12 ICB Executives will coordinate a resilience and surge summit to ensure a collaborative approach to delivery and effective, timely response to the anticipated demands.

4. Recommendation and Next Steps

The Board are asked to note:

4.1 The content of this report and to be assured that there is a robust process for ongoing completion of the National monthly urgent and emergency care assurance framework updates and monitoring and key risks relating to it – via the surge and resilience group, accountable to Executive Leadership team.

4.2 That there has been robust collaborative planning to take us into this unpredictable winter with our financial allocations targeted towards those issues likely to provide the best return on investment by seeking to respond to the known pressures.

Appendix A – NHS England Urgent and Emergency Care

- **Prepare for variants of Covid-19 and respiratory challenges,** including an integrated C+ and flu vaccination programme.
- **Increase capacity outside acute trusts,** including the scale up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- **Increase resilience in NHS 111 and 999 services,** through increase the number of call handlers to 4.8k in 111 and 2.4k in 999.
- **Target Cat 2 response times and ambulance handover delays,** including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- **Reduce crowding in A&E departments and target the longest waits in ED,** through improving use of the NHS DOS (Directory of Service) and increasing provision of same day emergency care and acute frailty services.
- **Reduce hospital occupancy**, through increasing capacity by the equivalent of at least 7,000 general acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- **Ensure timely discharge**, across acute, mental health can community settings, by working with social care partners and implementing the 10 best practice interventions through the 100-day challenge.
- **Provide better support for people at home**, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

Key performance metrics

1. 111 call abandonment
2. Mean 999 call answering times
3. Category 2 ambulance response times
4. Average hours lost to ambulance handover delays per day
5. Adult general and acute type 1 bed occupancy
6. Percentage of beds occupied by patients who no longer meet the criteria to reside.